



PATIENT

Spencer Krimmer

SPECIES

Canine

BREED

Cocker Spaniel mix

SEX

Male, neutered

AGE

15 Yrs. old

WEIGHT

9 kg.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Tracy Lasarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Patton

INVOICE

14441

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Spencer presented to the MVS Emergency Service on Jan 14, 2023 for inappetance and shaking Hospitalized for febrile (resolved), intermittent lameness, anorexia/wt loss Discussed that lameness and fever/anorexia are likely 2 different conditions. Lameness consistent with mild radiographic evidence of L coxofemoral OA (femoral neck thickening, femoral head flattening - L>R) Recommend further eval of anorexia/fever w/AUS 1/16 Eating small amounts of food, intermittently throughout day
Abnormal PE/Chem/CBC/UA Results: WBC: 21.28 NEU: 19.15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.50 cm at caudal pole) (1.80 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.55 cm at cranial pole) (0.44 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.33 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several small (<0.5 cm) hypoechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially



PATIENT

Spencer Krimmer

dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

SPECIES

Canine

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

BREED

Cocker Spaniel mix

Pancreas

SEX

Male, neutered

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

AGE

15 Yrs. old

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

9 kg.

ULTRASONOGRAPHIC FINDINGS

- The splenic nodules could be consistent with a benign process (i.e., foci of lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, emerging neoplasia is possible. A benign process is favored.
- Minor bilateral age-related renal change.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include infectious/inflammatory disease, occult neoplasia, autoimmune disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further investigate for causes of fever, consider the following:

IMAGING PERFORMED BY

Tracy Lasarge

1. Urine culture and sensitivity, preferably on a pre-antibiotic sample.
2. Three-view thoracic radiographs to assess for occult disease in the chest.
3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>.
4. Echocardiogram to evaluate for valvular endocarditis.
5. Orthopedic and neurologic examinations to assess for non-metabolic causes of fever.
6. +/- arthrocentesis with cytology and culture.
7. +/- CSF tap to assess for meningitis.

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Patton

INVOICE

14441

DATE

1/16/23



PATIENT

Spencer Krimmer

*While awaiting test results, supportive care +/- broad spectrum antibiotic therapy should be considered.

SPECIES

Canine

BREED

Cocker Spaniel mix

SEX

Male, neutered

AGE

15 Yrs. old

WEIGHT

9 kg.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Tracy Lasarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

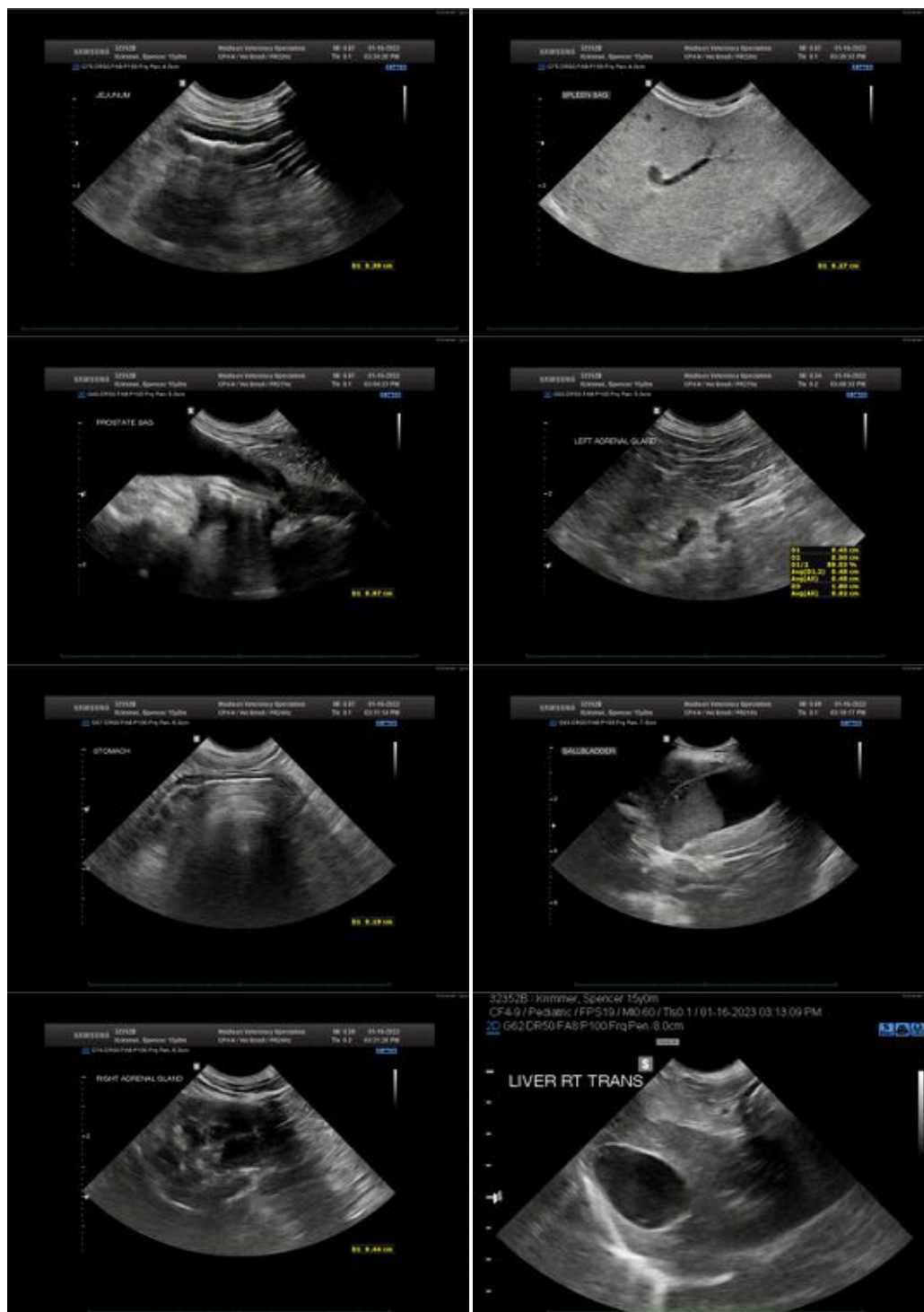
Dr. Patton

INVOICE

14441

DATE

1/16/23



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Spencer Krimmer

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

SPECIES

Canine

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

BREED

Cocker Spaniel mix

SEX

Male, neutered

AGE

15 Yrs. old

WEIGHT

9 kg.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)

**IMAGING
PERFORMED BY**

Tracy Lasarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Patton

INVOICE

14441

DATE

1/16/23