



PATIENT

Gus Farrell

SPECIES

Canine

BREED

Bull mastiff

SEX

Male, neutered

AGE

4 Yrs.

WEIGHT

59.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

13421

DATE

1/27/26

PRESENTING CLINICAL SIGNS

P presented for losing weight and not eating. Patient has not been interested in food for about 5 days (did eat a hamburger yesterday). Patient has notably lost weight and has been more lethargic. Patient has also started urinating on the floor. Patient had a recent fall and owner is worried she hurt her hip on the fall. Patient also has a yellow discharge OU - owners have been doing eyewash and wiping eyes but it has not been helping. BUN 92, creatinine 3.7, calcium 15.1, globulins 4.7, hematocrit 51%, thrombocytopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Reduced image quality may have affected visualization of some organs.

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand +/- distinct calculus is observed within the lumen. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (9.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (9.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is not definitively visualized in the available images.

What may represent the caudal pole of the right adrenal gland appears enlarged (1.67 cm in width) with swollen peripheral contours. The parenchyma appears heterogeneous. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

Pancreas

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.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 3.44 x 1.84 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific, age-related renal changes. The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), fluid therapy (if applicable) or some combination thereof.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia (i.e., round cell tumor).
- Possible right adrenomegaly
- Urinary bladder sand +/- distinct calculus/calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the azotemia, a urinalysis with culture and sensitivity are recommended.
2. A UPC should also be performed if proteinuria is present in the absence of infection.
3. A baseline blood pressure measurement is recommended to assess for systemic hypertension.
4. Consider Leptospirosis testing, particularly if clinical suspicion for disease is high.
5. Consider fine needle aspiration of the enlarged abdominal lymph nodes (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.
6. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
7. While awaiting test results, IV fluid diuresis and other symptomatic measures are recommended.



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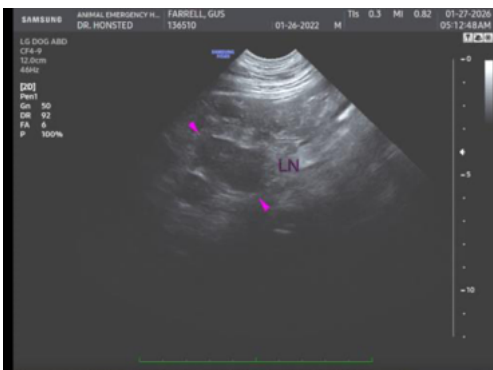
Dr. Honsted

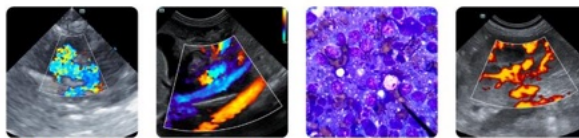
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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