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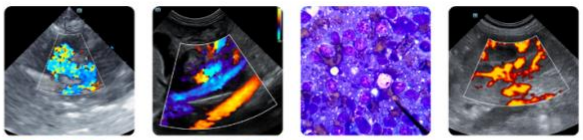

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Murphy Proveaux

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Male Neutered

AGE

4/25/2013

WEIGHT

68.8 lb/31.2075 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Fetterolf

INVOICE

22468

DATE

1-29-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 1/26/26: Signalment: 12 year and 9-month male neutered Golden Retriever mix presenting to establish care with new weakness in back legs leading to difficulty walking. PE: Musculoskeletal: Muscle atrophy over rear limbs. Decreased hip extension bilaterally. Tension upon palpation of mid thoracic to sacral region. Lameness in both front limbs, left more severely affected than right. Slow to rise, in the rear, from recumbent position. Difficulty going up and down stairs.
Integument: Healthy hair coat and skin, no ectoparasites seen. 3-millimeter diameter raised pink hairless dermal mass caudal to the base of the skull on the right side (near right BG 20).
Peripheral Lymph Nodes: Non-palpable or less than 0.5 cm
Abdomen: Cranial to mid abdominal Organomegaly, non-tender.

Abnormal lab-work values: Abnormal senior panel results: ALT (SGPT) 127 12-118 IU/L HIGH
Alk Phosphatase 691 5-131 IU/L HIGH
Triglycerides 310 29-291 mg/dL HIGH
Platelet Count 495 170-400 103/mL HIGH
UA: Specific Gravity 1.031 1.015-1.050
pH 9.0 5.5-7.0 HIGH
Protein 3+ NEGATIVE HIGH
Current Medications: Monthly HG and NG; glucosamine supplement

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.68 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.30 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (7.62 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 ofcorticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.78 cm at cranial pole) (0.68 cm at caudal pole) with a normal shape and 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 in size (0.82 cm at cranial pole) (0.62 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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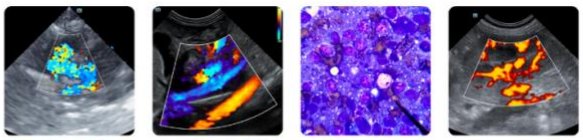

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Spleen
The spleen is normal in size (1.84 cm in width at the level of the hilus) with a normal capsular contour. There isappropriate echogenicity and echotexture. A 1.16 x 0.56 cm ill-defined hypoechoic nodule is observed approximately mid-body. Splenic vasculature is normal.

Liver
The liver is normal to prominent-in-size, with slightly swollen peripheral contours. The parenchyma is hypoechoic-to-isoechoic relative to the spleen, and subtly mottled in appearance, with a few, small, ill-defined hypoechoic nodules throughout the organ (one measuring 0.96 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A few small, polypoid-like lesions are arising from the mucosal surface. A small-to-moderate amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic-to slight-hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
One-to-two prominent mesenteric lymph nodes are visualized (one measuring 2.65 x 0.76 cm).

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris/sand, non-mucocele. A few gallbladder polyps are also present. These are typically a benign, incidental, age-related finding, but occasionally can be associated with cholecystitis.

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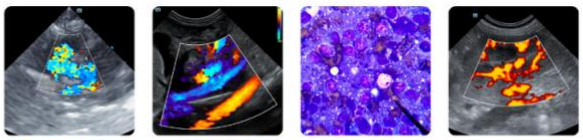

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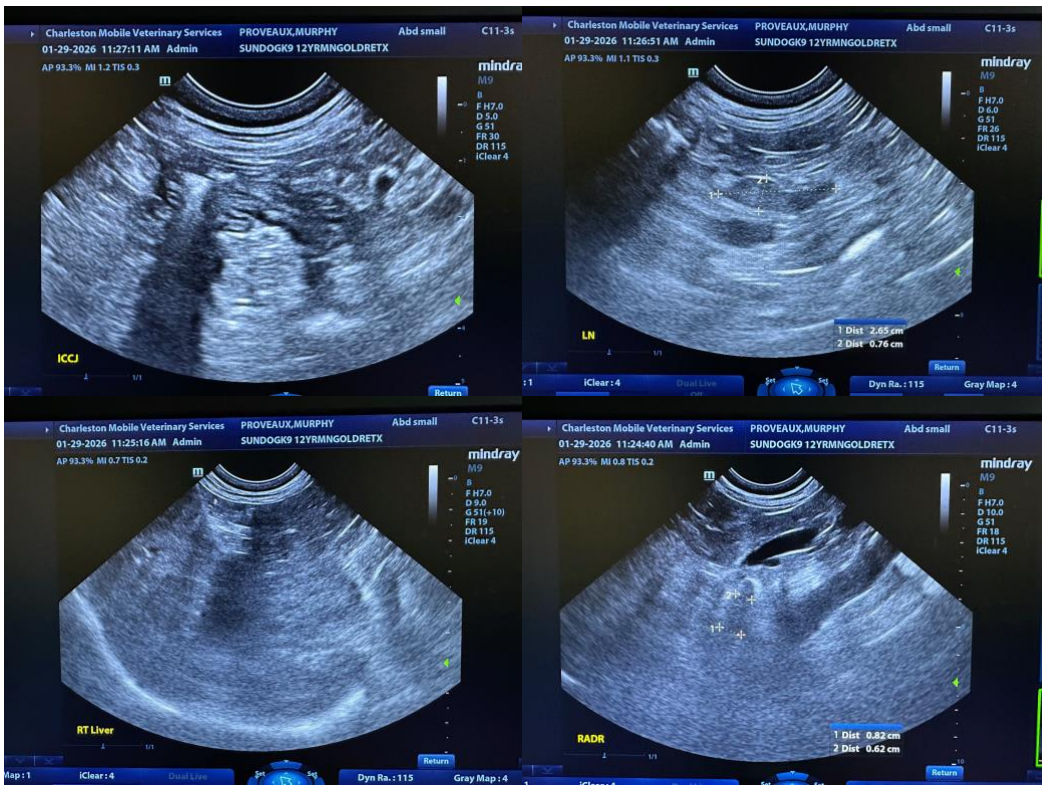
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.
- Bilateral nonspecific age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic tissue sampling (i.e., aspirates or biopsies) can be considered if clotting status is appropriate. However, results may be of low yield. Alternatively, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.



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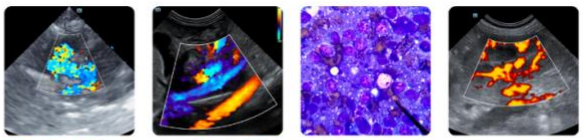

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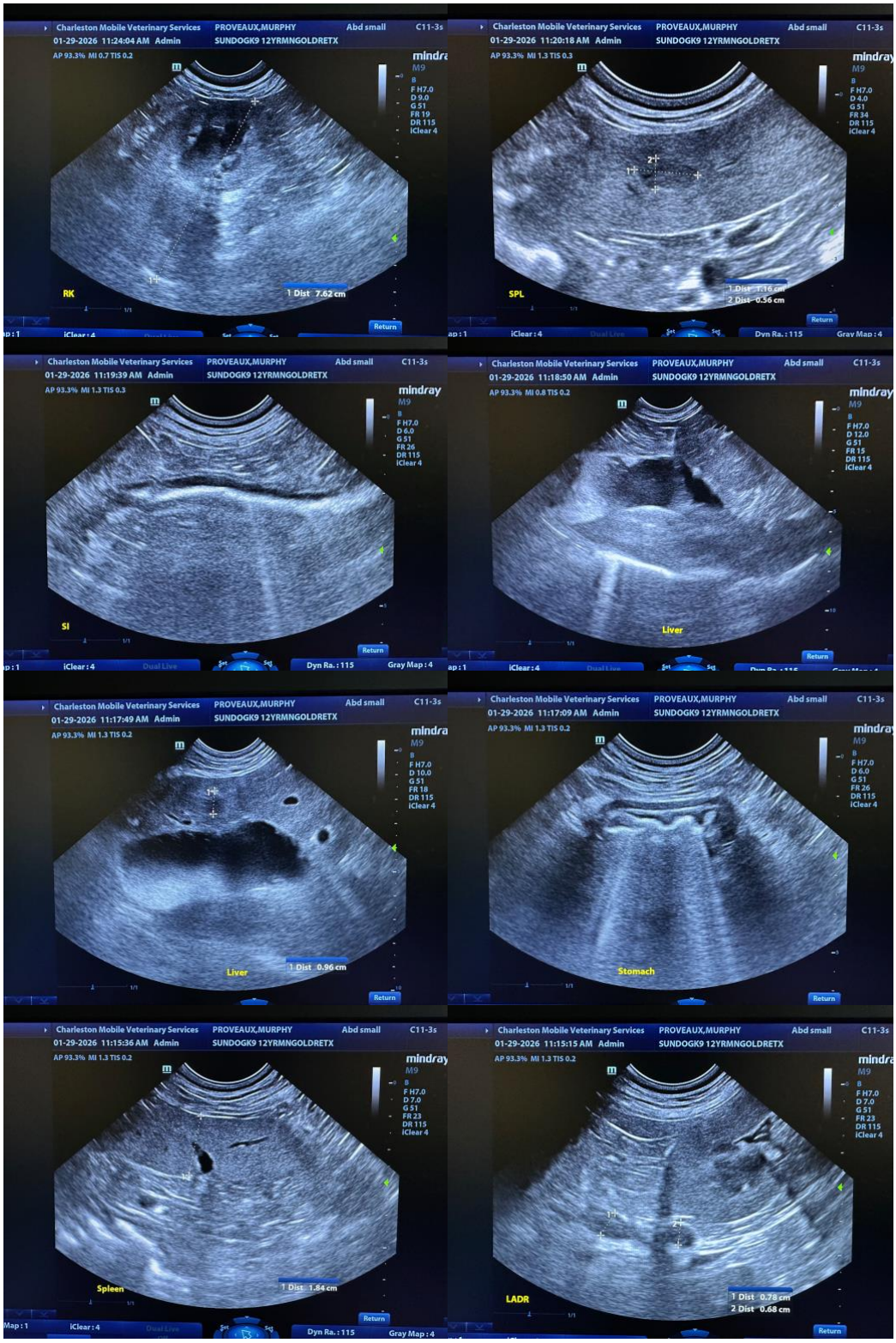

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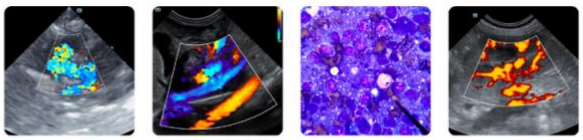

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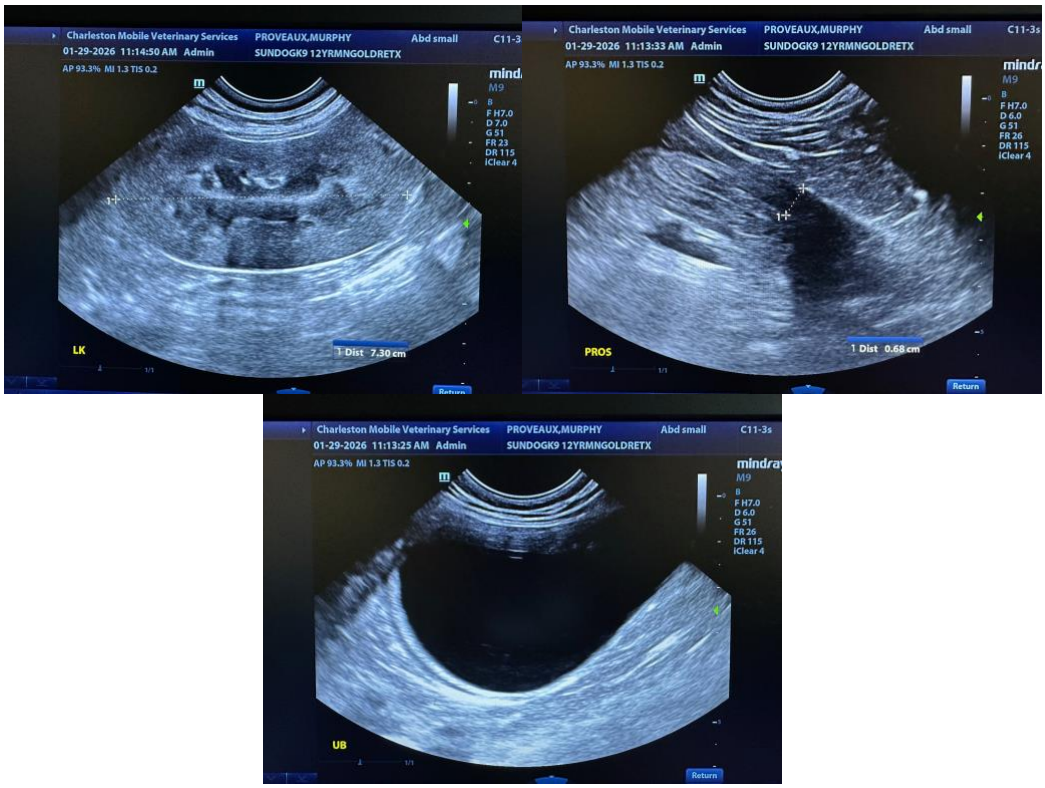

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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