



PATIENT

Houston Potter-Barrow

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

5 Yrs.

WEIGHT

62.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. McCoy

INVOICE

14534

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Recent Bloodwork revealed persistent non-regenerative Anemia. Anaplasma positive. Little improvement on doxycycline Chest rads WNL. Been on a grain free diet for 5 years.
Abnormal PE/Chem/CBC/UA Results: sending labs via email.

Most recent hematocrit 33%. Globulins 4.8.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.00 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 (7.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.58 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.

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.42 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 (1.41 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



PATIENT

Houston Potter-Barrow

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.

SPECIES

Canine

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.

BREED

Golden Retriever

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One mesenteric lymph node is visible, measuring 1.21 cm in length.

SEX

Male, neutered

ULTRASONOGRAPHIC FINDINGS

AGE

5 Yrs.

- The visible/prominent mesenteric lymph node is likely reactive. The remainder of the abdomen is unremarkable.

WEIGHT

62.4 lbs.

An obvious cause for the patient's non-regenerative anemia is not identified in this study. Considerations include tick-borne infection (previously diagnosed), occult neoplasia, primary bone marrow disease, bleeding gastrointestinal ulcer, other.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history of a positive anaplasma titer, consider a comprehensive tick panel (send to NC State University Vector Borne Disease Lab) to assess for concurrent tick-borne illnesses (Babesia).
- Also consider three-view thoracic radiographs to assess for occult neoplasia in the chest, a fecal evaluation for ova and Giardia and a bone marrow aspirate.
- If there is strong clinical suspicion for GI bleeding, an upper GI endoscopy may be warranted.

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. McCoy

INVOICE

14534

DATE

1/31/23





PATIENT

Houston Potter-Barrow

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

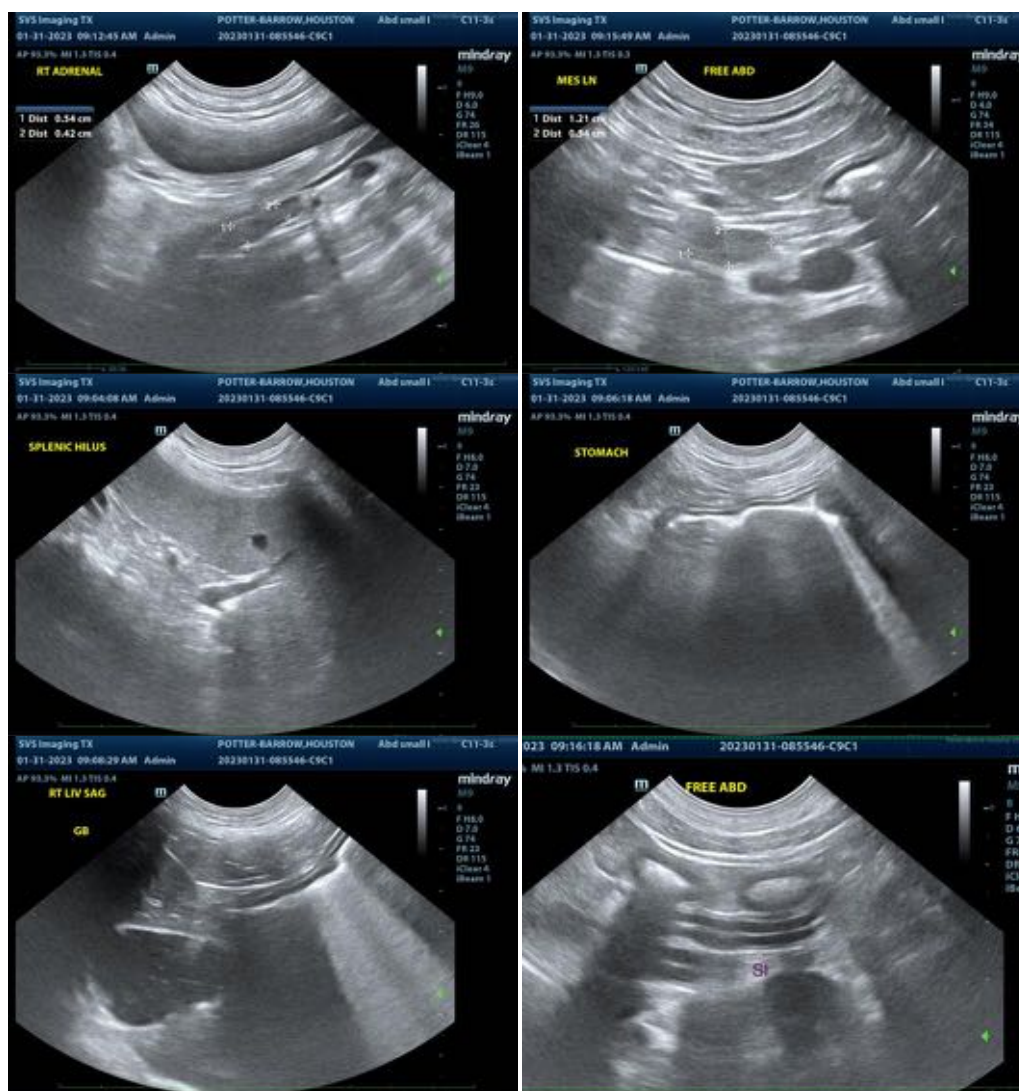
5 Yrs.

WEIGHT

62.4 lbs.

INTERPRETED BY

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



IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. McCoy

INVOICE

14534

DATE

1/31/23

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.

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)
info@SonoPath.com