



PATIENT

Penny Cameron

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

3 Years

WEIGHT

81.4 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

14036

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Elevated ALT. Hx pyometra, abdominal dehiscence, omentum exposed, sx performed to correct it on 10/5/21. Has been drinking more and eating less at home. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 635, WBC 16.1, Nut 13363

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.18 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 presented normal size (6.36 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 (0.64 cm at cranial pole) (0.55 cm at caudal pole) (2.71 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 (0.83 cm at cranial pole) (0.71 cm at caudal pole) (1.72 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.

Spleen

The spleen is normal in size (2.08 cm 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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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 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 or overt infiltrative disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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A cluster of enlarged, heterogeneous, slightly cystic lymph nodes are observed in the right cranial quadrant, the largest measuring 3.47 cm in length. In addition, 2-3 prominent lymph nodes are observed just medial to the caudal aspect of the spleen, the largest measuring 3.59 cm in length.

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Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

- Cranial to mid-abdominal lymphadenopathy. Differentials include lymphoid hyperplasia, lymphadenitis or infiltrative neoplasia (i.e., round cell tumor). In light of the recent surgeries, reactive change is favored.

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*An obvious cause for the patients' elevated ALT is not identified in the study. Considerations include inflammatory/immune mediated disease, hepatotoxicosis, reactive hepatopathy, infiltrative neoplasia (less likely), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended to assess for occult disease (i.e., aspiration pneumonia) in the chest.
- If accessible, a fine needle aspiration of one of the prominent abdominal lymph nodes is recommended (if clotting status is appropriate). A 25-gauge needle should be used. Also consider a fine needle aspirate of the liver.
- While awaiting test results, consider empirical treatment for cholangiohepatitis using broad-spectrum antibiotics +/- antioxidant therapy (i.e., Denamarin).
- Also consider a resting cortisol level to screen for atypical hypoadrenocorticism which can sometimes present following a stressful event.

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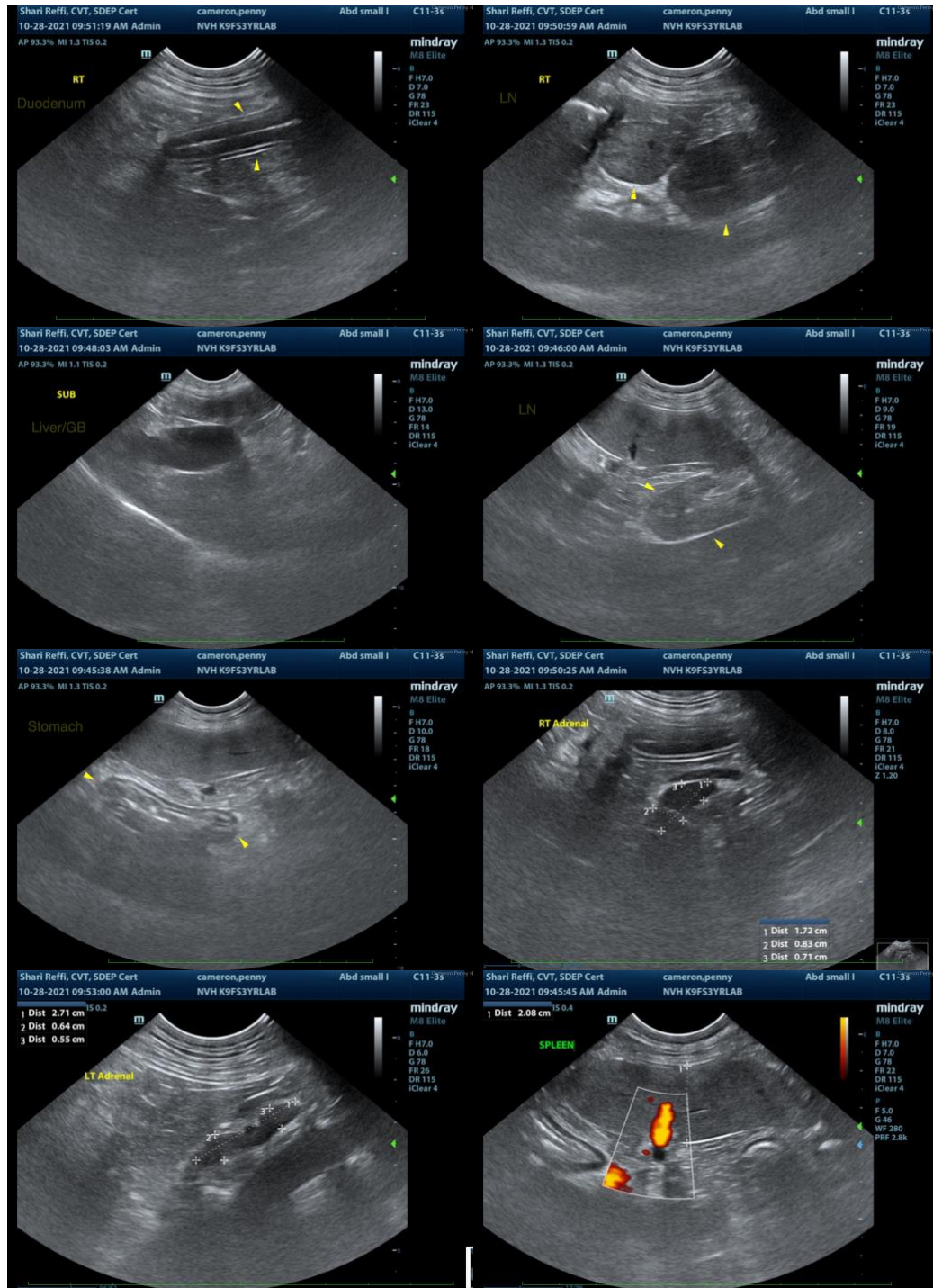
Dr. Wyman-Greenwald

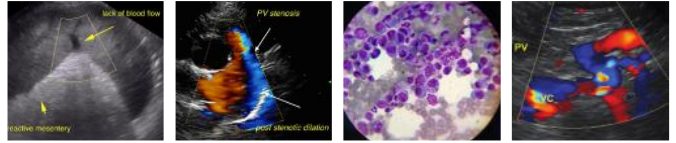
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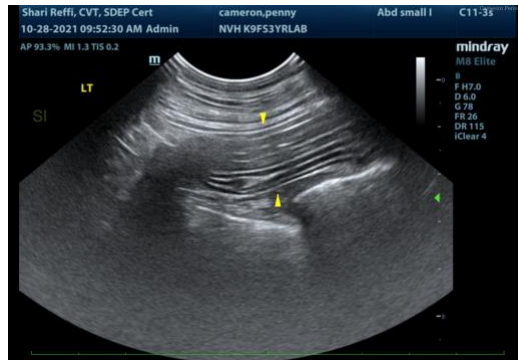
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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