



PATIENT

China Brichta

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 years

WEIGHT

17 kg

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

Animal Emerg Care

REFERRING VET

Dr. Loeffler
Animal Emergency Care

INVOICE

11925

DATE

10.31.22

PRESENTING CLINICAL SIGNS

History S: China, 15yo FS Labrador mix, presented for seeming uncomfortable. In the last week she has started yelping when moving around, at least a couple of times when shaking her head, sometimes seems to shift weight off her front feet. She normally receives Gabapentin 100mg SID for anxiety. A week ago owner increased it to BID, and 2 days ago to TID, and also added Trazodone 50mg BID. Meds seem to help but as soon as they start to wear off she's panting and shaking, can't get comfy. No known health issues other than numerous SQ masses previously tested benign. Last bloodwork was done 6-8 months ago, no abnormalities reported. Still E/D normally. No V/D/C/S reported

Abnormal PE/Chem/CBC/UA Results: PE is pretty unremarkable, normal vitals, normal gait/postures, mentation, no abdominal pain

CBC: very mild non regenerative anemia HCT 35%, otherwise normal
Chem17: elevated ALT (637), ALKP (254), rest wnl
Lytes: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The **left kidney** is normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.62 cm at cranial pole) (0.89 cm at caudal pole); with a slightly irregular 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 mildly enlarged (0.98 cm at cranial pole) (0.85 cm at caudal pole); with a slightly irregular 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 (1.72 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.45 cm hyperechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal

lesions are observed. Hepatic vasculature 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. A small amount of echogenic debris/sludge is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include orthopedic or neurologic disease, occult pyelonephritis, other.

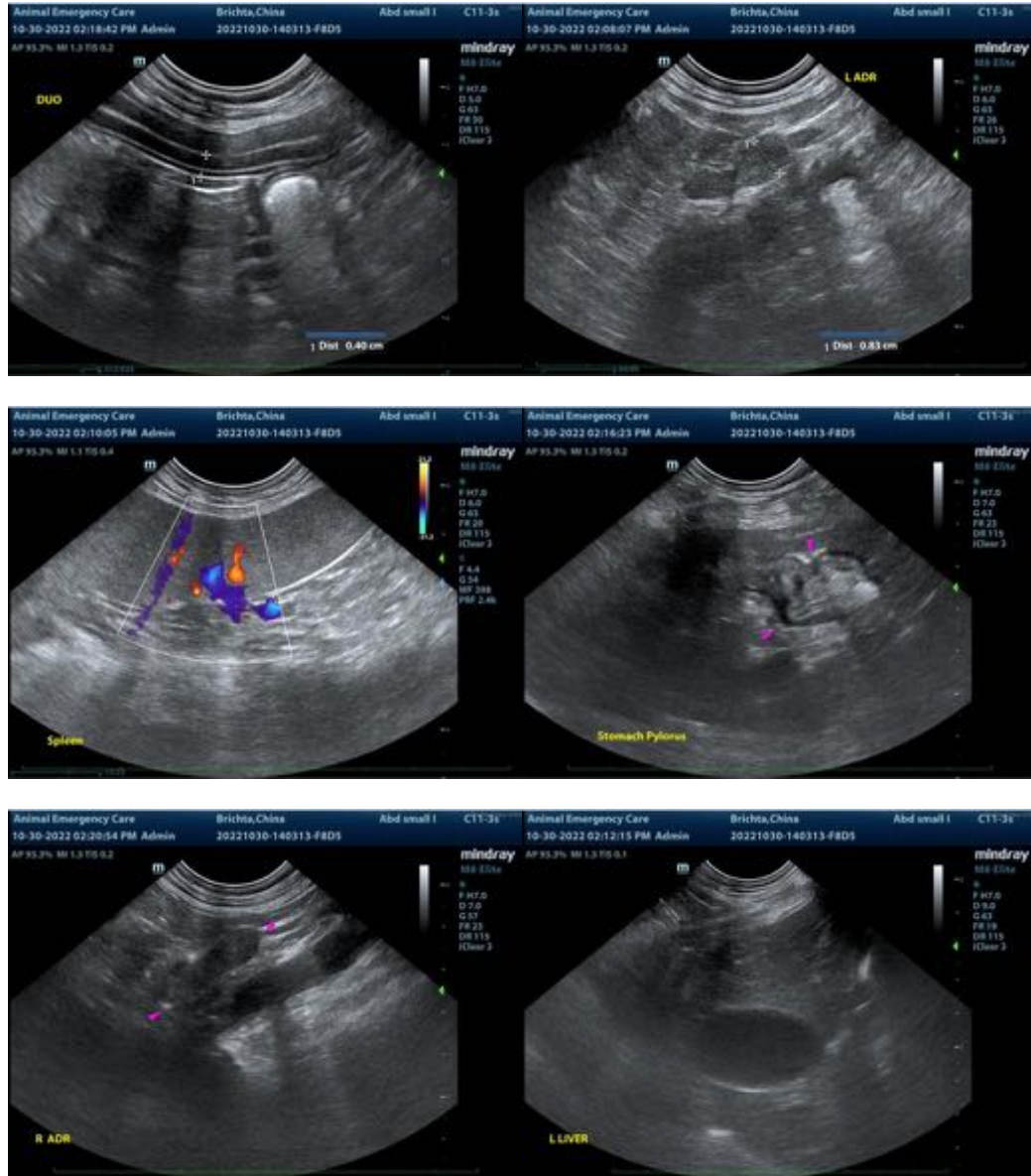
Secondary Findings

- The mild bilateral adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma) with a low possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider three-view thoracic radiographs to rule out occult disease in the chest.

Orthopedic and neurologic examination +/- spinal radiographs are recommended.



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.

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