**PATIENT**

Jazmin Benish
15735A

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

14 years 8 mos

WEIGHT

5.26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec
Dr. McKelvey

INVOICE

11956

DATE

11.2.22

PRESENTING CLINICAL SIGNS

History: Jazmine's symptoms were first noted ~2 1/2 weeks ago. She has been sneezing heavily, and at first the discharge coming from her nose was clear. They took her to their pcDVM (East Side Veterinary Clinic) 1 week ago where they gave Benedryl. Jazmine did not improve, so they brought her back to their primary on Saturday. She received SQ fluids there and they anesthetized her for nasal flushing (they believed her left nostril was clogged). She has not been interested in food since Saturday night so owners have been syringe feeding her. She is still urinating, but not having bowel movements.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness. The mucosal surface in the region of the apex is mildly irregular. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. At least one, small cortical cyst is seen. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few, small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.02 cm at cranial pole) (0.59 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 (0.59cm at cranial pole) (0.62 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 (1.62 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.47 cm irregular hyperechoic nodule is observed within the parenchyma. Splenic vasculature is normal.

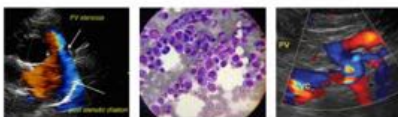
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.49 cm irregular hypoechoic nodule/area is observed on the left side. Hepatic vasculature and intrahepatic 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 aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. 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



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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 disease is noted.

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

There is no evidence of free fluid.

One to two prominent mesenteric lymph nodes are visualized (the largest measuring 2.47 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Findings

- Bilateral, minor age-related renal changes with small cortical cysts
- The mild bilateral adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipomas) with a low possibility of an emerging tumor.
- The hypoechoic hepatic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, inflammation, regenerative nodule, other) with a lower possibility of an emerging neoplastic process.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

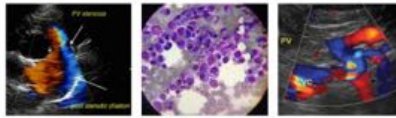
*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of nasal discharge, consider the following:

1. Three-view thoracic radiographs are recommended to assess for evidence of lower airway disease.
2. Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is also recommended, if not already performed.
3. Depending on the results of the above diagnostics, a head CT scan with rhinoscopy and nasal biopsies may be warranted.





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Clinical Sonography & Telecytology

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1-800-838-4268 info@sonopath.com SonoPath.com

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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