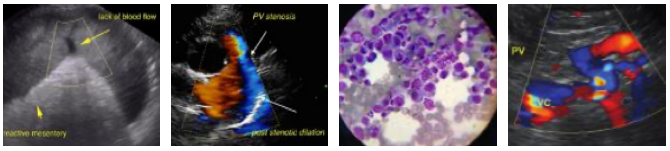
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bud Garren

SPECIES
Canine

BREED
Retriever mix

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
28.5 lbs.

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

IMAGING PERFORMED BY
Dr. Gardner

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Gardner

INVOICE
14270

DATE
11/23/22

PRESENTING CLINICAL SIGNS

History: P has been very hesitant to walk & has had decreased appetite the last 2-3 days. He is normally a very active dog, but is not moving at all on his own right now. P has been tremoring for a couple weeks, seems to have had some weight loss. O notes a couple weeks ago he stumbled jumping out of the car. P frequents bodies of water, including Turner lake and other creeks/rivers. On presentation at least 3 of P's legs seem swollen.
Abnormal PE/Chem/CBC/UA Results: 10% dehydrated. _Rectal exam: yellow diarrhea, otherwise unremarkable_ pitting edema on distal extremities. Normal ROM on all joint. No sign of pain on palpation_ LYMPH NODES Enlarged: Submandibular and Popliteal all else WNL on exam. Diagnostics: Fecal- collect and submit to Idexx CBC - leukocytosis 21.78k, Neutrophilia 15.87k, Monocytosis 3.04k, Chem 17 - elevated globulins 4.7, EPOC - wnl Fecal direct smear- no flukes noted 4:45 pet coughed when checking on him. Chest radiographs - wnl, no evidence of pneumonia or metastasis noted, cardiac silhouette appears wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (6.99 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is subjectively normal in length (0.57 cm at cranial pole) (0.48 cm at caudal pole) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

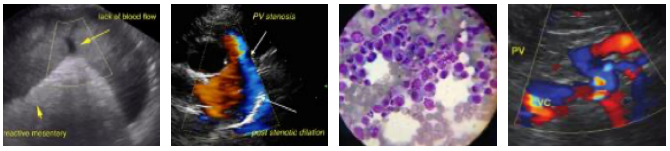
The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is prominent in size (2.80 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall



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

PATIENT
Bud Garren

SPECIES
Canine

BREED
Retriever mix

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
28.5 lbs.

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

IMAGING PERFORMED BY
Dr. Gardner

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Gardner

INVOICE
14270

DATE
11/23/22

bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The medial iliac lymph nodes are visualized, the largest measuring 2.96 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

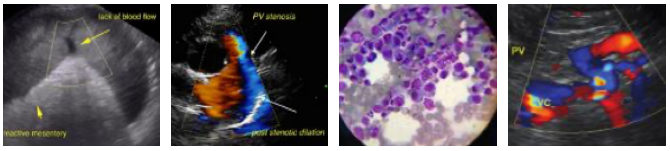
- Mild bilateral age-related renal changes with subtle dystrophic mineralization.
- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Suspected benign hepatopathy. Vacuolar hepatopathy is the top differential.
- The prominent medial iliac lymph nodes are likely reactive.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include occult neoplasia, vasculitis, infectious/parasitic disease, autoimmune disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the prominent peripheral lymph nodes are recommended.
- Consider further testing for infectious diseases (i.e., tick borne, *Neorickettsia helminthoeca*).
- Also consider aspiration of the pitting edema to assess for evidence of infection.
- Further workup will depend on the results of the above diagnostics.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bud Garren

SPECIES

Canine

BREED

Retriever mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

28.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

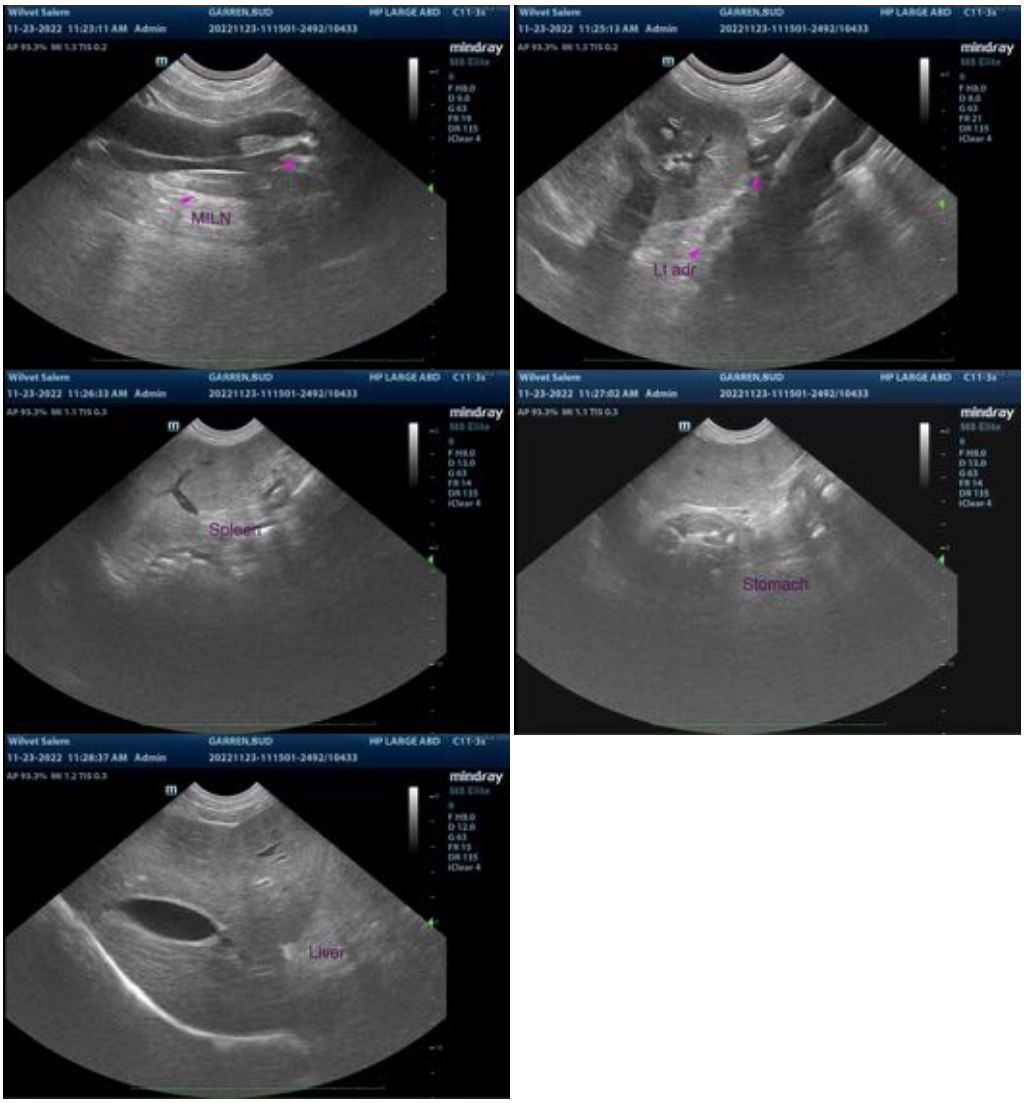
Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE
14270

DATE
11/23/22



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