**PATIENT**

Max Smith

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered Male

AGE

8 years

WEIGHT

62.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Pinecrest AH

INVOICE

11900

DATE

11.23.22

PRESENTING CLINICAL SIGNS

History: frequent urination
Abnormal PE/Chem/CBC/UA Results: See attached
USG 1.026. Trace proteinuria. Inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.90 cm) with an irregular mucosal surface. A small amount of aggregated, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is difficult to visualize in its entirety due to its pelvic location. In the visualized portion, it appears prominent in size (1.90 cm in width) with a normal shape and homogenous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.66 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 hydronephrosis.

The right kidney is normal size (6.10 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 (0.49 cm at cranial pole) (0.59 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 mildly enlarged (0.64 cm at cranial pole) (0.90 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 (1.46 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

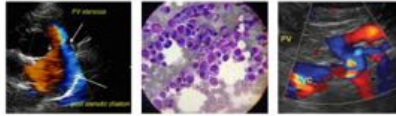
Liver

The liver is normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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.



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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. The medial iliac lymph nodes are visualized, the largest measuring 1.66 cm in length.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall changes could be consistent with cystitis, artifact due to lack of full repletion, emerging neoplasia (i.e., transitional cell carcinoma), other.
- The mild prostatomegaly may be a normal variant for this patient or may represent an emerging tumor.

SEX

Neutered Male

Secondary Findings

- Mild right adrenomegaly
- The splenic parenchymal changes are nonspecific and trend toward the benign (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar, with a lower possibility of emerging neoplasia
- Questionable microhepatica. Correlation with the patient's bloodwork findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC and chemistry panel and T4 is recommended, if not already performed. A urine culture and sensitivity is also recommended. If the urine culture is negative, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. Further work-up will depend on the results of the above diagnostics.

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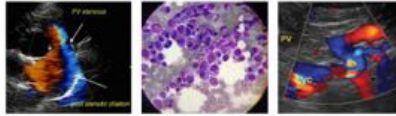
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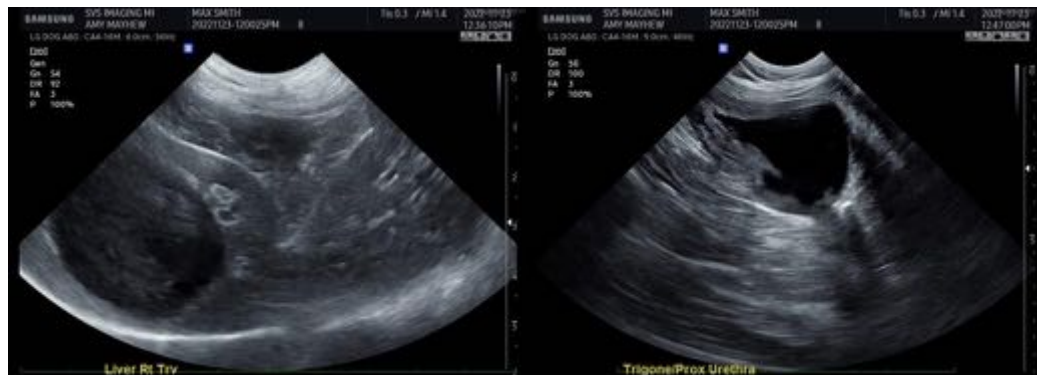
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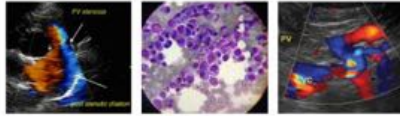
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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