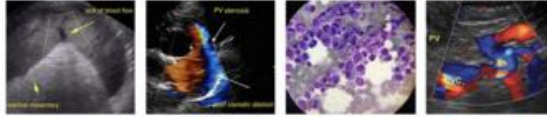


PATIENT	PRESENTING CLINICAL SIGNS
Bookie Welt	Clinical Exam Findings: Pt PE wnl except for numerous lumps and bumps. Pt is Diabetic. Pt's pu/pd is well controlled but is still losing weight and polyphagic per o. CBC/chem on 10/21/22 wnl except for hyperglycemia
SPECIES	Abnormal lab-work values: Fructosamine on 11/21/22 was low (165). Previous fructosamine on 10/20/22 was 487 - insulin was increased to 26 U BID
Canine	Current Medications: Vetsulin 26 U BID
BREED	Radiographic Findings: NSF
Labrador Retriever	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Spayed Female	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.
AGE	The left kidney is normal size (7.67 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 hydroureter. Renal vasculature is normal.
8/28/11	The right kidney is normal size (7.28 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 hydroureter. Renal vasculature is normal.
WEIGHT	
73 lbs	
INTERPRETED BY	Adrenal Glands
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The left adrenal gland is upper limits of normal size (0.72 cm at cranial pole) (0.84 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.
IMAGING PERFORMED BY	The right adrenal gland is upper limits of normal size (1.09 cm at cranial pole) (0.67 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.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
HOSPITAL NAME	Spleen
Foxbank VH	The spleen is normal in size (1.45 cm in width 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.
REFERRING VET	Liver
Andi Winney	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.
INVOICE	The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.
11896	
DATE	
11.25.22	



PATIENT

Bookie Welt

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8/28/11

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Andi Winney

INVOICE

11896

DATE

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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 right limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated (0.34 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

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

Other

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

ULTRASONOGRAPHIC FINDINGS

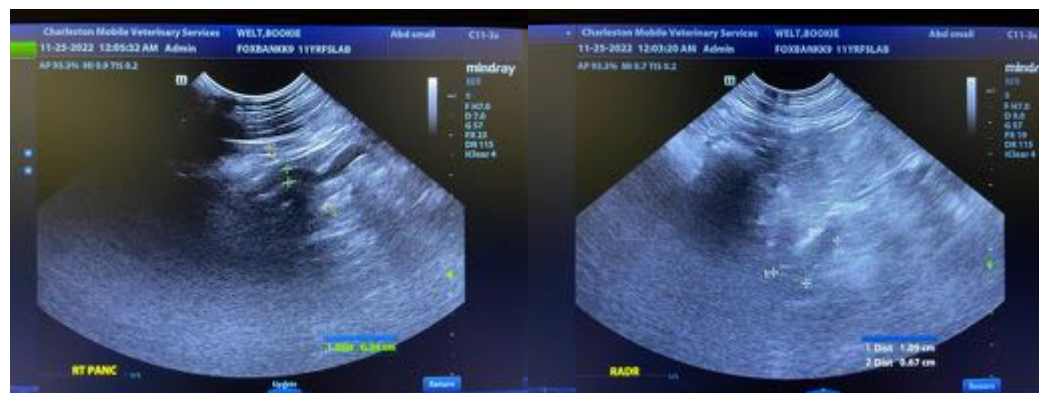
Primary Findings

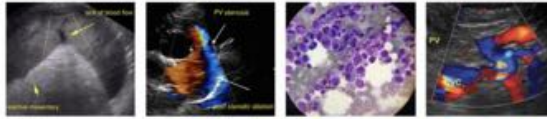
- Minor, age-related/geriatric hepatic and pancreatic changes

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include unregulated diabetes, maldigestion/malabsorption, occult neoplasia, sarcopenia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A 12-hour blood glucose curve is recommended to assess diabetic regulation. If the patient is unregulated, a urine culture and sensitivity should be considered along with other diagnostics to assess for underlying illness. If the patient is determined to be well-regulated, consider a GI panel (including serum cobalamin and folate, TLI and PLI) to evaluate for maldigestion/malabsorption, as well as three-view thoracic radiographs to assess for occult neoplasia in the chest.





PATIENT

Bookie Welt

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HOSPITAL NAME

Foxbank VH

REFERRING VET

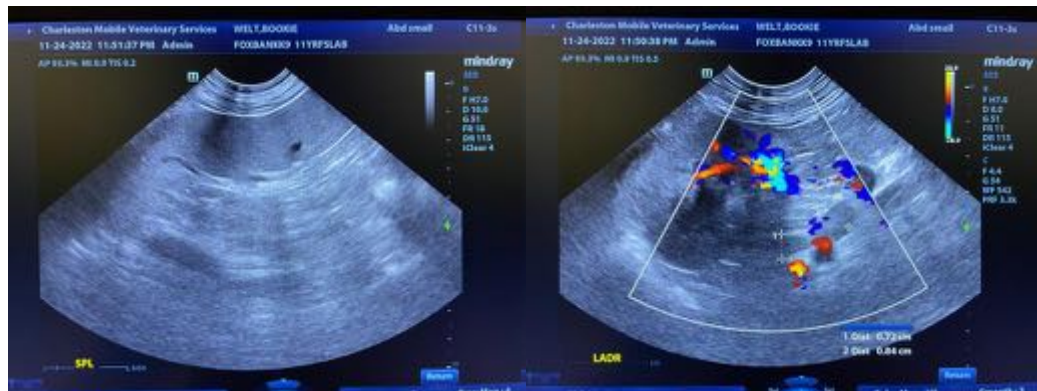
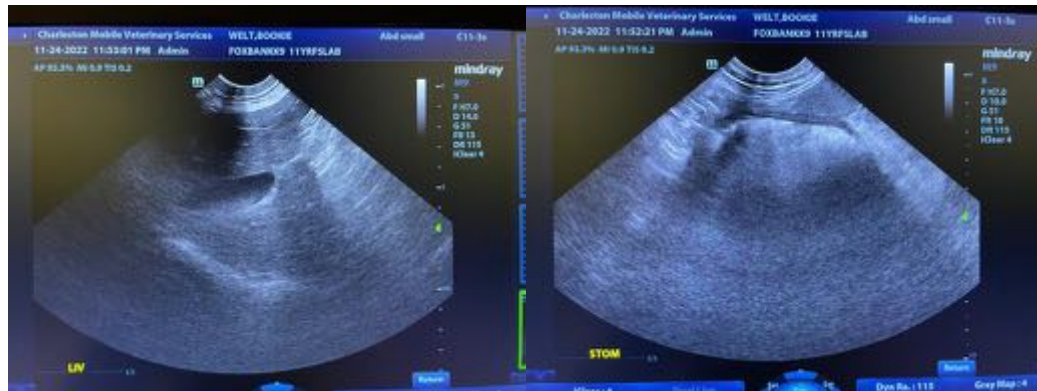
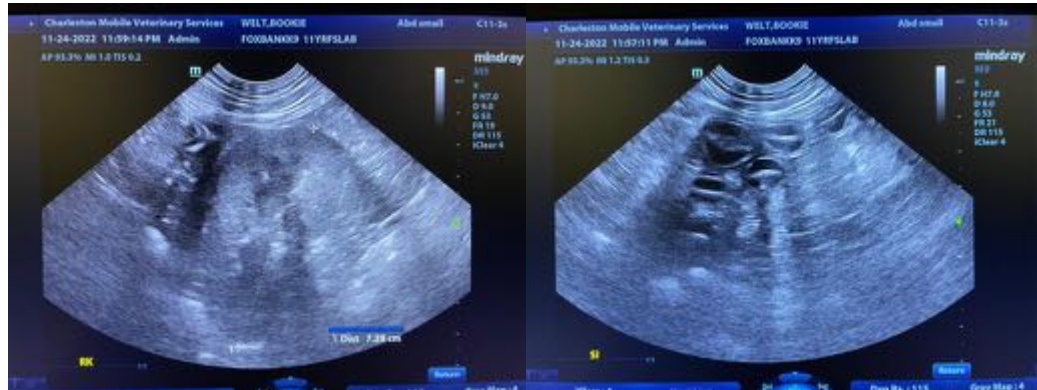
Andi Winney

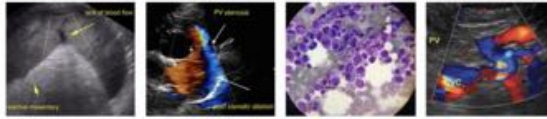
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PATIENT

Bookie Welt

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8/28/11

WEIGHT

73 lbs



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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info@SonoPath.com

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