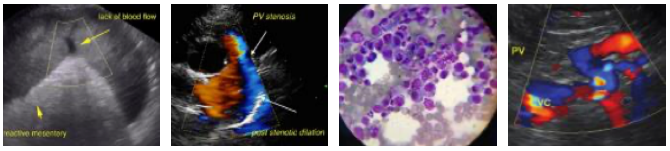

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1-800-838-4268 info@sonopath.com

PATIENT

Sophie Goffe

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female, spayed

AGE

13.7 Yrs.

WEIGHT

71 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Velasco

INVOICE

12692

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: Sophie has become suddenly incontinent. UA and culture was negative 8 weeks ago. She is on Galliprant, thyroid supplement SID, fish oils and glucosamine. She does have thin hair coat and mild bacterial infection on her trunk and nose. Severe left ear infection TNTC rods. Culturing today. Abnormal PE/Chem/CBC/UA Results: waiting to repeat until thyroid meds given BID. Will check in one week.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is normal to mildly thickened (up to 0.56 cm) and slightly irregular in appearance. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney is normal size (6.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (xxx 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.53 cm at cranial pole) (0.80 cm at caudal pole) (1.77 cm in length); 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.

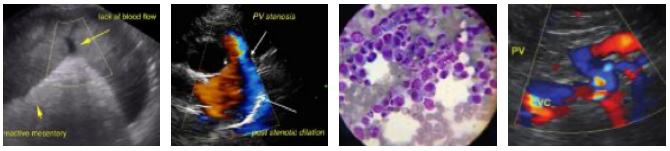
The right adrenal gland is enlarged (1.46 cm at cranial pole) (1.36 cm at caudal pole) (3.21 cm in length)with a slightly irregular shape. The parenchyma is hypoechoic with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (2.43 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity with a coarse echotexture. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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



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smooth. A scant amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious pathology is observed.

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:

- Right adrenomegaly with borderline left adrenomegaly. Differentials include bilateral hyperplasia vs emerging right adrenal tumor with left sided hyperplasia vs other.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral age-related renal changes.
- The urinary bladder wall thickening may be secondary to cystitis or may be somewhat artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended.
- A urine culture and sensitivity should also be repeated to assess for occult pyelonephritis.

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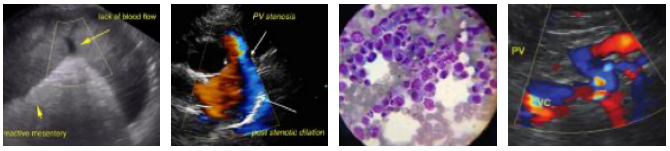

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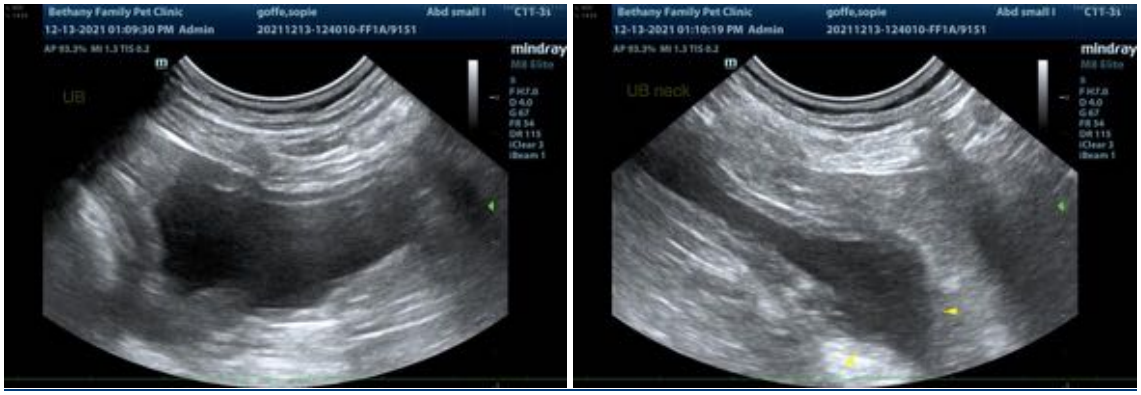
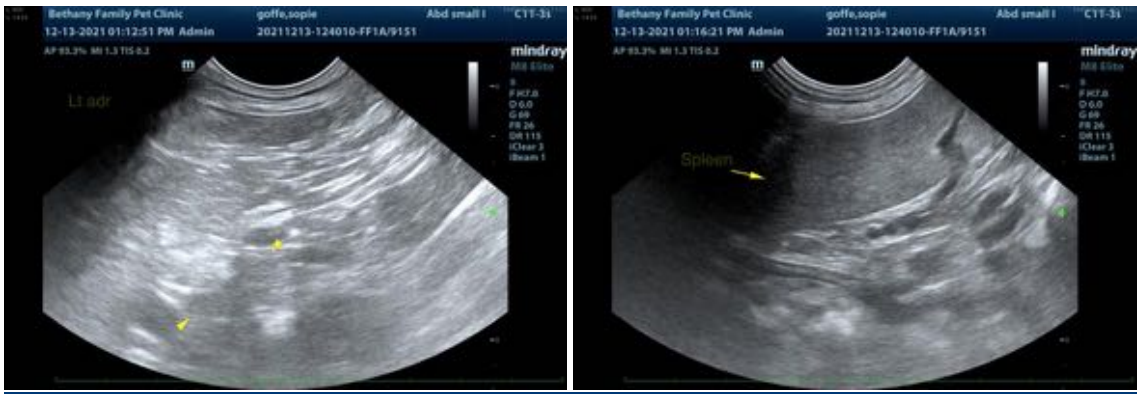
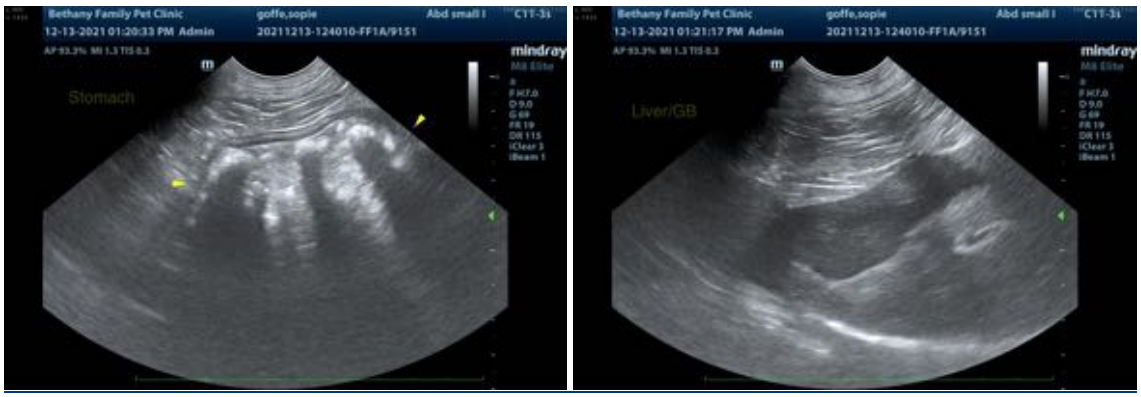
- Consider further testing for Cushing's disease (i.e., a low dose Dexamethasone suppression test).
- Further recommendations should be based on baseline labwork results.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.







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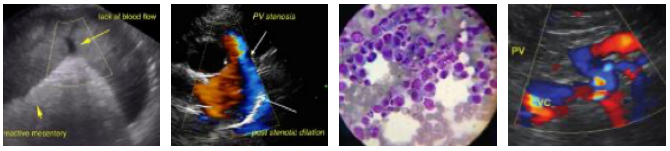

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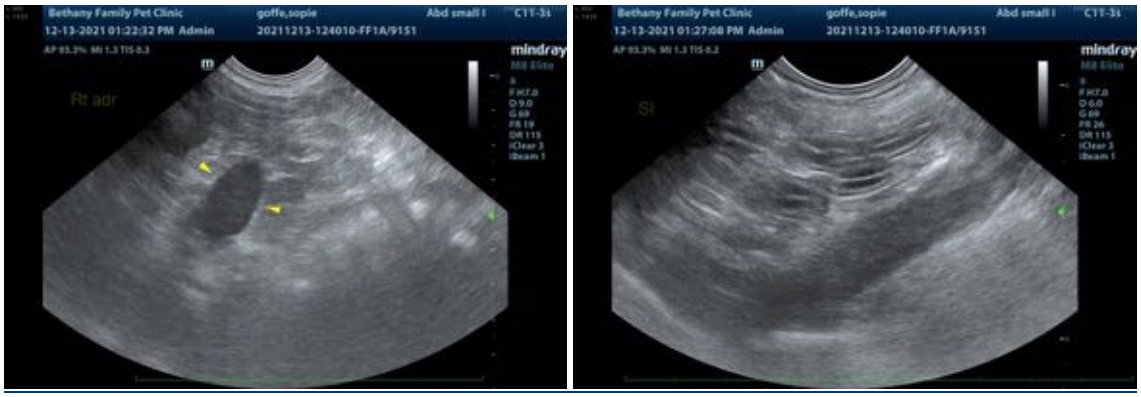

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com