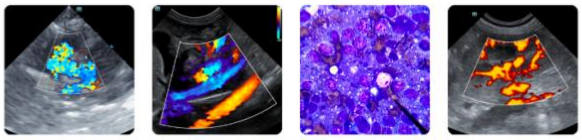


DATE

12-15-25

PATIENT

Peyton Whitelaw

SPECIES

Canine

BREED

Unknown Breed

SEX

Neutered Male

AGE

12/15/2013

WEIGHT

13.4kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Parr

INVOICE

22271

PRESENTING CLINICAL SIGNS

Patient History: Pt presented for progressive lethargy and anorexia for about a day, with sudden onset of labored breathing. On PE pt was pale and slightly cyanotic with snappy pulses. History of arthritis, diabetes insipidus, bilateral TPLOs, bladder stones,

Current Medications: None listed.
Labwork Results: Labwork not attached, reported as: slide agglutination- macro positive. pcv/ts- 13%/8 Chem- Glob- 4.5 H, ALP- 581 H, T BIL- 1.5 H, K+- 3.4 L. CBC- WBC- 21.71 H, Neu- 17.56 H, mono- 1.52 H, hct- 17.9 L, hgb- 4.6 L, RBC- 2.3 L, MCV- 77.8 H, RDW%- 20.8 H, MCHC- 25.7 L, RDW-SD- 57.5 H, RET#- 126.7 H, RET %- 5.51 H, MPV- 16.7 H
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small-to-moderate amount of mineralized sand, along with tiny cystic calculi are observed within the lumen. Some mineralized debris is observed within the proximal urethral lumen. The lumen is not overtly dilated. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.27 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. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.20 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.

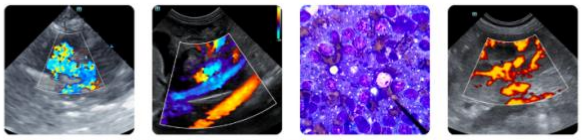
Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.62 cm at caudal pole) with a normal shape and 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 normal in size (0.58 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and 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 (1.19 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.92 x 0.75 cm hypoechoic nodule is observed approximately mid-spleen. A few, small myelolipomas are also observed in the region of the hilus. Splenic vasculature is normal.



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Liver

The liver is subjectively normal-in-size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized, partially-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with echogenic fluid. 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 is normal in thickness 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 of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization
- Urinary bladder/proximal urethral sand +/- tiny calculi
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hypoechoic splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor cannot be excluded.
- Mild-to-moderate retained gastric fluid

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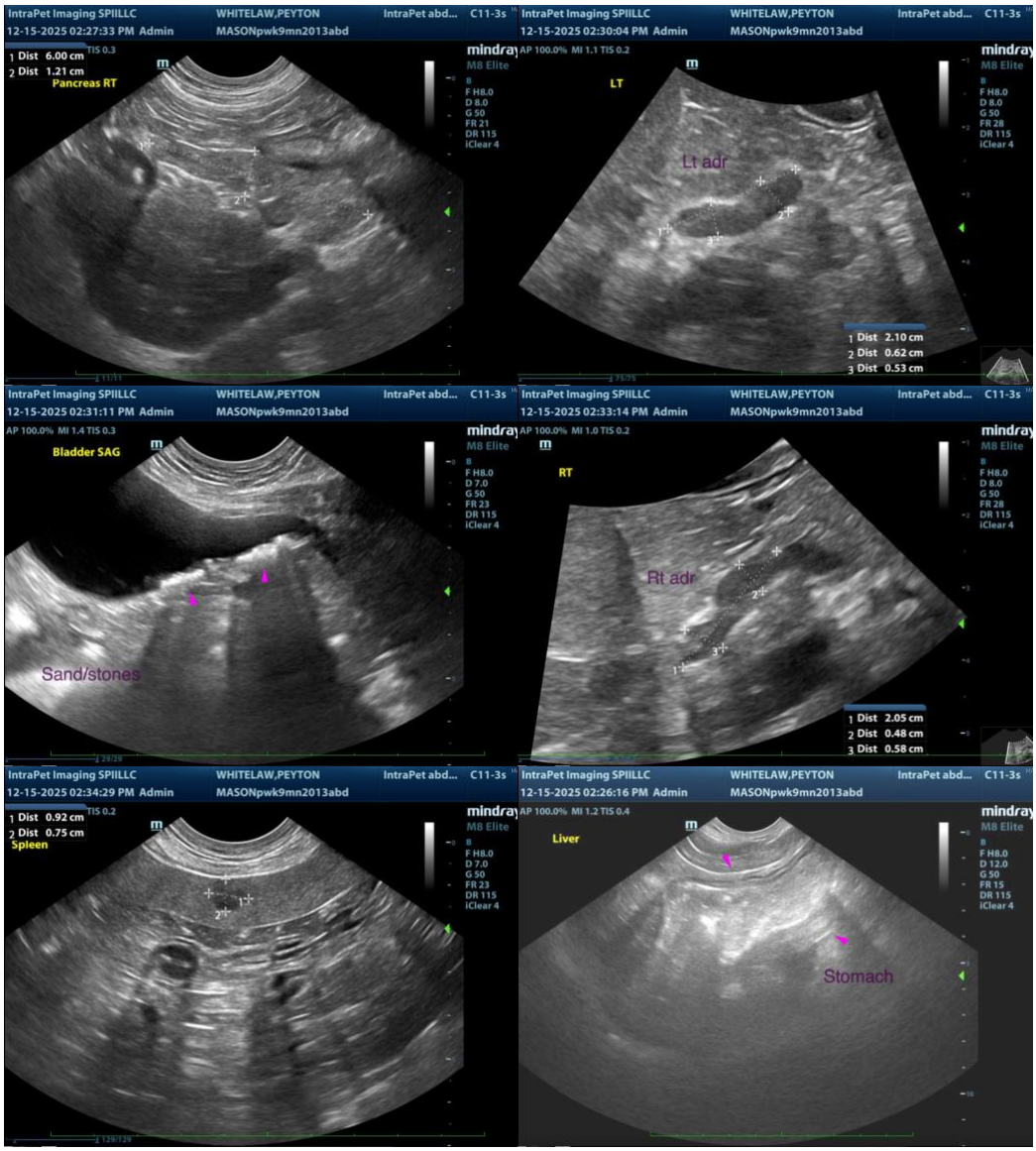
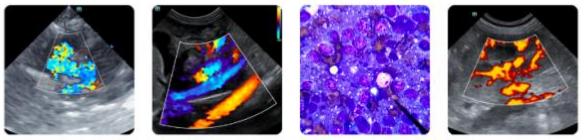
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A CBC with clinical pathology review should be considered.
- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- A comprehensive tick panel, including PCR and serology.
- While awaiting test results, symptomatic care is recommended.



Imaging performed by IntraPet Imaging

IntraPet.com



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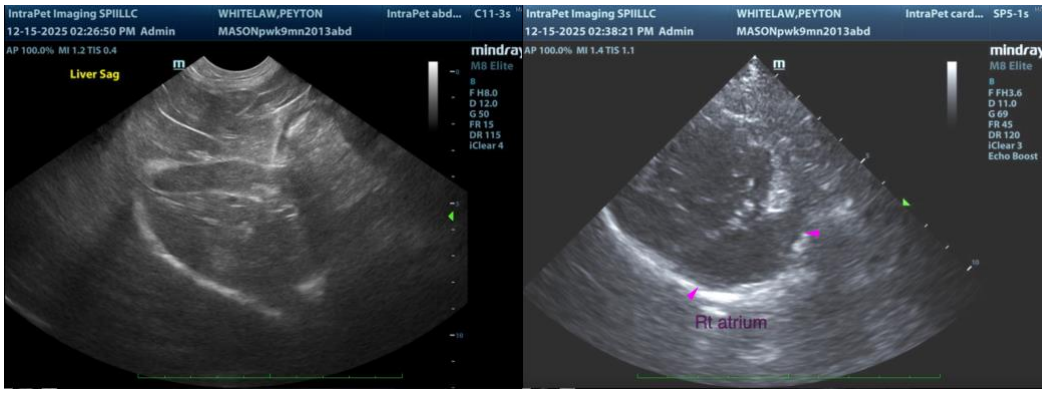

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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