**PATIENT PRESENTING CLINICAL SIGNS**

Josie Michel History: inappetence, weight loss wt 7-30-22 =70 lbs, 11-18-22 =65.8 ls, 12-13-22 =61.4 lbs

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes, only improved slightly with Hepato Tru Benefits, clinical signs of inappetence and weight loss progressing ALT 11-18-22 was 397, 12-13-22 was 360

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Boxer Mix

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.67 cm) and irregular. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

SEX

Spayed Female

The left kidney is normal size (6.14 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydroureter.

AGE

8 years

The right kidney is normal size (7.30 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydroureter.

WEIGHT

61 lbs

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.65 cm at caudal pole) (2.16 cm in length) 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 upper limits of normal size (0.63 cm at cranial pole) (0.78 cm at caudal pole) (2.72 cm in length) 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.

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Sarah Pender, CVT

Spleen

The spleen is subjectively enlarged with undulating/irregular peripheral contours. The parenchyma is diffusely mottled in appearance, bordering on a "Swiss cheese" appearance. A few hypoechoic nodules are also visualized. Splenic vasculature is normal with no evidence of thrombosis.

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Liver

The liver is subjectively prominent in size with slightly undulating peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Joyce Werning

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.

INVOICE

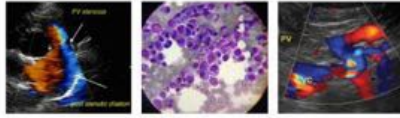
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Gastrointestinal

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

DATE

12.21.22

**PATIENT**

Josie Michel

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.

SPECIES

Canine

Pancreas

The left limb is prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

BREED

Boxer Mix

Free Abdomen

The mesentery in the cranial to midabdomen is hyperechoic. Trace free fluid is observed. Several prominent, rounded hypoechoic lymph node are observed in the cranial, mid and caudal abdomen (the largest measuring 2.22 cm in length).

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- The splenic and lymph node change are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process.
- The hepatic parenchymal changes are nonspecific and could be secondary to emerging neoplasia, inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis or other hepatopathy.
- The pancreatic changes in the left limb are suggestive of mild acute or chronic active pancreatitis.
- The cranial peritonitis is likely secondary to splenic, lymph node, +/- hepatic pathology.

AGE

8 years

WEIGHT

61 lbs

Secondary Findings

- Minor bilateral chronic renal changes with suspected cortical infarcts.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full distention. Correlation with the patient's urinalysis results and clinical history are recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Also consider fine needle aspirate of the spleen, liver, +/- prominent lymph nodes, if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, more advanced testing may be warranted to get a definitive diagnosis.

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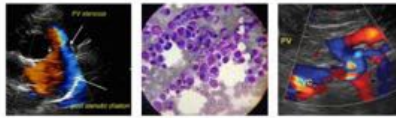
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SPECIES

Canine

BREED

Boxer Mix

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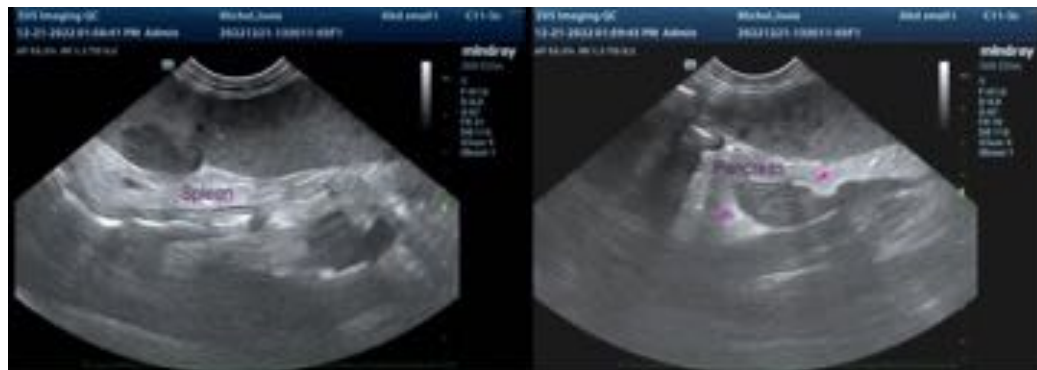
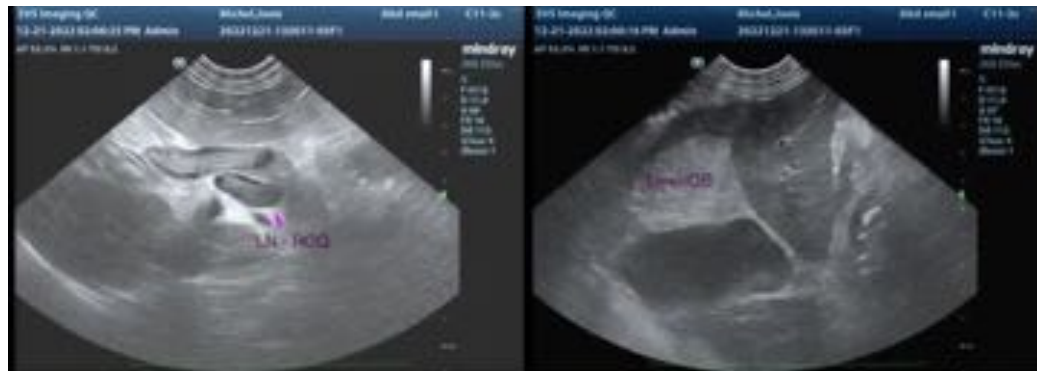
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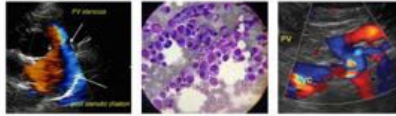
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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PATIENT

Josie Michel

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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