

PATIENT

Avery Errigo

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

INVOICE

12865

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Assess for causes of excessive panting. Suspected mild la par, chest rads: age-related changes, NSF. Chronic hepatopathy, history of mycoplasma on respiratory PCR - treated and confirmed neg. Trial Theophylline - no change, arthritic - trial Gabapentin and Tramadol - no change. History of severe atopy - failed immunotherapy cannot tolerate Atopica (causes diarrhea), only responds to Temaril-P and Apoquel combo. Quality of life decision, chronic hepatopathy R/O all causes of panting (1.) meds (2.), hepatopathy (3.), ortho (4.), anxiety (5.) all other. Current meds: Temaril-P 1 tab EOD pm, Apoquel, and omeprazole.

Abnormal PE/Chem/CBC/UA Results: 9/16/21: CBC: WNL. Chem: Alk. Phos. 1595, 8/22/21: Alk. Phos. 1663, 6/19/21: Alk.Phos. 3605. Alk. Phos. decreases when Temaril-P is decreased but has been chronic since 2018.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 2.00 cm, are normal.

The prostate is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (7.17 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. Renal vasculature is normal.

The right kidney presented normal size (6.45 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 hydronephrosis. Renal vasculature is normal.

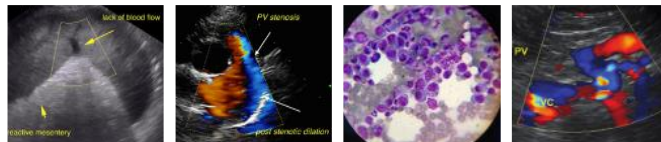
Adrenal Glands

The left adrenal gland is normal in length (0.39 cm at cranial pole) (0.44 cm at caudal pole) (2.43 cm in length); with a somewhat flattened contour. 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 size (0.57 cm at cranial pole) (0.44 cm at caudal pole) (1.74 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.

Spleen

The spleen is normal in size (2.30 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.



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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with a finely heterogeneous pattern. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. 1-2 small irregular polypoid-like lesions are arising from the luminal surface. A moderate amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is distended with ingesta. 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 segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

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Pancreas

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

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Free Abdomen

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

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Other

A 3.27 cm x 1.57 cm well defined echogenic to slightly heterogeneous mass is observed at the left body wall adjacent to the aortic trifurcation.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass lesion in the region of the left body wall. Differentials include neoplasia (i.e., lipoma, sarcoma), granuloma, inflammatory focus, other.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.
- Gallbladder debris, non-mucocele

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Secondary Findings

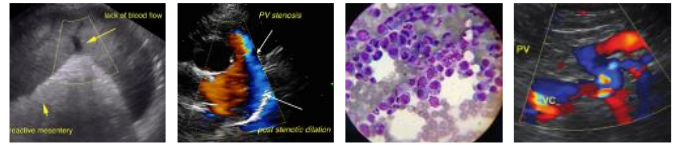
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Minor age-related renal changes

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- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to chronic corticosteroid use.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the mass in the region of the body wall is recommended.
- Consider a sedated oral exam to further evaluate for laryngeal paralysis

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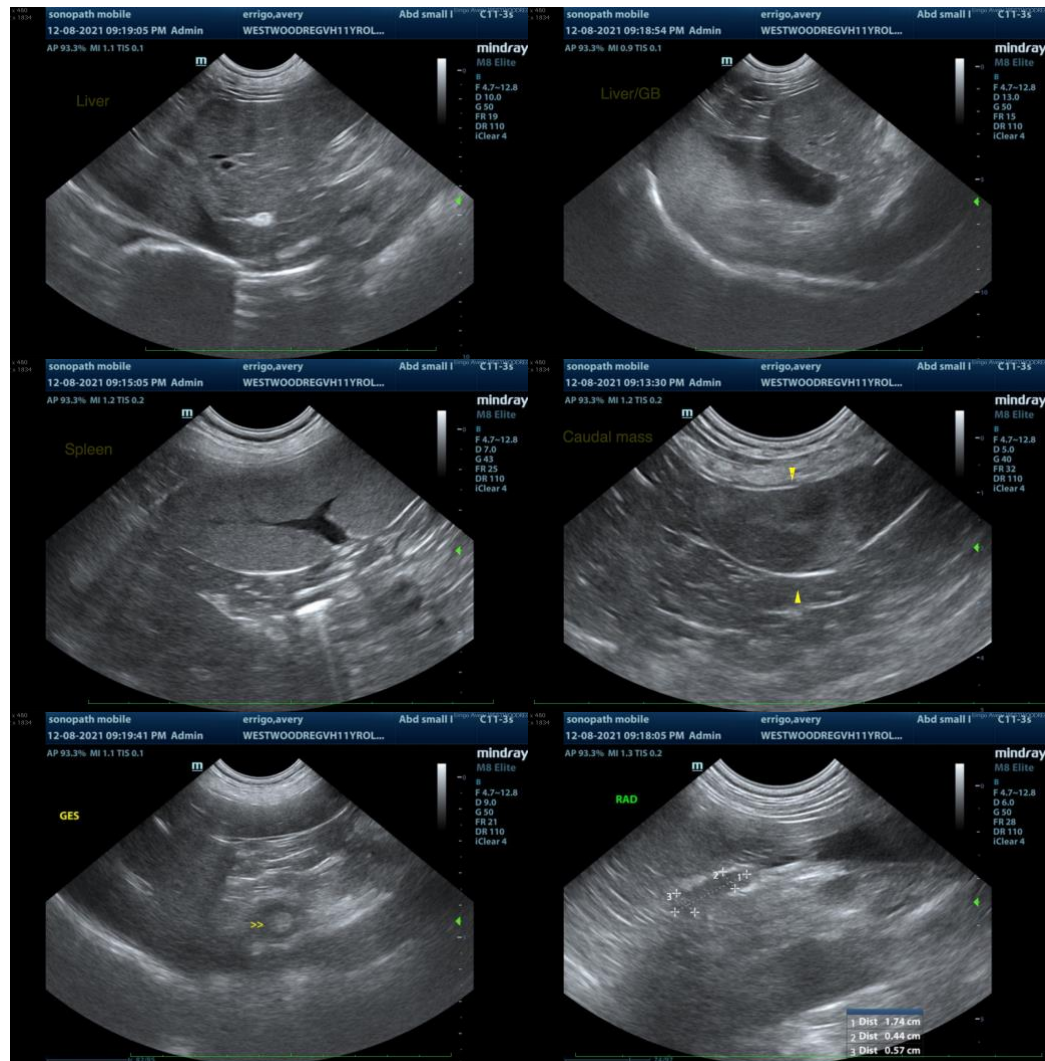
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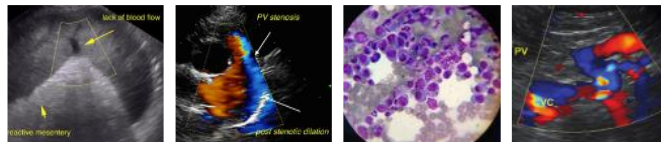
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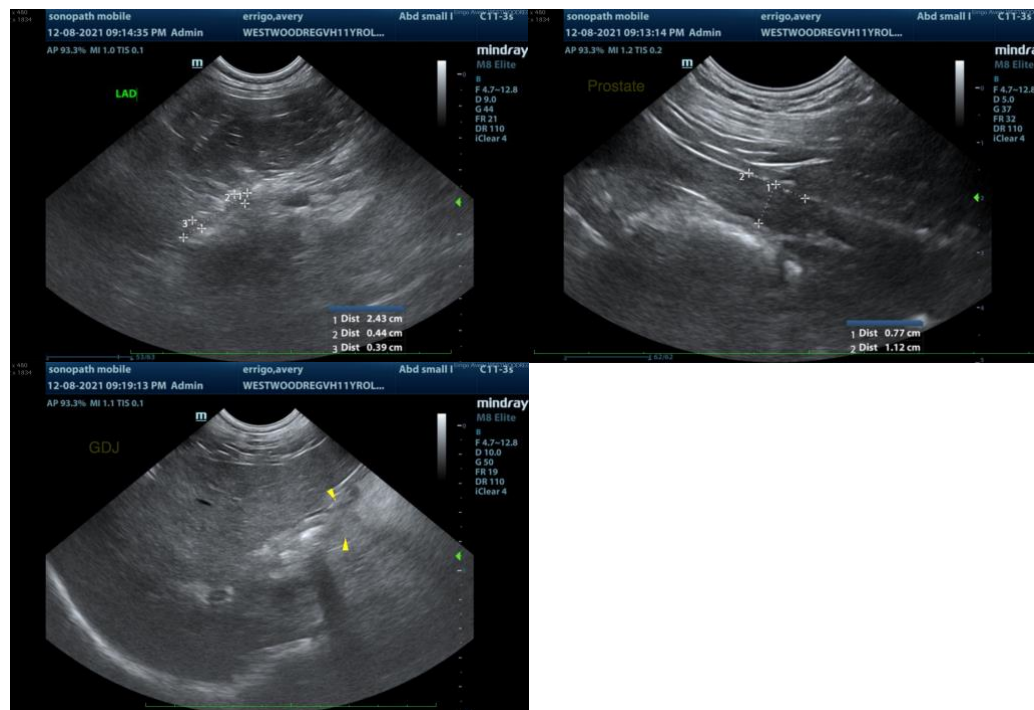
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com