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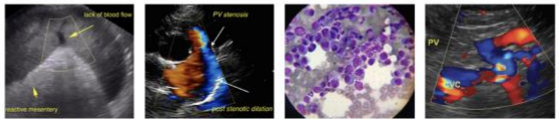


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Guinness Wydra

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years

WEIGHT

121 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Matthew Nathan

INVOICE

13969

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: Objective: Overall Health and Body score -- 5/9, BAR Hydration: Appears well hydrated. Eyes -- Normal OU. No ocular discharge noted. Ears -- Normal AU. No discharge noted. Oral cavity -- mm: pink CRT < 2 seconds. Mild dental calculus (Grade 1/3). Integument-- Haircoat is smooth and shiny. No dermal lesions noted. No palpable masses or ectoparasites appreciated. . Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable. Cardiovascular -- Normal sinus rhythm. No murmur, no arryhythmia auscultated. Pulses are strong and synchronous. Respiratory -- No nasal discharge observed. Eupenic. Normal bronchovesicular sounds in all quadrants. Abdominal -- Soft and non-painful abdomen. No palpable masses or organomegaly. Urogenital – Normal. Musculoskeletal -- Ambulatory x 4. No apparent lameness, no pain on palpation, mild decreased ROM bilateral coxofemoral joints. Neurologic -- No obvious neurological deficits. A full neuro exam was not performed. Pain Assessment (Ranked 0-4) – 0. ASSESSMENT: 1. Intermittent lameness per O

Elevated ALP (569) on annual bloodwork. History of intermittent lameness.

Abnormal Lab Work Values: ALP elevation (elevated 2019 (294), normal 2020, now its 569)
Current Medications: Simparica Trio, Gabapentin 300mg

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 cm, are normal.

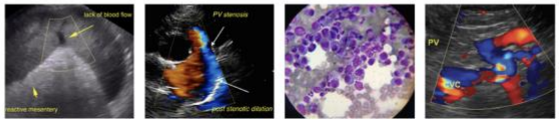
The prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.70 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.

The right kidney presented normal size (7.51 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.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.85 cm at caudal pole) (2.92 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.



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The right adrenal gland is normal size (1.37 cm at cranial pole) (0.96 cm at caudal pole) (2.98 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 (2.02 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 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 or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or 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

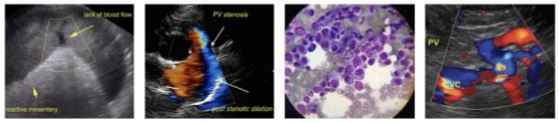
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected benign hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia.

Secondary Findings



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- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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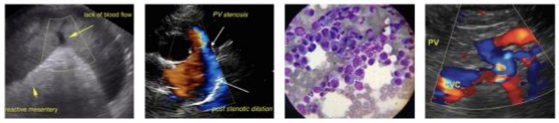

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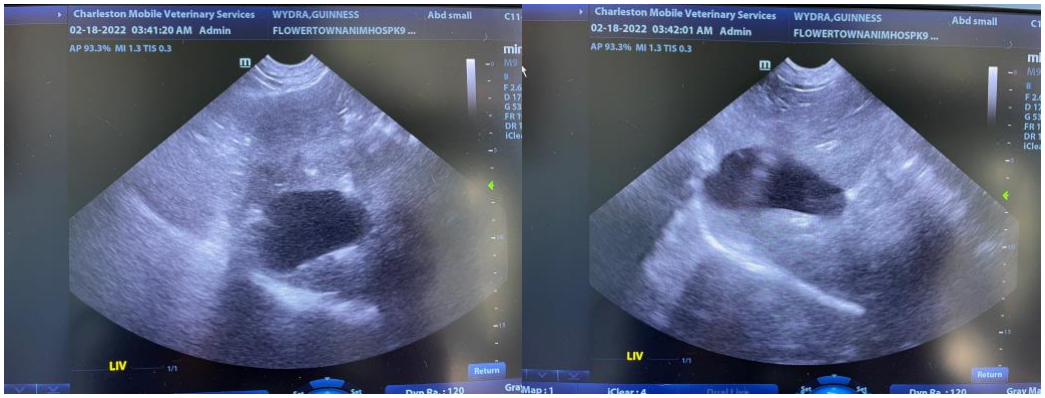

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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