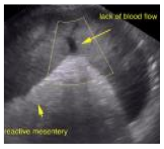
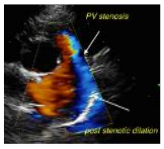
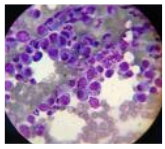
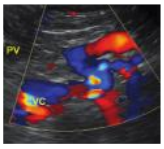
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Russell Dicosola

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

13 years 6 mos

WEIGHT

43.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson, DVM

INVOICE

10416

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: The ALP and cPL are elevated and Russell has been going through these stages where he will drink a lot and then will urinate a lot.

Abnormal PE/Chem/CBC/UA Results: PE: Everything checked out good. UA: Specific Gravity 1.015 pH 9.0 Sediment was quite CBC: Platelets 452 K/uL Chem: ALP 380U/L Triglyceride 165 mg/dL Amylase 1,794 U/L Lipase 723U/L Creatine Kinase 396 U/L Spec cPL 701 ug/L Total T4 was normal Heartworm Antigen Ehrlichia canis / ewingii Lyme (Borrelia burgdorferi) Anaplasma phagocytophilum / platys Was all negative Ova & Parasites - Zinc Sulfate Centrifugation Giardia Antigen Hookworm Antigen Whipworm Antigen Roundworm Antigen was all negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. One to two cystic calculi are suspected within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.64 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. Renal vasculature is normal.

The right kidney presented normal size (cm in length); normal shape and architecture with smooth peripheral margins. There is a 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 is normal in size (6.50 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.

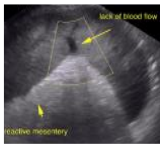
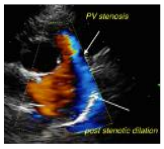
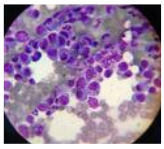
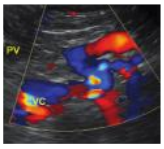
Adrenal Glands

The left adrenal gland is mildly enlarged (1.10 cm at cranial pole) (0.95 cm at caudal pole) (2.56 cm in length); with a slightly irregular 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 mildly enlarged (1.12 cm at cranial pole) (1.37 cm at caudal pole) (3.25 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 (2.29 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several varying sized hyperechoic

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

PATIENT

Russell Dicosola

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

13 years 6 mos

WEIGHT

43.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson, DVM

INVOICE

10416

DATE

2/18/22

nodules are observed throughout the parenchyma. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits subtly heterogeneity with a few small ill-defined hyperechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic to mineralized debris is observed within the lumen. 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

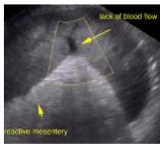
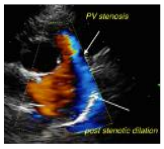
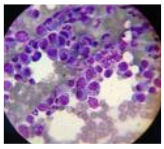
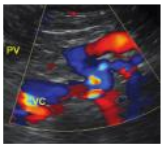
Primary Findings

- 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 less likely.
- Mild bilateral adrenomegaly
- Suspected cystic calculi

Secondary Findings

- Echogenic to mineralized gall bladder debris
- Bilateral age-relate renal changes with right dystrophic mineralization
- The hyperechoic splenic nodules likely represent a benign process (i.e., myelolipomas or foci of lymphoid hyperplasia) with a low possibility of infiltrative neoplasia).

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Russell Dicosola

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

13 years 6 mos

WEIGHT

43.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson, DVM

INVOICE

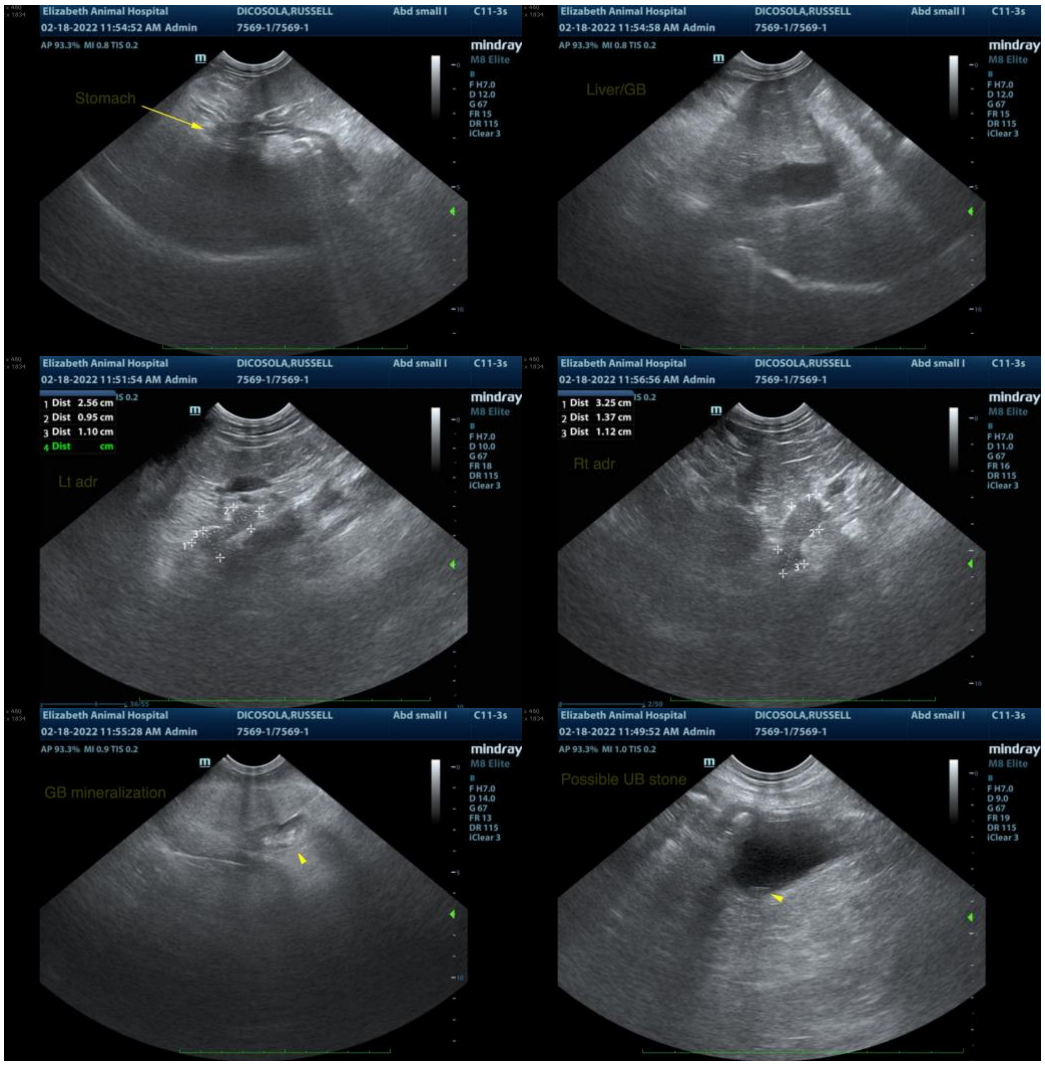
10416

DATE

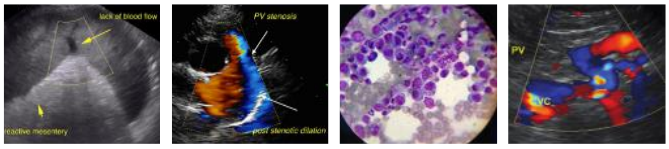
2/18/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). If Cushing's disease is confirmed, consider a baseline blood pressure measurement +/- UPC (if proteinuria is present).
- A urine culture and sensitivity would also be useful to rule out occult pyelectasia as a cause for PU/PD
- To further assess for cystic calculi, consider abdominal radiographs. If confirmed, a cystotomy with stone removal, analysis and culture can be considered. Alternatively, medical dissolution can be attempted.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Russell Dicosola

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Neutered Male

AGE

13 years 6 mos

WEIGHT

43.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

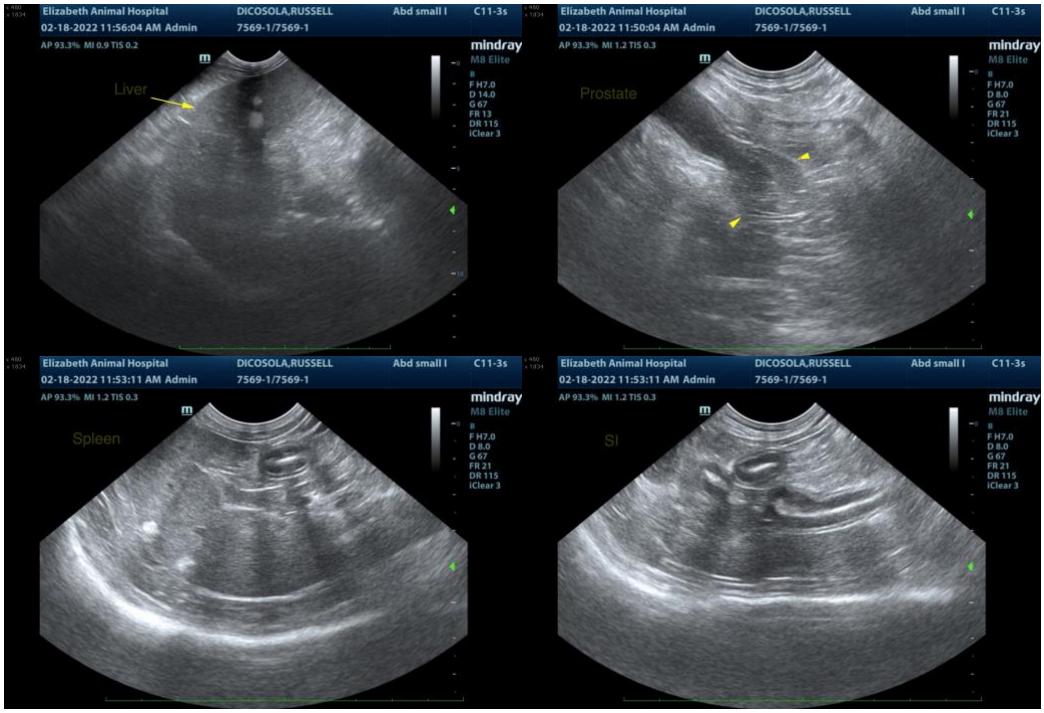
Dr. Leon Anderson, DVM

INVOICE

10416

DATE

2/18/22



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