



PATIENT

Sherlock Root

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered Male

AGE

12 years

WEIGHT

53 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Alexis Bogosian

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Alexis Bogosian

INVOICE

10432

DATE

2/20/22

PRESENTING CLINICAL SIGNS

History: p presented for shortness of breath and a distended abdomen. US shows abnormal appearance of liver and spleen, as well as free fluid. PCV/TS of free fluid is 33%, 4.0g/dL
Abnormal PE/Chem/CBC/UA Results: NSF

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 aggregated echogenic suspended debris is observed within the lumen. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.46 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 hydroureter.

The right kidney is normal size (6.68 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 hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen is subjectively normal in size (1.18 cm in width at the level of the hilus) with irregular peripheral contours. The parenchyma is subtly mottled in appearance. A few small ill-defined hyperechoic nodules/areas are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is not visualized in its entirety. In the visualized portions, it appears normal in size with normal curvilinear peripheral contours. There are minor changes consistent with age-related remodeling. 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 normal in thickness. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. The mesentery effacing the serosal surface is hyperechoic.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal loops are not evaluated. The wall of the descending colon is normal.

Pancreas



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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.

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Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. A small amount of free fluid is present. There is no obvious evidence of lymphadenopathy, however, the midabdominal region is not evaluated.

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ULTRASONOGRAPHIC FINDINGS

Pit Mix

Primary Findings

- The gall bladder changes are concerning for a mucocele. However, additional images would be necessary to confirm this finding. Regional peritonitis is present.
- The splenic parenchymal changes could be consistent with benign process (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). However, emerging neoplasia cannot be excluded

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Secondary Findings

- Minor age-relate renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic images of the liver, gall bladder and spleen are recommended to further assess for pathology in these organs. If a gall bladder mucocele is confirmed, a cholecystectomy should be strongly considered along with empirical treatment for cholecystitis (i.e., broad-spectrum antibiotic therapy, and pain medication as needed). Ursodiol therapy should also be considered.
- Consider a fine-needle aspirate of the spleen to rule out round cell neoplasia.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

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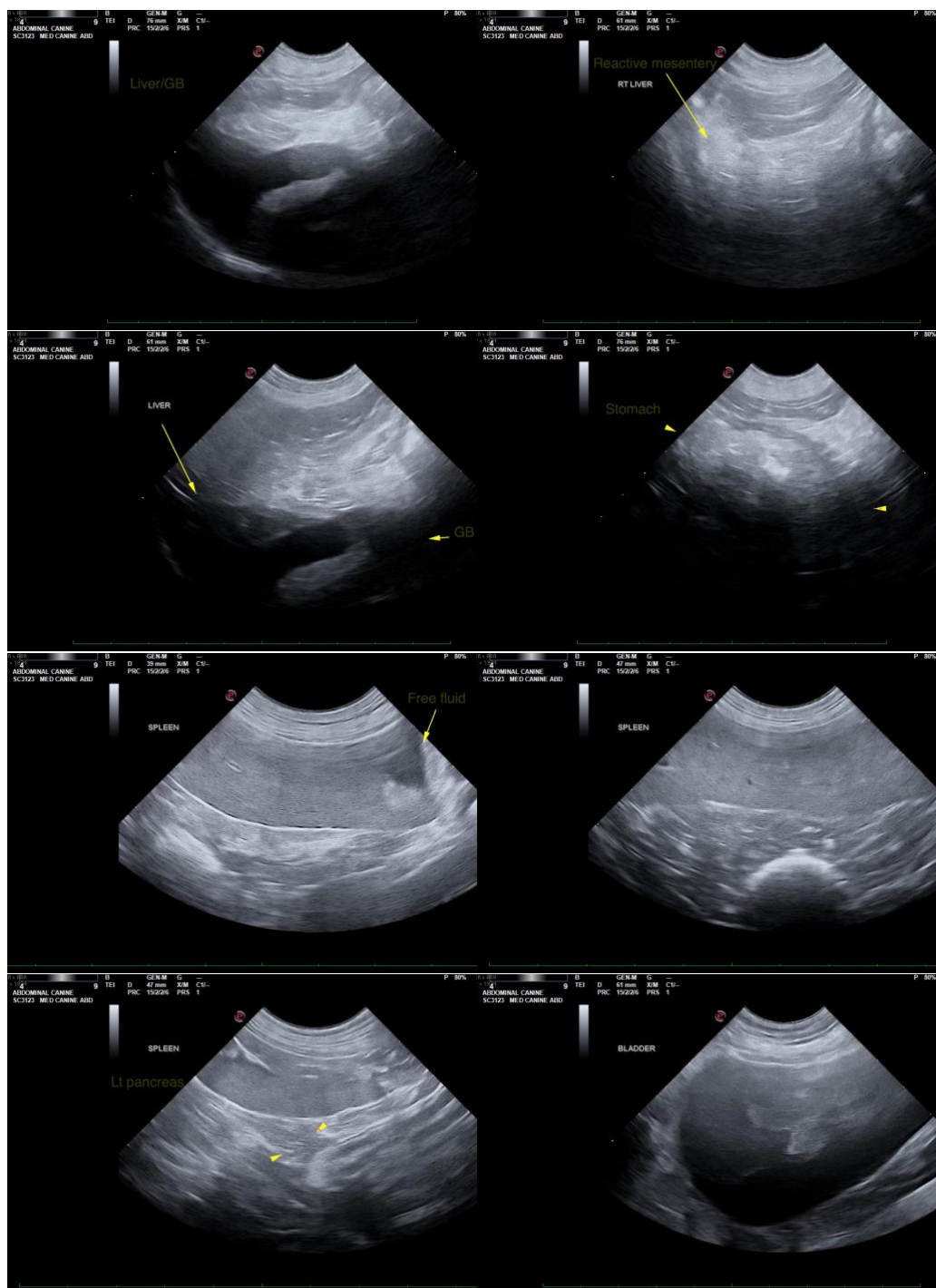
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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info@SonoPath.com

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