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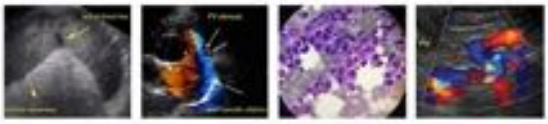


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tucker Cecilio

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

11 Years

WEIGHT

104.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Sjloin

INVOICE

13009

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Patient's Name: Tucker Owner's first and last name: Julie Cecilio Species: Canine Gender(altered?) N Age: 11Y Weight in #: 104.3# Breed: Retriever, Labrador History: History of restlessness and panting for a 36 hour period. Waking up in the middle of the night. Physical exam findings: Many SQ masses over the body. Suspected OA in hips and stifles. Abdomen tense. Unable to palpate well. Abnormal CBC values: Mild lymphopenia Abnormal Chemistry Values: Moderate elevation in ALP 406 Abnormal UA Values: USG 1020, 2+ urine protein. UPC 0.8 Radiograph Findings(email radiographs if available): Chest radiographs show a mild enlargement in cardiac silhouette. Reason for Ultrasound: evaluate for underlying renal disease and any other cause of panting.

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 (1.01 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 (7.37 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. Renal vasculature is normal.

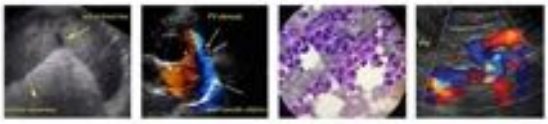
The right kidney is normal size (7.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.92 cm at cranial pole) (1.08 cm at caudal pole) (2.77 cm in length) with a slightly irregular shape. A 0.79 x 0.59 cm hyperechoic nodule is observed at the caudal pole. The glandular echogenicity and detail at the cranial pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.18 cm at cranial pole) (1.08 cm at caudal pole) (3.08 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen



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The spleen is normal in size (2.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 2-3 small ill-defined hypoechoic nodules/areas are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic to isoechoic relative to the spleen and heterogeneous 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/not seen.

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 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 disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

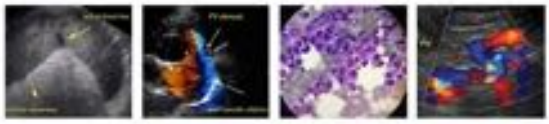
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mild bilateral adrenomegaly is most consistent with hyperplasia. The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Benign hepatopathy. Top differentials include regenerative nodular hyperplasia and/or vacuolar hepatopathy.

Secondary Findings:



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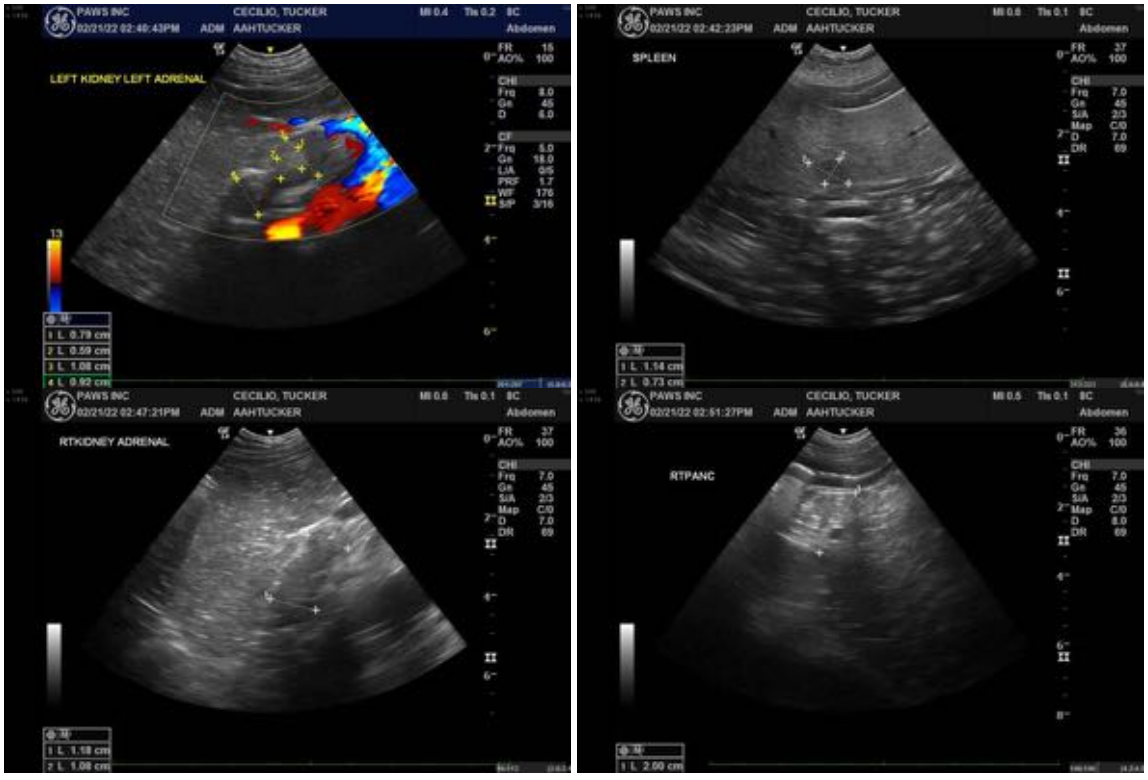
- Minor geriatric renal and pancreatic changes.
- The splenic nodules trend toward the benign (i.e., areas of lymphoid hyperplasia or extramedullary hematopoiesis). Emerging neoplasia is possible but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, three-view thoracic radiographs are recommended to assess cardiopulmonary status. Also consider baseline blood pressure measurement as well as further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).
- Given the proteinuria, an angiotensin receptor blocker can be considered at this time. Alternatively, a recheck UPC can be performed in 2-3 months. If the UPC is still elevated, initiation of medical therapy for proteinuria can be considered then.



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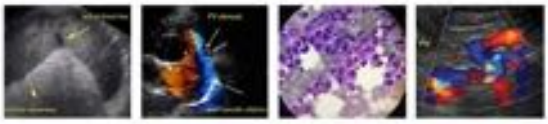

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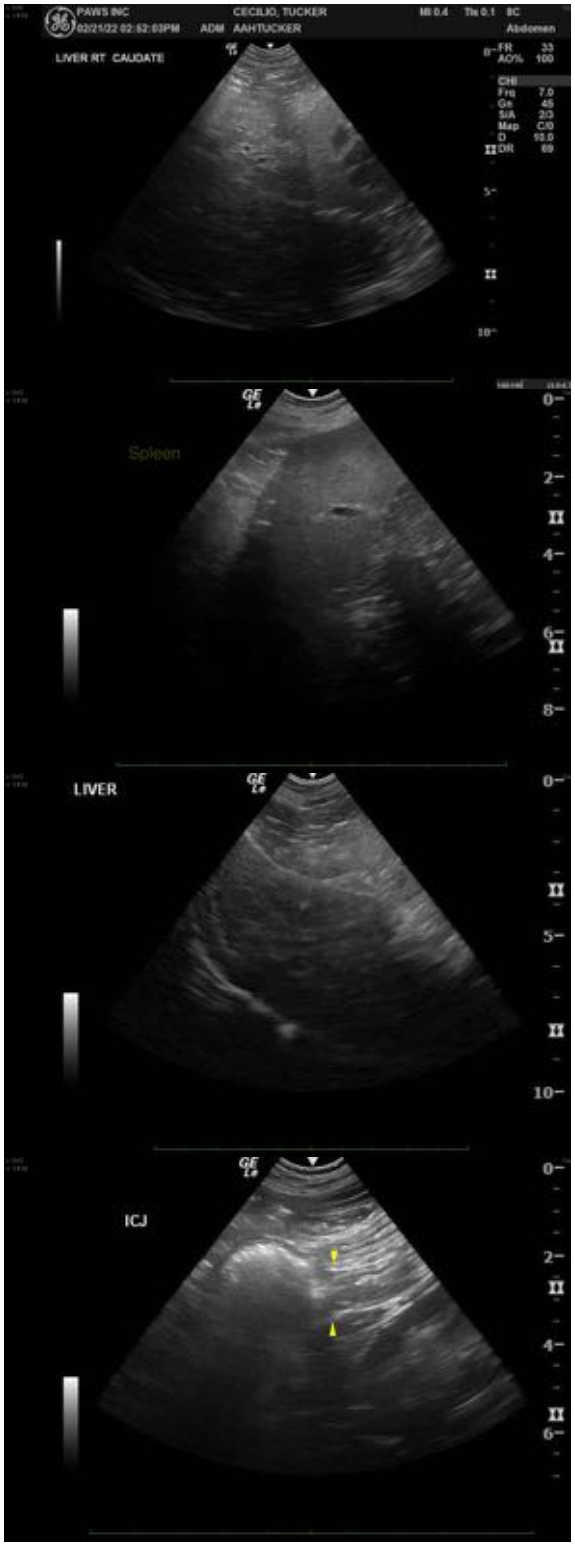
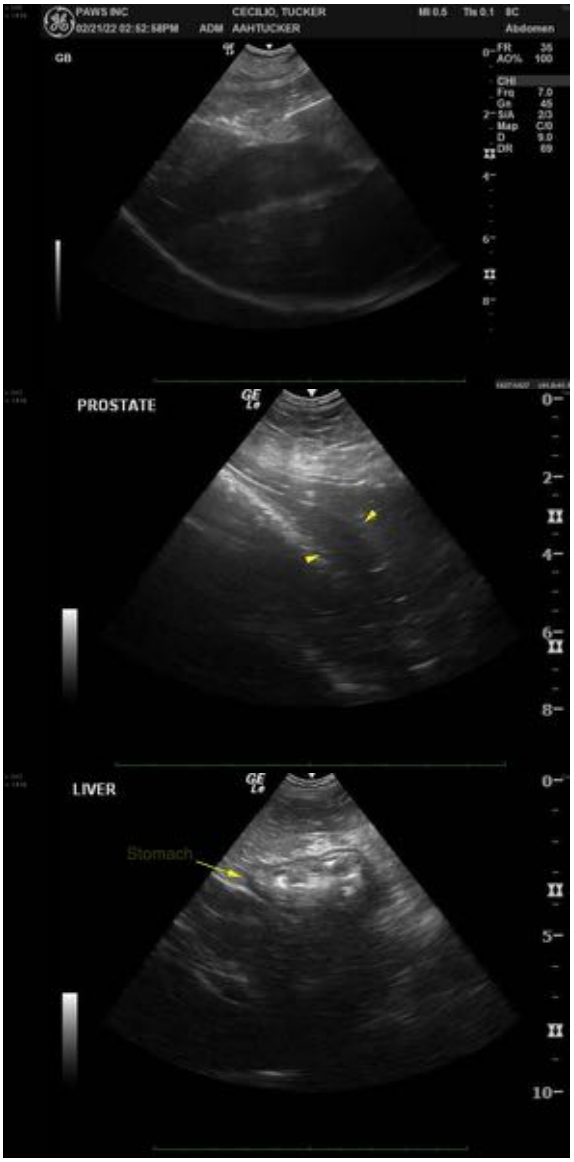
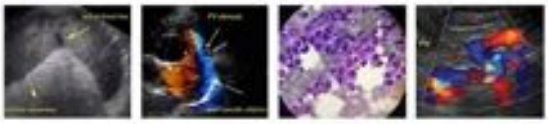




The information and recommendations provided are based on the images presented by the



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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 ACVIM (*Small Animal Internal Medicine*)

andrea.nicastro@sonopath.com