



PATIENT

Musti Johnson

SPECIES

Canine

BREED

Labrador retriever

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

75 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

12966

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Musti has been having bouts of pain, likely associated with lower back and iliopsoas muscle strain. She panting more. More hungry. Water drinking seems normal. This is to make sure we are not missing anything. Mild azotemia. LDDST is WNL. USG 1.021 with trace proteinuria, inactive sediment, urine culture negative. CBC WNL. Clotting times normal SDMA 15, BUN 34, creat 1.7.

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 left kidney is normal size (5.99 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.22 cm in the longitudinal plane). There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.95 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cortical infarct is present at the caudolateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydronephrosis.

Adrenal Glands

The left adrenal gland is enlarged (1.20 cm at cranial pole) (1.31 cm at caudal pole) (3.89 cm in length) with a slightly irregular shape. The parenchyma is heterogeneous in appearance with loss of glandular detail. A 1.47 x 0.92 cm irregular hypoechoic to anechoic area is observed at the cranial pole. A 0.52 x 0.51 cm, irregular hyperechoic nodule is observed at the caudal pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.56 cm at cranial pole) (0.83 cm at caudal pole) (3.32 cm in length) with a slightly irregular shape. 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 (1.77 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 prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance with numerous ill-defined hypoechoic nodules/areas. The most distinct nodule measures 1.83 cm in length and causes slight capsular expansion. 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.



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Gastrointestinal

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The gastric lumen is mildly distended with ingesta. The gastric wall is 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 disease is noted.

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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.

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Free Abdomen

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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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ULTRASONOGRAPHIC FINDINGS

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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.
- Bilateral adrenomegaly. The hypoechoic to anechoic nodule at the cranial pole may represent an emerging tumor, hyperplastic change or a cystic region.
- Bilateral degenerative renal changes with a right cortical infarct.

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Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the patient's clinical history, consider additional testing for Cushing's disease (i.e., ACTH stimulation test +/- adrenal panel to the University of Tennessee)
- UPC and baseline blood pressure measurement should also be considered.
- Given the history of pain, consider whole body radiographs to assess for bony lesions, which may be a source of discomfort.

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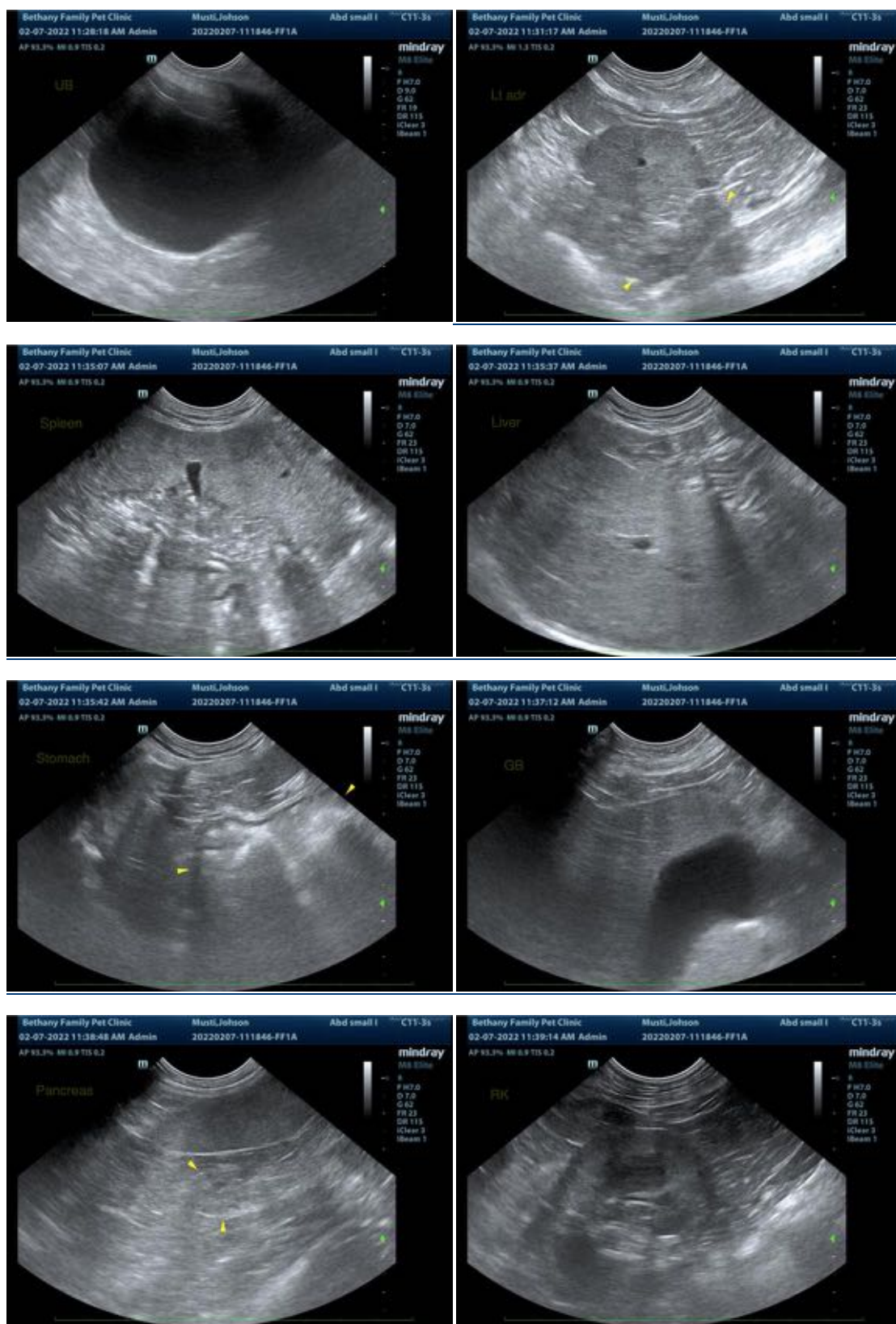
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

Andrea.nicastro@sonopath.com