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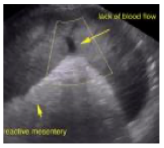
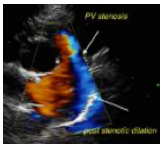
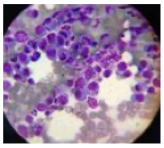
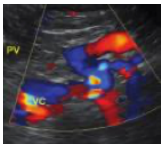
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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PATIENT

Duke Lifshin

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 years, 11 mos

WEIGHT

107.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Mark Schlingen, DVM

INVOICE

12175

DATE

2.8.23

PRESENTING CLINICAL SIGNS

History: Previous splenectomy 1/27/22 at time of sx 3 cm spherical mass identified on caudal aspect of lower left liver lobe. Spleen bx revealed complex nodular hyperplasia Acute diarrhea since 2/7 with hematochezia and increase frequency. Acute anorexia and pronounced lethargy presenting at the same time Perianal mass previously FNA'd as adenoma Horner's syndrome historically Gradual onset pelvic limb ataxia over previous year Initiated on Metronidazole and Cerenia, hospitalized with Norm R today.

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC and Chem lab-work including cPL aside from 1.041 USG with 3+ protein and 2+ bilirubin. UPC pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.02 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.77 cm at cranial pole) (0.80 cm at caudal pole) with a normal shape and 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

Previously splenectomized.

Liver

The liver is subjectively normal in size. The parenchyma is of appropriate echogenicity and echotexture. The left lateral lobe has irregular peripheral margins, with a 3.10 cm isoechoic to slightly hypoechoic nodule/mass. The remaining peripheral margins are curvilinear. The remaining hepatic echogenicity and echotexture are normal. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The 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. There is no evidence of an obstructive pattern.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The previously-observed nodule/mass in the left lateral lobe of the liver is observed on today's study and appears similar in size. Differentials include nodular hyperplasia, inflammatory focus, granuloma, emerging tumor, other.

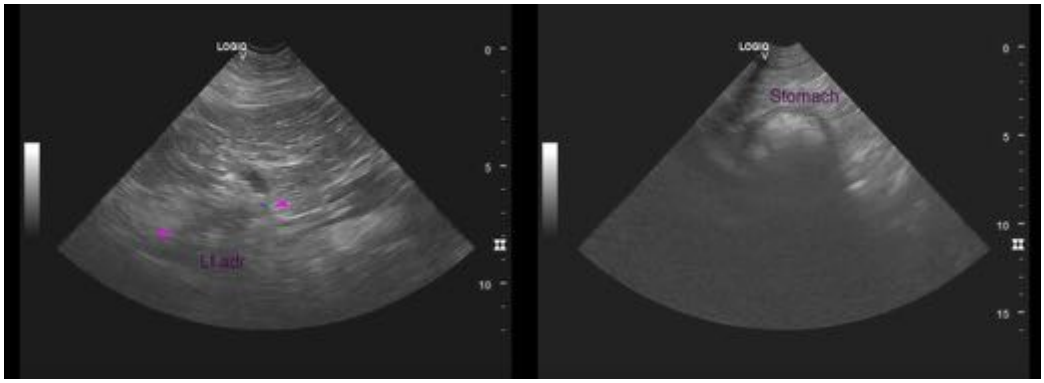
Secondary Findings

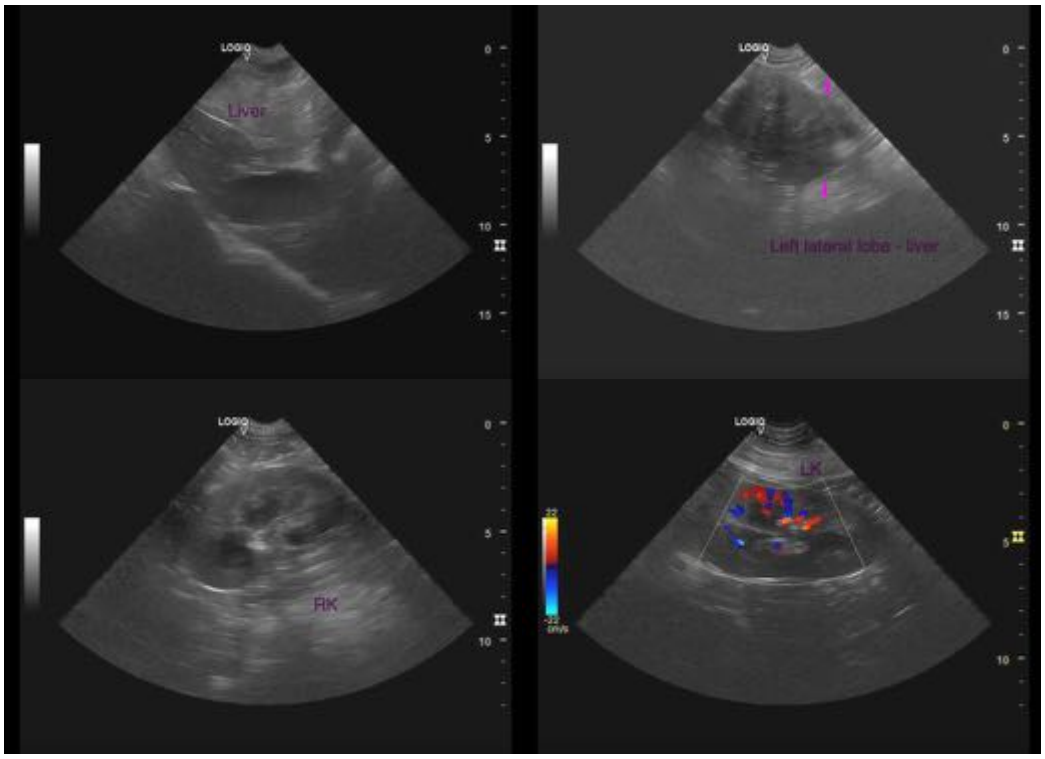
- Minor age-related remodeling renal changes

  *An obvious cause for the patient's diarrhea is not definitively identified in this study. Considerations include dietary indiscretion, food allergy/intolerance, infectious/parasitic disease, hemorrhagic gastroenteritis, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia (if not already performed). Also consider a PCR infectious disease panel.
- Consider prophylactic deworming with Fenbendazole.
- Initiation of a probiotic and fiber supplement is recommended along with a bland diet.
- If the patient's clinical signs do not improve with symptomatic care, a more GI comprehensive work-up may be warranted.





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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