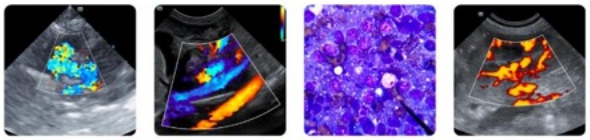


PATIENT
Nyx MacPherson

SPECIES
Canine

BREED
Boxer

SEX
Female, spayed

AGE
7 Yrs.

WEIGHT
27.5 kg.

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

IMAGING PERFORMED BY
McFarlen

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Parson

INVOICE
13463

DATE
2/9/26

PRESENTING CLINICAL SIGNS

History:

- 1) Increased Cardiopet BNP
- 2) Moderate depression of Nyx's left ventricular systolic function. (secondary to sedation Ace and Torb, was normal when R/C with no sedation)
- 3) No LAE, Trace MR
- 4) LV size normal
- 5) Trace TR, No PH
- 6) Sinus rhythm versus atrial ectopic rhythm. Borderline QRS complex prolongation
- 7) Normal holter
- 8) Mobitz Type 1 second degree AV block (increased vagal tone)
- 9) Low USG 1.014, 1.026
- 10) Loose upper incisors
- 11)Elevation of liver enzymes
- 12) Splenic parenchymal changes are most consistent with a benign process
- 13) Deep hacking cough
- 14) Normal BA panel results, (Reversal of the values is commonty seen and dysfunction is usually with values > 40)
- 15) Bilateral subtle coxofemoral arthritis.

Abnormal PE/Chem/CBC/UA Results: Current problem list: A)Lethargy B)Localized dermatitis C) hyposthenuria DDX: cushings, diabetes insipitus Chemistry: ALT: 243 (High) - Reference: 10 - 125 U/L ALP: 299 (High) - Reference: 23 - 212 U/L Cholesterol: 10.44 (High) - Reference: 2.84 - 8.26 mmol/L Lymphocytes: 0.77 (Low) - Reference: 1.05 - 5.10 x10^9/L Eosinophils: 0.01 (Low) - Reference: 0.06 - 1.23 x10^9/L Total T4: 5.7 nmol/L (below reference range of 13.0–53.0 nmol/L Free T4: <3.86 pmol/L (below reference range of 7.7–47.6 pmol/L cTSH: 0.14 ng/mL (within reference range of 0.05–0.60 ng/mL) Test: IDEXX Cancer Dx™ Test - Canine (Cancer Dx Lymphoma) Result: Not consistent with lymphoma. Urine Specific Gravity: 1.002 Cardiopet proBNP (Canine) 762 (0-900)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

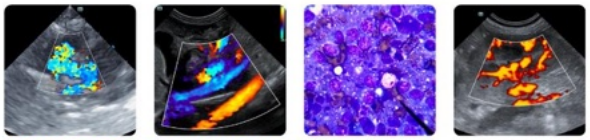
Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (7.18 cm in length) with a normal shape, architecture and 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 in size (7.08 cm in length) with a normal shape, architecture and 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.

Adrenal Glands



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The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.70 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 right adrenal gland is upper limits of normal in size (1.01 cm at cranial pole) (0.66 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.

Spleen

The spleen is normal in size (1.49 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

In the visualized portion of the liver, it appears prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

No images of the gall bladder provided.

Gastrointestinal

In the visualized portion of the stomach, the gastric lumen is appears 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 is normal in thickness 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

Secondary Findings:

- Minor retained gastric ingesta

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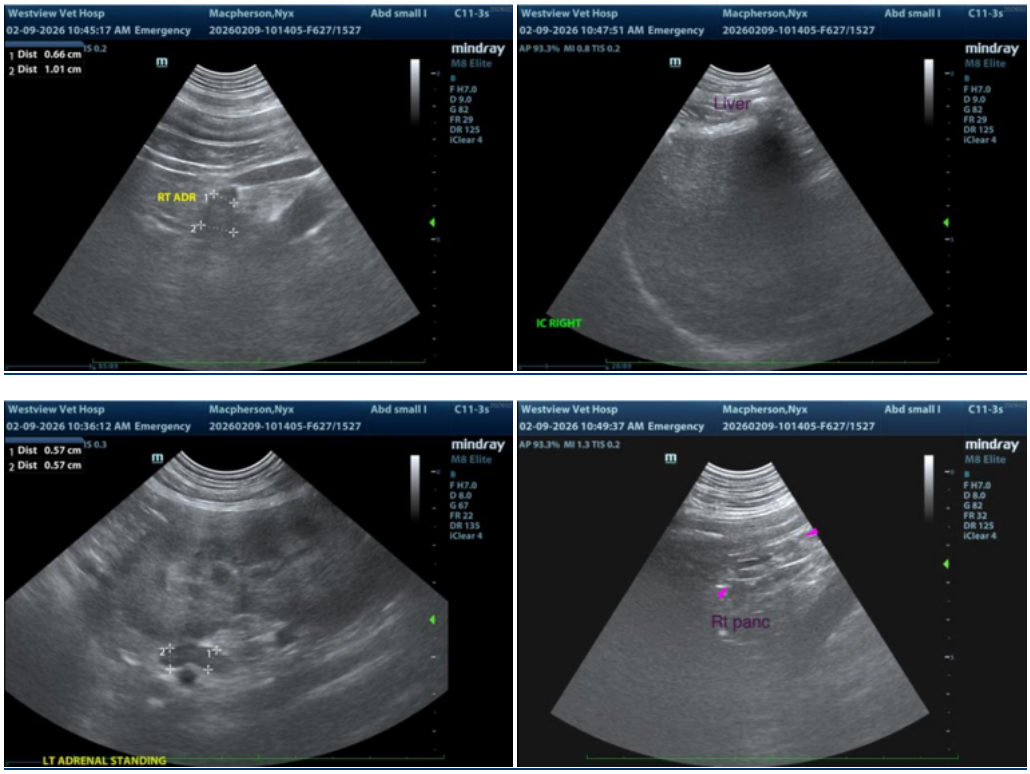
*It is unclear whether the patient's elevated liver values are associated with the reported lethargy or if a separate disease process is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high.
- Also consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
- To further evaluate for causes of lethargy and hyposthenuria, also consider the following:
  1. Orthopedic and neurologic examinations
  2. Three-view thoracic radiographs (if not already performed)
  3. Urinalysis with a culture and sensitivity to evaluate for occult infection
  4. +/- Cushing's testing
  5. +/- further testing for diabetes insipidus (i.e., DDAVP trial, modified water deprivation test)



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.

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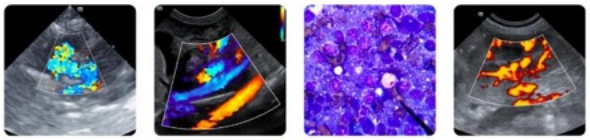

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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