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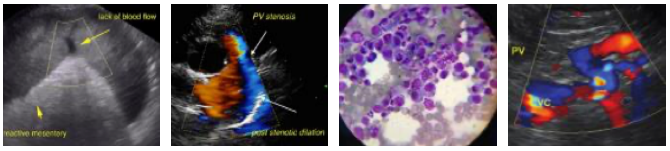

PATIENT
Jasmine Obermire

SPECIES
Canine

BREED
Australian Shepherd mix

SEX
Female, spayed

AGE
14 Yrs.

WEIGHT
35.6 lbs.

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

IMAGING PERFORMED BY
Jeff Nelson

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Weston

INVOICE
14767

DATE
3/21/23

PRESENTING CLINICAL SIGNS

History: Hyporexia x 1 month, anorexia x 2 days. PT was just seen at their RDVM yesterday. had spinal radiographs & nothing abnormal noted. Pt has been screaming/crying in pain over night still even with pain meds on board, pt did seem to whine for the past several weeks but not as constant as its been these past 24 hrs.
Abnormal PE/Chem/CBC/UA Results: Today: Red, hyperemic gums. Mild/Moderate TL pain noted on PE today, unresponsive to methadone, pt still vocalizing. Appears more dysphoric than painful. RDVM records: thrombocytosis (469) SDMA (29) H BUN (33) H CREA (1.9) H ALT (169) H SG- 1.015; proteinuria 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (4.36 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (5.33 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.48 cm at caudal pole); normal shape; 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 normal size (0.44 cm at cranial pole) (0.50 cm at caudal pole); normal shape; 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 (1.75 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

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. On the left side, a 3.4 cm hypoechoic swelling is observed. The swelling causes slight capsular expansion. The remaining parenchyma is homogeneous. 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. A small amount of aggregated echogenic to mineralized mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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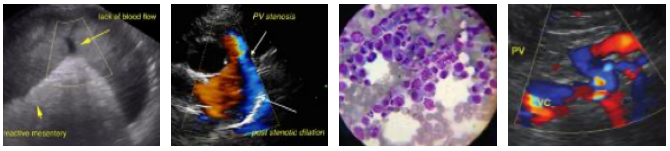

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Gastrointestinal

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 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.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Left hepatic swelling. Differentials include emerging tumor (i.e., adenoma, adenocarcinoma), inflammatory focus, regenerative nodule, granuloma, other.
- Mild bilateral chronic renal changes with subtle dystrophic mineralization.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary neurologic disease, orthopedic disease, underlying metabolic issue (i.e., occult urinary tract infection, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A neurologic examination is recommended, if not already performed.
- Also consider a baseline blood pressure measurement to assess for systemic hypertension, which can predispose patients to cerebral vascular accidents.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Consider pre- and post-prandial serum bile acids +/- an ammonia level to assess for hepatic encephalopathy.
- A urine culture and sensitivity is also recommended to evaluate for an occult urinary tract infection.
- Depending on the results of the above diagnostics, consultation with a board-certified neurologist may be warranted.

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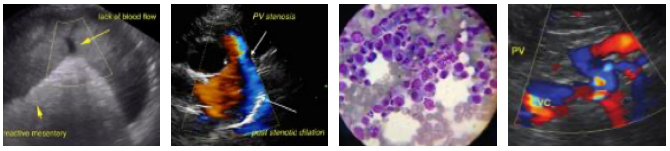

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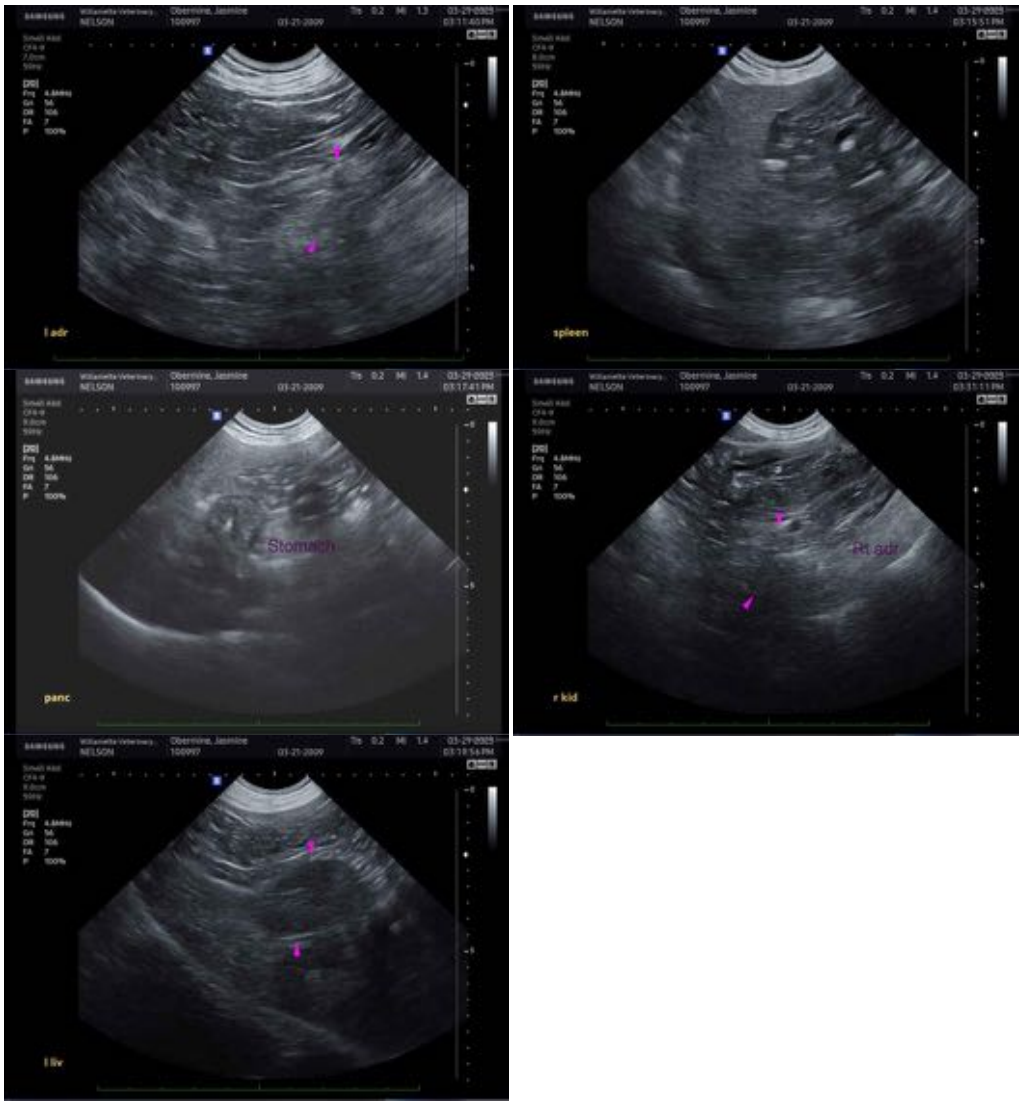
- Regarding the left hepatic swelling, consider fine needle aspirate, if clotting status is appropriate. A 25-gauge needle should be used. Alternatively, consider a repeat ultrasound in 3-4 weeks to assess for progression or an abdominal CT scan for further characterization.



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.

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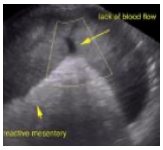
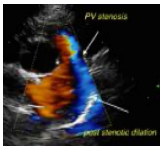
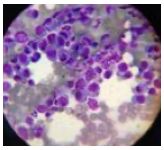
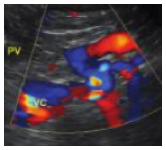

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