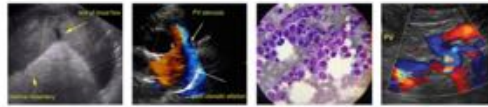


PATIENT	PRESENTING CLINICAL SIGNS
Klaus Archibald Fernandes	History: Other k9 in the house recently diagnosed with splenic mass. Owners concerned and want a thorough health check. BP: 125, 128, 129 mmHg. *Having bi-cavity ultrasound exams.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<p>Urinary System</p> <p>The urinary bladder wall is 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. The region of the trigone and visible portion of the proximal urethra are normal.</p>
BREED	
Boxer	<p>The prostate is normal in size (0.99 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.</p>
SEX	
Neutered Male	<p>The left kidney is normal in size (8.16 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.</p>
AGE	
6 years	<p>The right kidney is normal in size (7.62 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.</p>
WEIGHT	
95 lbs	<p>Adrenal Glands</p> <p>The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.47 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.</p>
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	<p>The right adrenal gland is in normal size (0.69 cm at cranial pole) (0.54 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.</p>
IMAGING PERFORMED BY	
Pamela Harrigan, RDCS	<p>Spleen</p> <p>The spleen is normal in size (2.03 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.</p>
HOSPITAL NAME	
Norfolk County VS	<p>Liver</p> <p>The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.</p>
REFERRING VET	
Emily McCabe, DVM	<p>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.</p>
INVOICE	Gastrointestinal
12375	<p>The lumen is not distended. 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.</p>
DATE	
3 9 23	



PATIENT

Klaus Archibald
 Fernandes

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.

SPECIES

Canine

Free Abdomen

A 0.92 cm focus of reactive mesentery is observed at the cystourethral junction. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

BREED

Boxer

ULTRASONOGRAPHIC FINDINGS

Findings

- The origin of the reactive mesentery adjacent to the cystourethral junction is unclear but suggests focal peritonitis. If the patient recently had a cystocentesis, it may be secondary to that procedure. The remainder of the abdomen is unremarkable.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess overall cardiopulmonary status.
- Also consider baseline lab work, including a CBC, chemistry panel, urinalysis and T4 to evaluate overall metabolic function.
- Periodic sonographic monitoring of the abdomen (i.e., every 6-12 months) is reasonable to assess for the development of pathology.
- Consider a recheck ultrasound of the caudal abdomen in 2-3 weeks to assess for resolution of the reactive mesentery.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

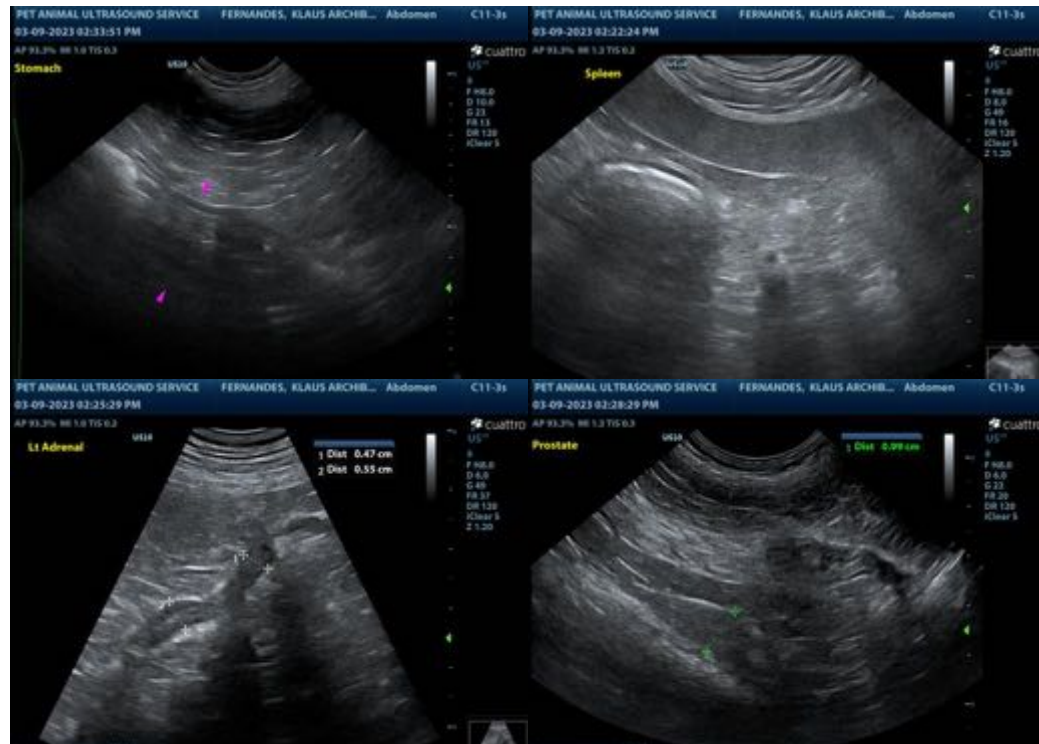
Emily McCabe, DVM

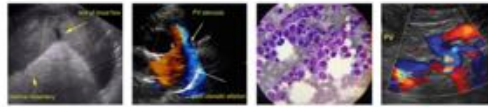
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PATIENT

Klaus Archibald
 Fernandes

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 years

WEIGHT

95 lbs

INTERPRETED BY

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**IMAGING
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Pamela Harrigan,
 RDCS

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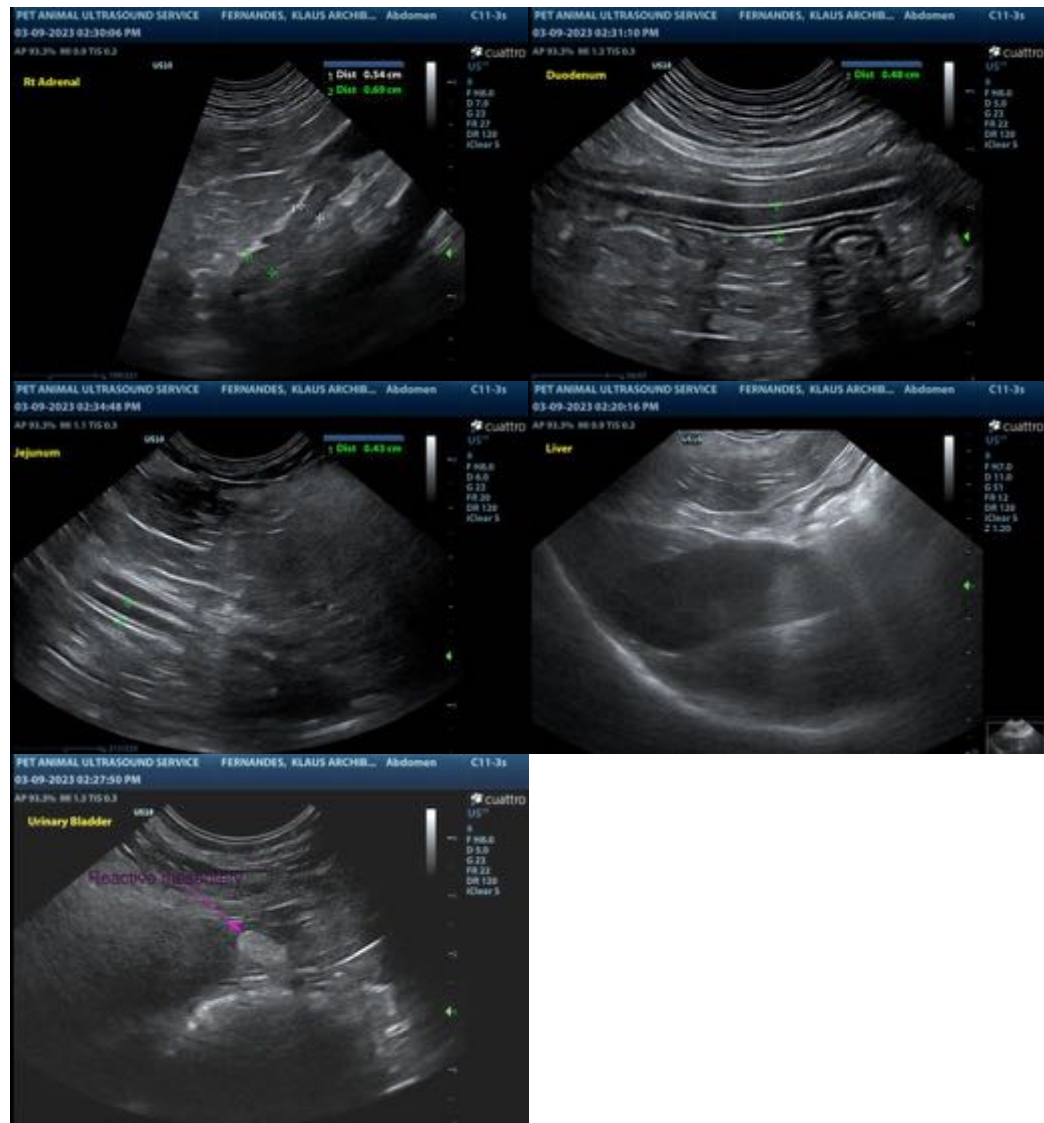
Emily McCabe, DVM

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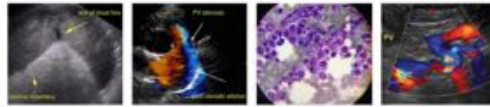
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT

Klaus Archibald
Fernandes

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 years

WEIGHT

95 lbs

INTERPRETED BY

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

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PERFORMED BY**

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RDMS

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