



PATIENT PRESENTING CLINICAL SIGNS

Bodey Baldacci

History: No sedation. some panting. Lipomas interfering with some views. RAd report: Mild nonspecific hepatomegaly; differentials include congestion, benign hepatopathy, regeneration, hepatitis, and neoplasia. --Previous right FHO. --Chronic healed right rib fractures. --Multiple external lipomatous masses --Lethargy, not acting himself

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA 16 GLOBULIN 4.1 H ALT 32 AST 39 ALP 996 H GGT 2 TOTAL BILIRUBIN <0.1 CHOLESTEROL 352 H BILIRUBIN CONJU 0.1 H CHOLESTEROL 352 H CREATINE KINASE 394 Platelet 868 RETIC HGB 22.3 Senior Panel: Decreased retic HGB 22.3, Increased PLT 868, Increased SDMA 16, Hyperglobulinemia 4.2, Increased ALP 996 (prev 832), Hypercholesterolemia 352, Increased CK 394 T4: 2.0 WNL UA: SG 1.012, Decreased pH 5.5 4dx: Neg x 4

BREED

Australian Shepherd mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1- 2 cm, are normal.

AGE

12 Years

The prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

58 Pounds

The left kidney is normal size (6.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal size (7.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.57 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.

HOSPITAL NAME

Alpine AH

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.57 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.

REFERRING VET

Dr. Lindsay Sjolín

Spleen

The spleen is normal in size (1.41 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 2.31 cm ill-defined hypoechoic to heterogeneous slightly cystic nodule area is observed near the caudal aspect. Splenic vasculature is normal.

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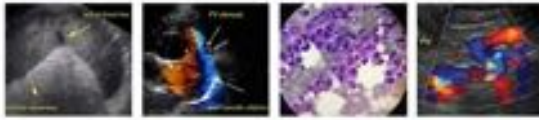
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Liver

DATE

4/10/23

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. At least one ill-defined hyperechoic area is observed. Vascular and



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biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

SPECIES

Canine

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.

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Australian Shepherd mix

Pancreas

SEX

Neutered Male

The base and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

AGE

12 Years

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.66 cm in length. In addition a 2.11 cm lymph node is observed at the aortic trifurcation. All nodes are normal in shape and echogenicity.

WEIGHT

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings:

Loetitia Saint-Jacques, RVT

- 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.
- The cystic lesion in the spleen may represent a benign lesion. Alternatively, an emerging vascular tumor is possible.

HOSPITAL NAME

Alpine AH

Secondary Findings:

REFERRING VET

Dr. Lindsay Sjolin

- Minor, age-related pancreatic remodeling.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include orthopedic/neurologic disease, underlying metabolic issue, occult neoplasia, other.

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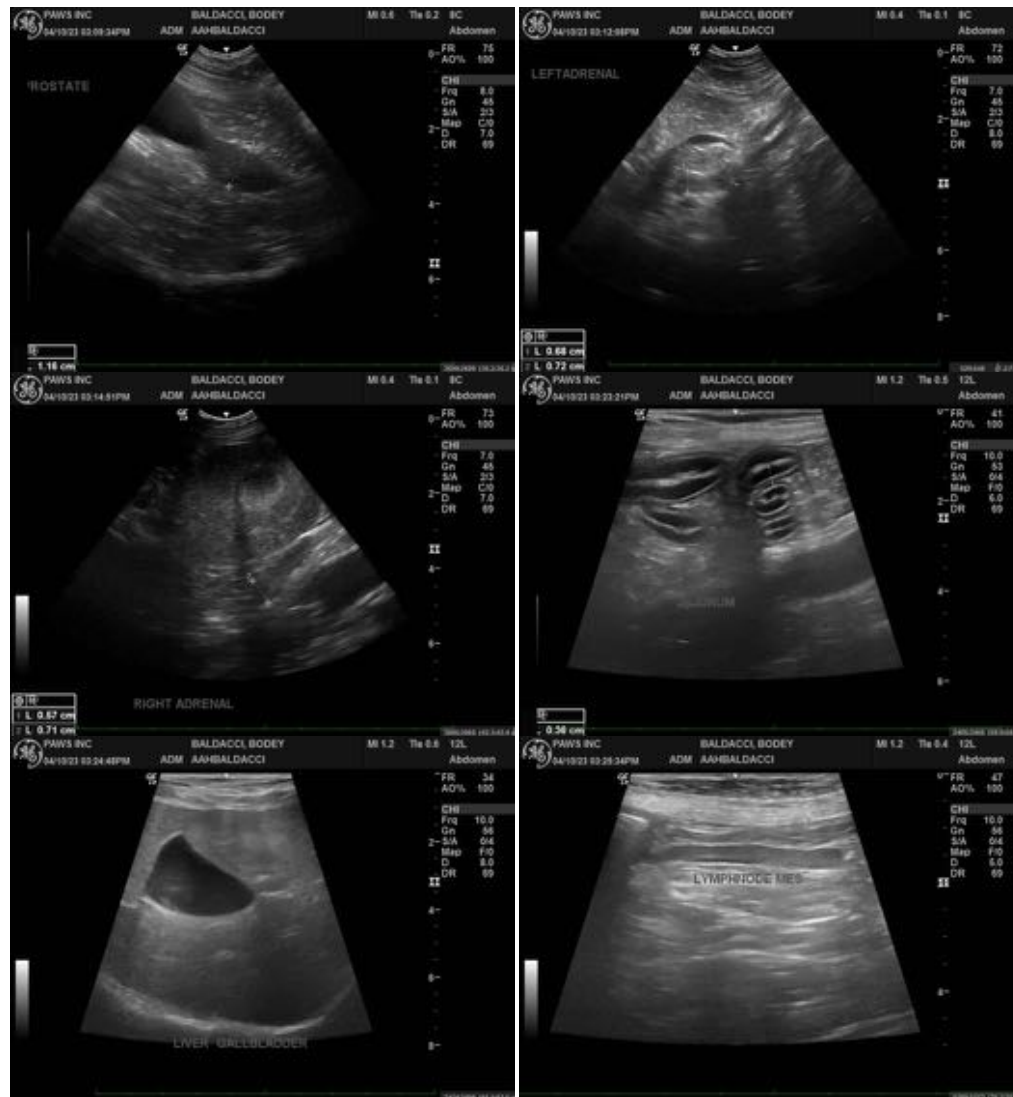
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Orthopedic and neurologic examinations are also recommended to assess for non-metabolic causes for the patient's clinical signs.
- Consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).
- Also consider advanced testing for tick borne disease (i.e., comprehensive tick panel; send to NC State University Vector Borne Disease lab).





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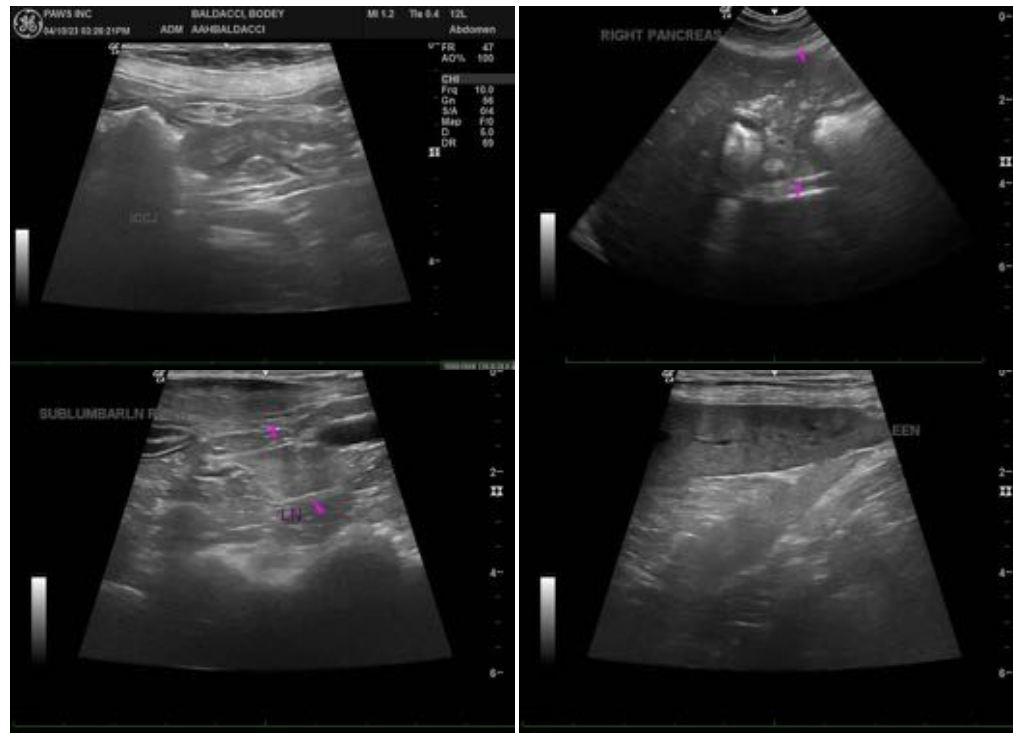
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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