



PATIENT

Ozward Caraboa

SPECIES

Canine

BREED

American Bulldog mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

70 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Karen Fowler

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Karen Fowler

INVOICE

13207

DATE
4/18/22

PRESENTING CLINICAL SIGNS

History: P presented for skin allergies. Had ear infection and mometamax was started, senior blood work performed, otherwise doing well at home. Was given Cytopoint on 3/18 (last cytopoint was in 2020) P is on Apoquel 16 mg SID, fish oil and joint supplement. Splenectomy april 20, 2021 - hematoma was identified.

Abnormal PE/Chem/CBC/UA Results: Hematocrit 33.5 37.3 - 61.7 % L Hemoglobin 12.5 13.1 - 20.5 g/dL MCV 56.7 61.6 - 73.5 fL RDW 22.0 13.6 - 21.7 % Reticulocyte Hemoglobin 20.4 22.3 - 29.6 pg Plateletcrit 0.58 0.14 - 0.46 % ALP 815 23 - 212 U/L Total T4 0.6 1.0 - 4.0 µg/dL Numerous small SQ masses and skin tags. USG 1.029, no proteinuria, mild non-regenerative anemia, mild thrombocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.47 cm in length); normal shape and architecture with 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 size (8.01 cm in length); normal shape and architecture with 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

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

No images were provided for the right adrenal gland.

Spleen

Previously splenectomized.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the right renal cortex and subtly heterogeneous in appearance. A 0.78 cm irregular hyperechoic nodule is observed on the left side. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric 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



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

- 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 left hyperechoic nodule trends toward the benign (i.e., regenerative nodular hyperplasia) with a lower possibility of emerging neoplasia.

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*An obvious cause for the patient's mild non-regenerative anemia is not identified in this study. Considerations include anemia of chronic disease, occult neoplasia, bone marrow disease, infection (i.e., tick borne), GI blood loss, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A repeat CBC with reticulocyte count is recommended in 5-7 days. If anemia is persistent, further workup (i.e., comprehensive tick panel, upper GI endoscopy +/- bone marrow aspirate) can be considered.

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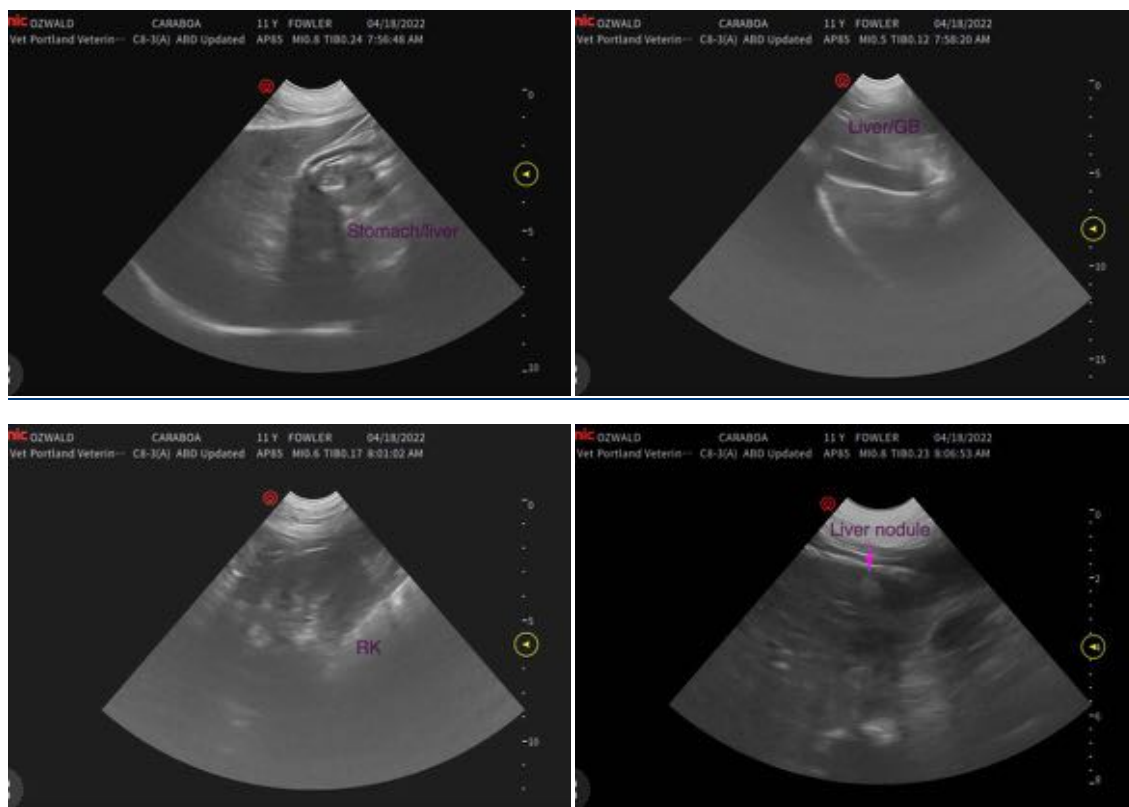
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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