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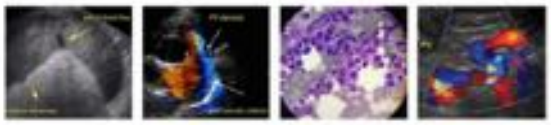


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Rocky Fenlason

SPECIES
Canine

BREED
Retriever Mix

SEX
Neutered Male

AGE
9 years

WEIGHT
108 lbs

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

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
MountainView AH

REFERRING VET
Dr Sarah Kalivoda

INVOICE
12711

DATE
4.6.23

PRESENTING CLINICAL SIGNS

History: BCS 9/9, GRADE III/VI lameness of both the left and right pelvic limbs, CCL tear of left stifle with significant muscle atrophy and osteoarthritis of the tarsus and stifle of right (suspect chronic partial CCL), Lenticular sclerosis, Moderate periodontal disease, difficult to palpate discrete organ structures in abdomen due to weight. Working diagnosis CCL tear of left stifle Hepatopathy (Cushing's versus hepatitis versus other) MEDS: Vetprofen 100mg BID Gabapentin 300mg PRN Dasuquin daily Crill Oil daily

Abnormal PE/Chem/CBC/UA Results: CBC: NEUT 12.81 (H) CHEM: ALT 494, AST 89 UA: 1.012 T4: 2.0 4DX: negative x4

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 and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.59 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (6.87 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.72 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.

The right adrenal gland is in normal size (0.64 cm at cranial pole) (0.73 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 (2.01 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 with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. Numerous varying-sized hypoechoic nodules/masses are observed throughout the organ (the largest measuring 3.00 cm in diameter). Hepatic vasculature and intrahepatic 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 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 ileocecocolic junction and colonic wall are 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Two to three prominent mesenteric lymph nodes are visualized (the largest measuring 3.80 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Findings

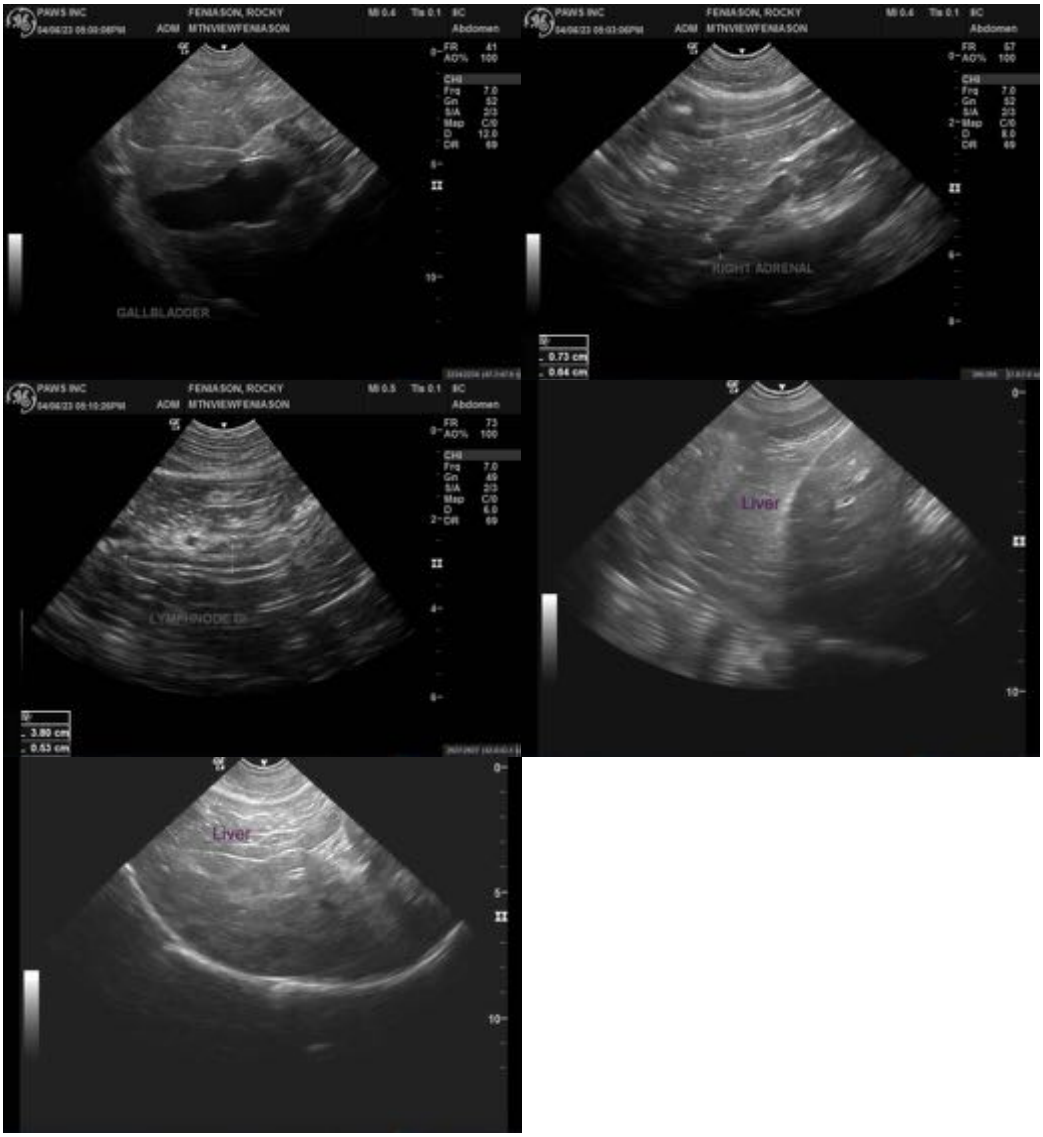
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) diffuse inflammatory disease, or less likely, regenerative nodular hyperplasia, or other benign hepatopathies.

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, laparoscopic, or surgical hepatic biopsies may be necessary to get a definitive diagnosis. If biopsies are pursued, hepatic copper quantitation is recommended along with aerobic and anaerobic bile cultures.

- Thoracic radiographs are also recommended to assess for evidence of metastatic disease in the chest.



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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