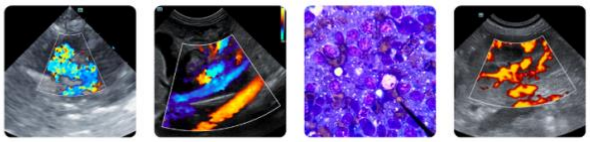


PATIENT

Scout Dissinger

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

10

WEIGHT

23.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Brittany Lang

INVOICE

22790

DATE

4-6-26

PRESENTING CLINICAL SIGNS

History: Within the last 2 months when he is laying on the couch resting, he will randomly let out a terrible yell almost like he is painful. Last night he cried out twice mid sleep without even moving so it is hard to tell if and where he is painful. Eating/drinking is normal

Abnormal PE/Chem/CBC/UA Results: Moderate tartar/gingival erythema Lens opacities OU Generalized DJD and stiff gait HAEC diagnostics from 4/04/26: CBC: HCT 36.4 (L) Reticulocytes 8.8 (L) EPOC: pH 7.355 (L) iCal 1.43 (H) BUN 5 (L) HCT 35 (L) Chem15: BUN 4 (L) Total T4: 1.0 (low normal) SNAP 4DX: Negative for Heartworm, Lyme, Ehrlichia, Anaplasma Rads Normal thorax There is no evidence of pneumonia, pulmonary metastasis, mediastinal lymphadenopathy, aggressive bone lesion, or trauma. Unremarkable abdomen There is no evidence of gastrointestinal mechanical obstruction, discrete gastrointestinal foreign object, or discrete abdominal mass. There is no evidence of fracture, anatomic malalignment, or aggressive bone lesion. Exact cause of the reported pain is not identified in the current study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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.

In one video clips, the prostate appears prominent-in-size (1.82 cm in width) with swollen peripheral contours. The parenchyma is homogenous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

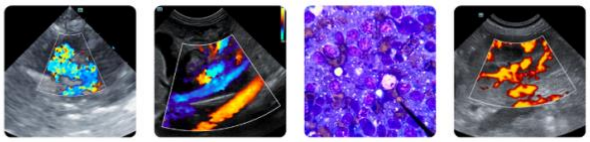
Adrenal Glands

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.63 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 normal in size (1.05 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.

Spleen

The spleen is subjectively normal-in-size, with a normal capsular contour. There is appropriate echogenicity and echotexture. One- to two ill-defined hypoechoic nodules are visualized (one measuring 0.78 cm in its longest dimension). Splenic vasculature is normal.



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Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is mildly- moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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 disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Mild bilateral nonspecific age-related renal changes
- The small hypoechoic splenic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.
- Questionable prostatomegaly

*An obvious cause for the patient's discomfort and anemia is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the patient discomfort, consider the following:

  1. Orthopedic and neurologic examinations
  2. Urinalysis +/- culture and sensitivity to assess for occult infection
  3. cPLI to assess for mild pancreatitis
  4. Cervical and thoracolumbar radiographs to assess for spinal lesions
  5. Depending on the results of the above diagnostics, further work-up may be indicated.

- Regarding the anemia, a reticulocyte count and slide agglutination test are recommended. Continued monitoring of the patient's hematocrit is also recommended to assess for progressive anemia.

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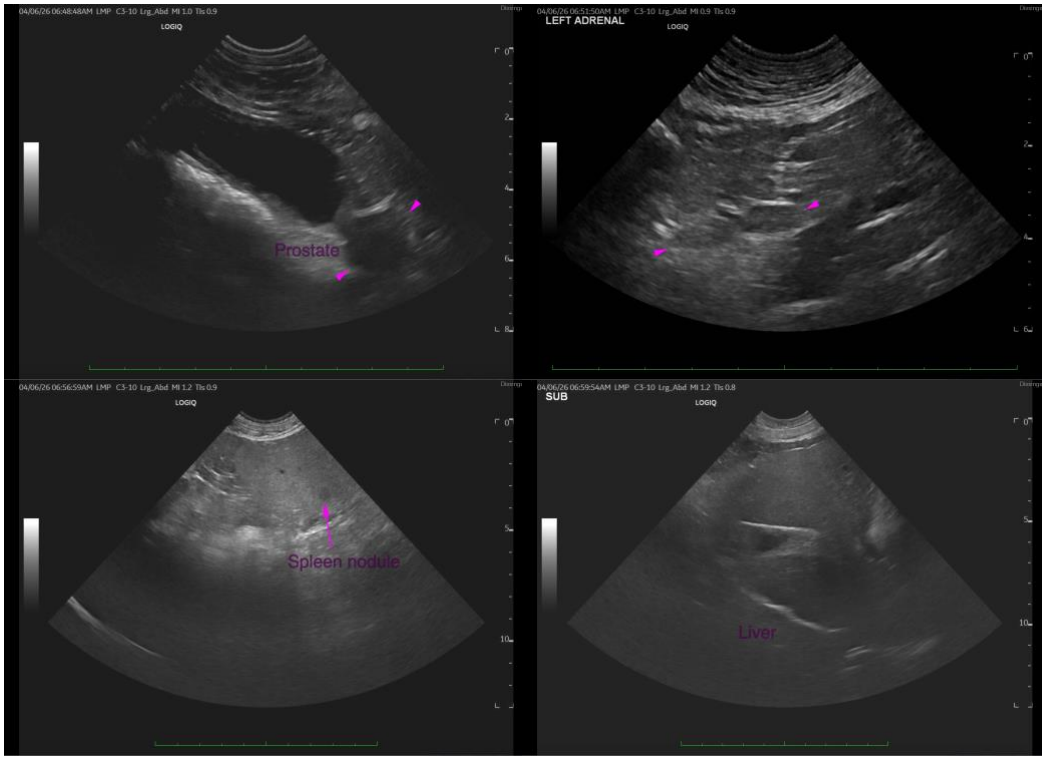
- Regarding the hypercalcemia, consider the following:

1. Rectal examination to assess for anal gland tumors
2. PTH/PTHrP/ionized calcium
3. +/- resting cortisol level to screen for hypoadrenocorticism

- Regarding the possible prostatomegaly, consider the following:

1. Rectal examination to indirectly assess prostate size
2. Obtain additional sonograph images of the prostate to confirm enlargement
3. +/- urine BRAF test to evaluate for lower urinary tract neoplasia



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Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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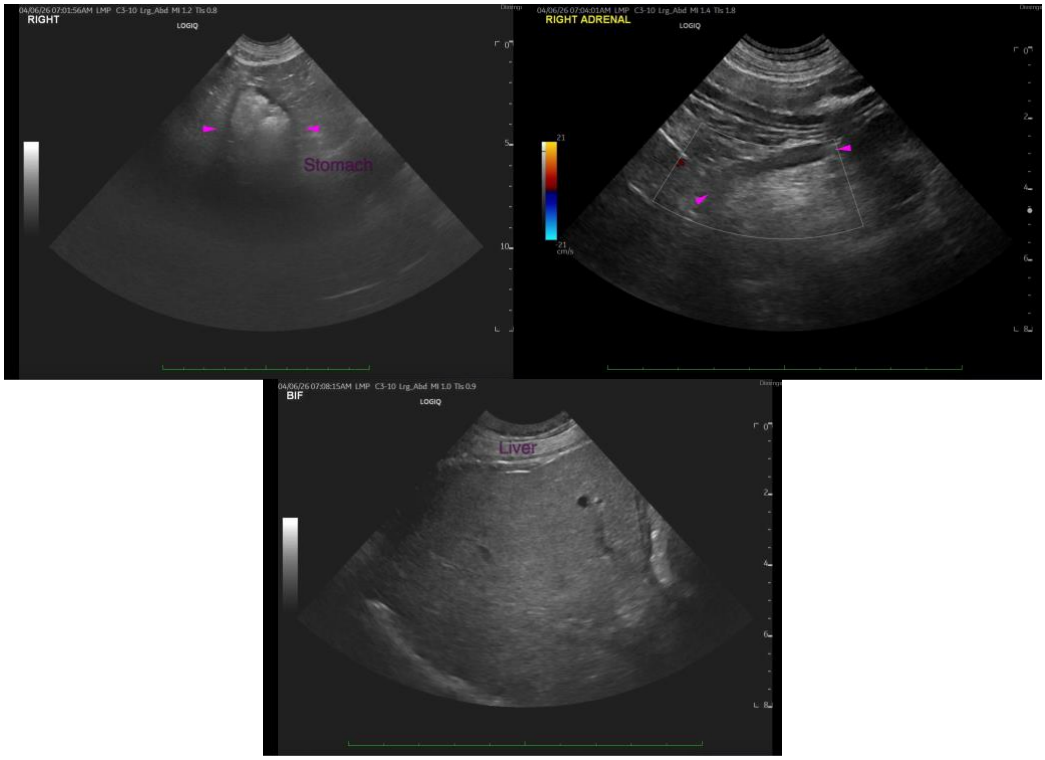

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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