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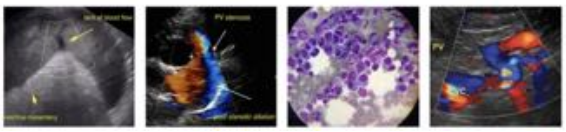


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Tala Roberts

SPECIES

Canine

BREED

Shiba Inu

SEX

Female Spayed

AGE

11/09/2008

WEIGHT

14.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Decker

INVOICE

12691

DATE

4.7.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presenting for weight loss, lethargy, chronic RH lameness.
No coughing, vomiting or diarrhea. Appetite ok.

F.A.S Score: 0
Pain Score 0-4: 3 (RH limb)
BAR, MM- pink, moist CRT <2s
EENT: moderate tartar, staining and calculus, ears clean and pink AU; OU: Nuclear sclerosis
PLN: nodes palpate within normal limits
H/L: *new* Grade 2 LAS murmur, no arrhythmia, lungs clear
ABD: nonpainful, no mass palpable
Integ: skin pink and coat healthy, paw pads and interdigital areas WNL
M/S/N: RH non-weight bearing lameness, significant swelling assoc around hock, small (pea-sized) bump on inner tibia, R stifle effusive but no cranial drawer appreciated. Digits and hock WNL. Significant muscle atrophy generally.
BCS: 3/9

Abnormal lab-work values: Albumin 2.3. 2+ Protein in Urine/ Rest of BW WNL.
Current Medications: Rimadyl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (4.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 (4.41 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 mildly enlarged (0.70 cm at cranial pole) (0.69 cm at caudal pole) with a slightly irregular 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 mildly enlarged (0.90 cm at cranial pole) (0.59 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 (1.45 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of aggregated, echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately fluid-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 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.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.71 x 0.74 cm mildly hypoechoic lymph node is observed at the aortic trifurcation.

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

ULTRASONOGRAPHIC FINDINGS

Findings

- The enlarged lymph node at the level of the aortic trifurcation may be secondary to lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma).
- The hepatic parenchymal changes are most consistent with a benign process (i.e., vacuolar hepatopathy) with a lower possibility of a more insidious hepatic pathology.
- Minor bilateral age-related renal changes
- Mild bilateral adrenomegaly

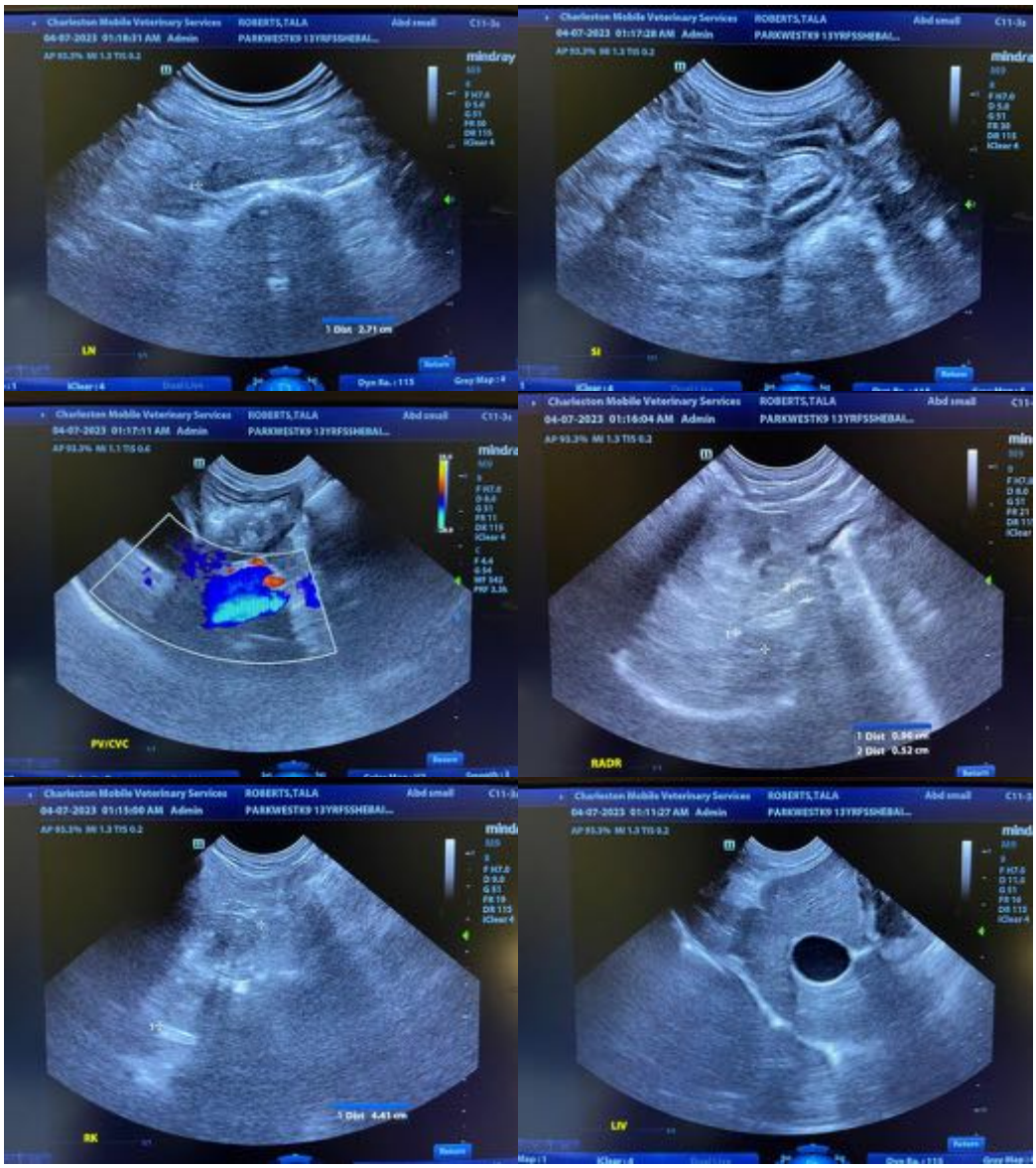
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

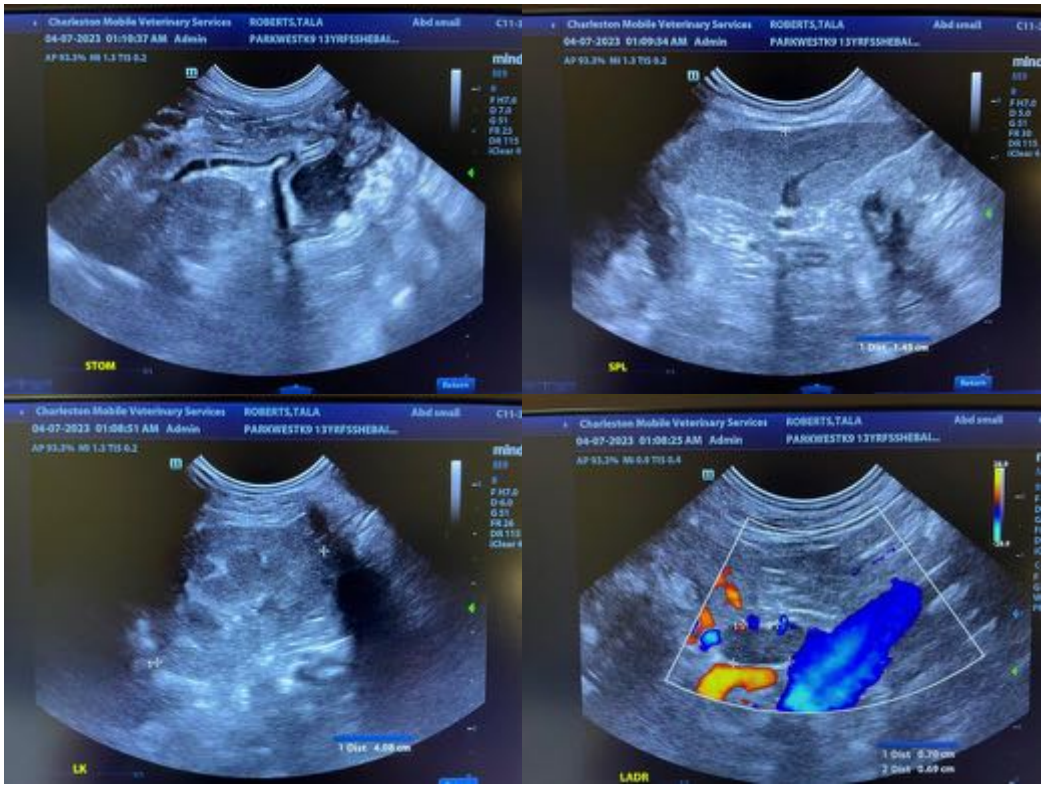
- Given the patient's clinical history, consider the following:

    1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
    2. Fine-needle aspirate of the caudal abdominal lymph node. Sedation would be necessary to perform this procedure.

- Given the hypoalbuminemia, consider the following:

    1. UPC
    2. Pre-and postprandial serum bile acids
    3. Fecal evaluation for ova and Giardia
    4. Depending on these results, further testing may be warranted.





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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