



PATIENT

Mac Peduzzi

SPECIES

Canine

BREED

Boxer Mix

SEX

Male, neutered

AGE

11.5 Yrs.

WEIGHT

76 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sitton

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Sitton

INVOICE

13359

DATE

5/11/22

PRESENTING CLINICAL SIGNS

History: ADR started about 2 weeks ago abx, hospitalized IV fluids for a few days and doing better recheck white cells and no improvement so recommended AUS
Abnormal PE/Chem/CBC/UA Results: Summary of results - compared to 2 weeks ago Chemistry Creatinine 1.6 (0.5-1.5); was 1.4 Albumin 2.4 (2.7-3.9); was 2.5 Ag/G ratio 0.6 (0.7-1.5) CBC WBC 22.1 (4.9-17.6); was 19.64 RBC 4.34 (5.39-8.7) HGB 10.5 (13.4-20.7) HCT 31.7 (38.3-56.5); was 33 slight polycytosis moderate anisocytosis neutrophils 16133 (2940-12670); was 14.74 leukocytosis with neutrophilia, worse than previous mild anemia, stable mild hypoalbuminemia, stable azotemia chest rads/ECG recently done by other clinic wnl

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

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

The left kidney is normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is small in size (0.33 cm in width) with a slightly flattened shape and normal glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (1.07 cm at cranial pole) (0.47 cm at caudal pole) (2.24 cm in length); 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.

Spleen

The spleen is normal in size (1.53 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. 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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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.

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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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Bilateral, chronic age-related renal changes.
- Small left adrenal gland. This may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include infection, autoimmune disease, inflammatory disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Thoracic radiographs are recommended to assess for occult disease in the chest.
- Consider a urine culture and sensitivity to assess for pyelonephritis.
- Consider an echocardiogram to assess for bacterial endocarditis.
- Thorough orthopedic and neurologic examinations are recommended to assess for non-metabolic causes for the patient's clinical signs.
- Consider further testing for infectious disease (i.e., tick borne).
- Given the hypoalbuminemia, consider the following:
 1. UPC (if proteinuria is present)
 2. Pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
 3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended



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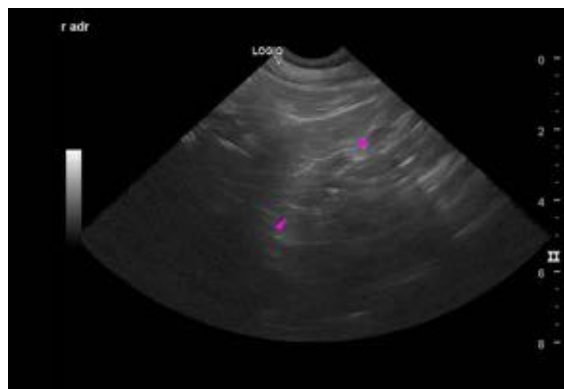
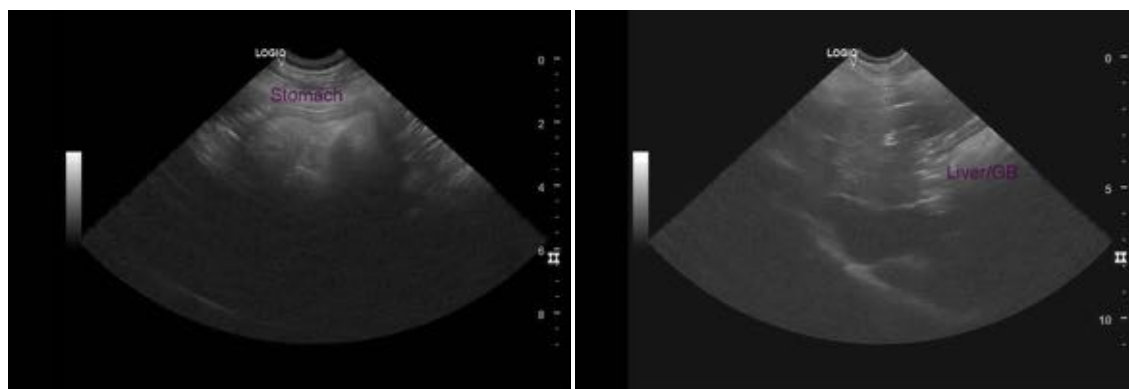
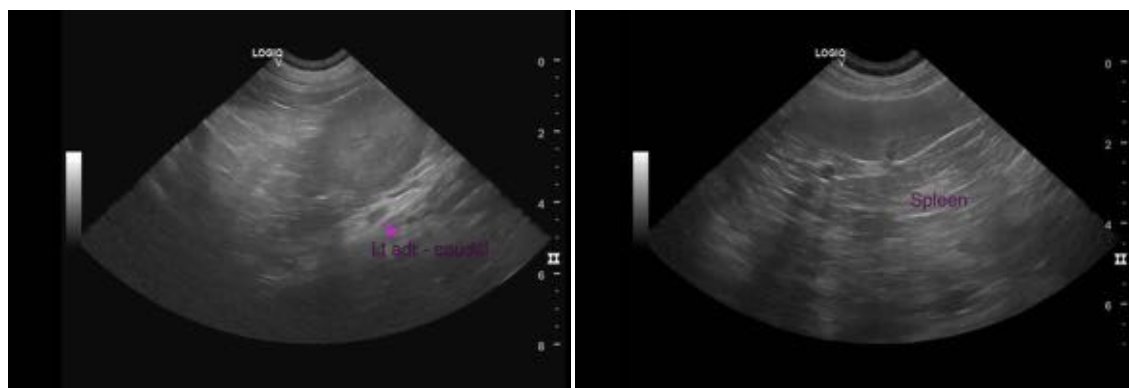
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

Andrea.nicastro@sonopath.com