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Clinical Sonography & Telecytology
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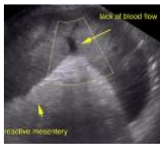
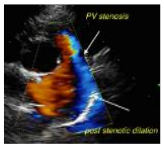
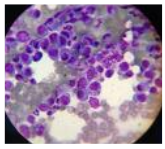
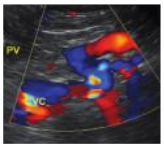





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hannah Vanhorn

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

8 years

WEIGHT

91 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Marisa Herzog

INVOICE

13369

DATE

6.15.23

PRESENTING CLINICAL SIGNS

History: Distended abdomen/screening for any abnormalities. Current meds: Carprofen PRN. Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 655, chol. 348, triglycerides 523, T4: WNL. U/A: pH 5.0.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is moderately thickened (up to 1.01 cm) and irregular. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. One to two cystic calculi are visualized (the largest measuring 1.17 cm) within the lumen, along with a small amount of echogenic to mineralized debris. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.90 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 (7.30 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 normal in size (0.61 cm at cranial pole) (0.55 cm at caudal pole) (2.43 cm in length) 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 (0.88 cm at cranial pole) (0.49 cm at caudal pole) (2.03 cm in length) 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 (1.78 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 appears normal.

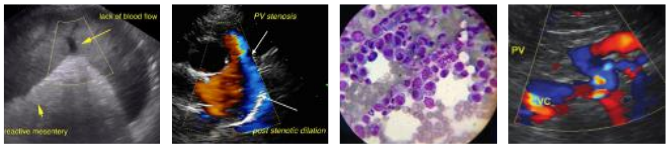
Liver

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 gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 distended with ingesta. 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



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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. The abdominal lymph nodes are normal/not visible.

Other
A 1.99 x 0.85 cm hypoechoic to anechoic subcutaneous lesion is observed on the left side.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculus/calculi. The urinary bladder wall changes in the region of the apex are most consistent with cystitis. However, emerging neoplasia (i.e., transitional cell carcinoma) cannot be completely excluded.

Secondary Findings

- Mild bilateral chronic renal changes.
- The hepatic parenchymal changes are most consistent with a benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is suspected, with a lower possibility of inflammatory disease or infiltrative neoplasia, particularly in light of the patient's clinical history and liver enzyme pattern.
- Hypoechoic to anechoic subcutaneous lesion on the left side

*An obvious cause for the abdominal distention is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- A fine-needle aspirate of the left subcutaneous lesion is recommended.
- Regarding the abdominal distention, measurement of the patient's daily caloric intake is recommended to determine if caloric reduction is indicated.

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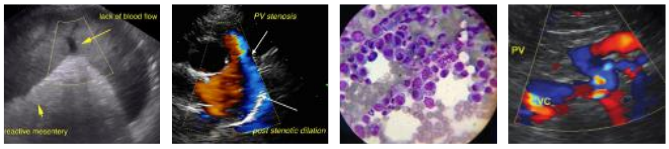

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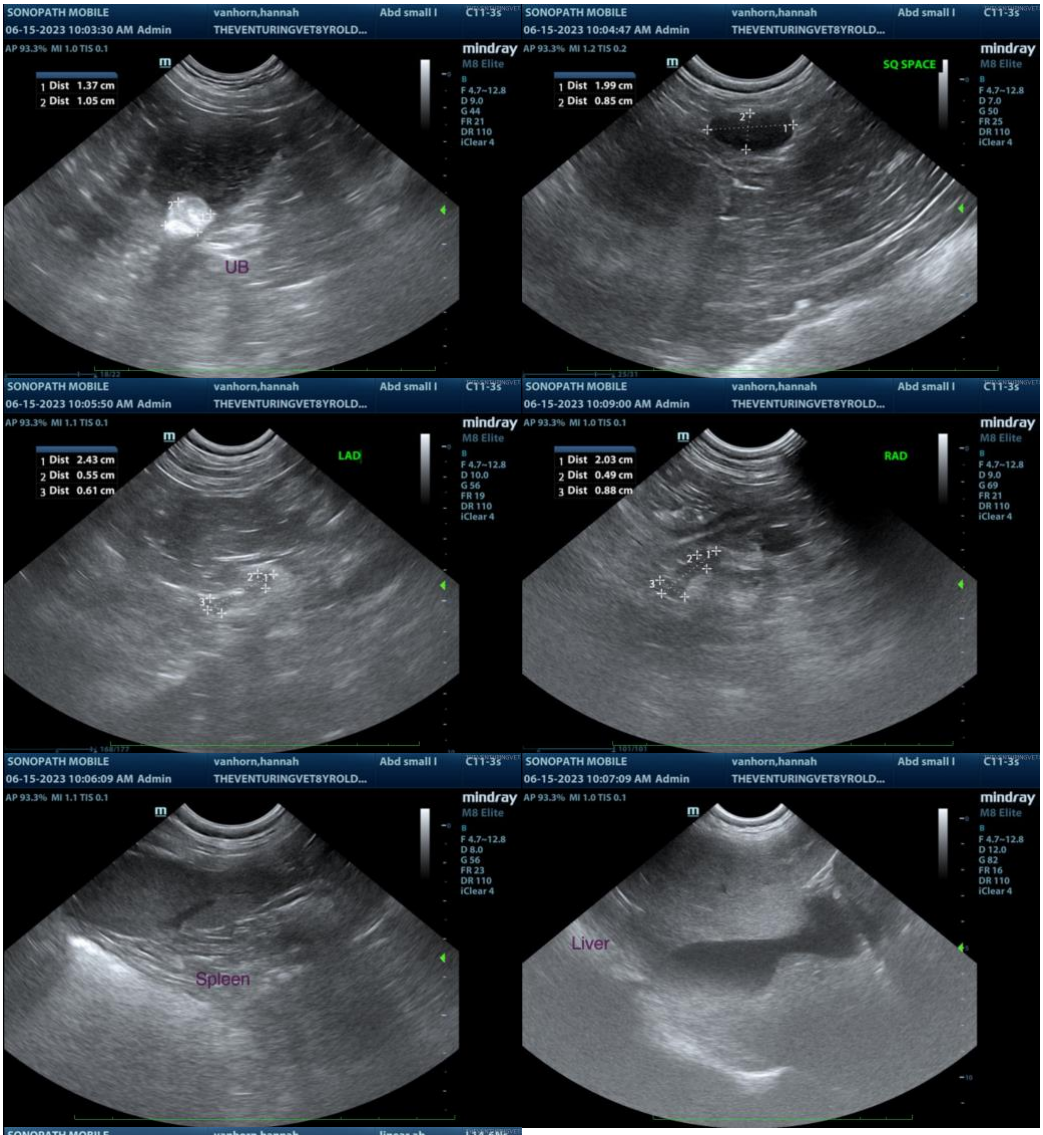

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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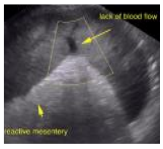
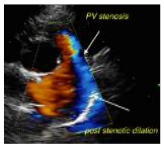
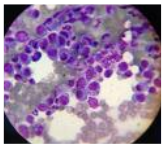
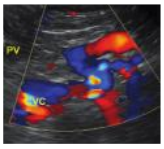

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com