**PATIENT**

Graf Locke

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

4 years

WEIGHT

89 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

11019

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: Weight loss over the last 2-3 weeks (11lbs)

Abnormal PE/Chem/CBC/UA Results: Thin, gingival hyperplasia (secondary to Cyclosporine being used daily for perianal fistulas) Rads today revealed a lot of gas with stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN*****Gas within the bowel obscures portions of the abdomen and may mask underlying pathology.****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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (2.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (9.19 cm in length); normal shape and architecture with 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 hydronephrosis.

The right kidney is normal size (8.00 cm in length); normal shape and architecture with 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.8 cm at caudal pole); 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.

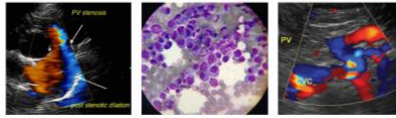
The right adrenal gland is normal size (1.62 cm at cranial pole) (0.70 cm at caudal pole) (2.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.88 cm cavitated nodule/area is observed within the parenchyma. 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.

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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.

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Gastrointestinal

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

There is questionable trace ascites. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Mild prostatomegaly. This may be a normal variant for this patient or may be secondary to late-in-life neutering (if applicable) or may represent emerging neoplasia. Correlation with the patient's clinical history is recommended.
 - The cavitated splenic lesion may be benign (i.e., benign cystic area) or may represent an emerging tumor.
 - Questionable trace ascites
- *There is no obvious evidence neoplasia in the abdomen. However, gas within the bowel does obscure some areas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Union Lake VH

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Thoracic radiographs are also recommended to assess occult neoplasia.
- Consider obtaining additional sonographic images of the GI tract when there is less gas within the bowel.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, as well as a neurologic examination (as primary brain tumors can sometimes present with weight loss as the sole clinical sign).

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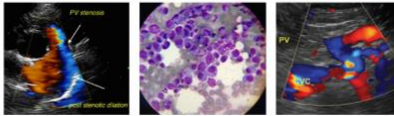
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- A fecal evaluation for ova and Giardia is also recommended.
- Consider a urine BRAF test to further evaluate for prostatic neoplasia, if clinical suspicion is high.

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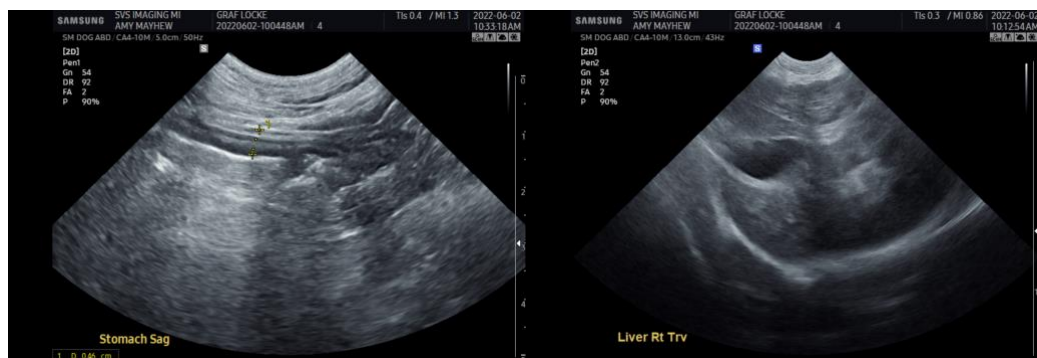
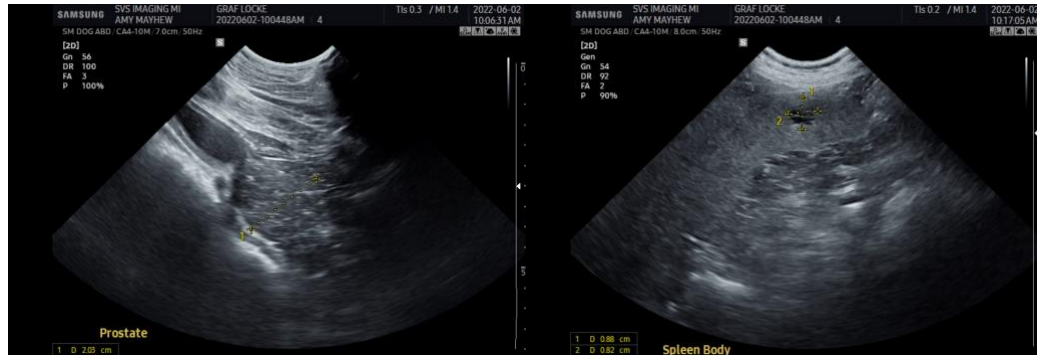
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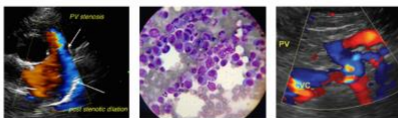
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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