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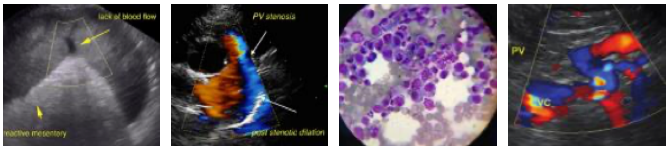

PATIENT
Fannie Burns

SPECIES
Canine

BREED
Golden Retriever mix

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
19.6 kg.

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

IMAGING PERFORMED BY
Dr. Moore

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Moore

INVOICE
15097

DATE
6/27/23

PRESENTING CLINICAL SIGNS

History: O reports that P has polyphagia and panting. Originally presented for crusty nasal discharge in left nare and epiphora, blepharospasm - positive for parainfluenza. Not having GI signs.
Abnormal PE/Chem/CBC/UA Results: elevated ALP 647, ALT 242, ALB 4.9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*41 still images and 22 video clips are available for interpretation.

Urinary System

In the visualized portions of the urinary bladder, the bladder appears moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. There is no obvious evidence of cystic calculi. The region of the trigone is normal.

In the available images of the left kidney, it appears normal size (6.17 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

In the available images of the right kidney, it appears normal size; normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

Adrenal Glands

No images of the adrenal glands provided.

Spleen

In the visualized portion of the spleen, the organ appears normal in size (1.62 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A few small hyperechoic nodules are seen. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is not visualized in its entirety. In the visualized portions, the liver appears prominent in size with swollen/rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogeneous in appearance. A 2.48 cm ill-defined hypoechoic nodule/mass is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A moderate amount of aggregated echogenic partially dependent to suspended sludge, some of which is stranding, is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. In the available images, discreet masses are not identified. No obvious obstructive disease is noted.

Pancreas

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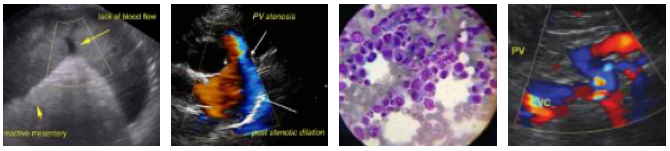

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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are non-specific and may be secondary to a benign age-related process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy and/or parenchymal remodeling). However, more insidious hepatic pathology (i.e., infiltrative neoplasia or inflammatory disease, hepatotoxicity or infiltrative neoplasia) cannot be completely excluded.
- The gallbladder changes could be consistent with an emerging mucocele, cholestasis or less likely, fasting.

Secondary Findings:

- The hyperechoic splenic nodules are most consistent with meylolipomas with a low possibility of an emerging neoplastic process (i.e., mast cell disease).
- Minor bilateral chronic age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional video clips of organs, including the adrenal glands, is recommended to rule out visible pathology.
- Given the patient's history of polyphagia and panting, consider further testing for hyperadrenocorticism (i.e., low-dose dexamethasone suppression test). A urinalysis would also be helpful in determining if isosthenuria is present. Thoracic radiographs should also be considered to rule out cardiopulmonary disease as a cause for panting.

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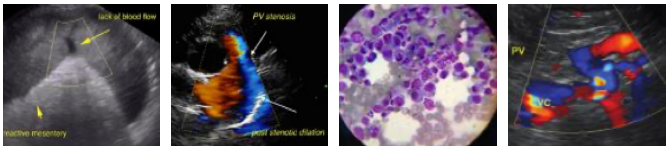

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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