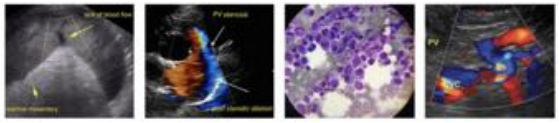


PATIENT

Sailor Gordon

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

3.14.2018

WEIGHT

65.5 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

Flowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

11164

DATE

6.28.2022

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: submandibular swelling
Abnormal lab-work values: ALB 1.6, Monocytes 870. U/A - 4+ protein, SG 1.067, pH 7.5

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (0.99 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 (6.87 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.69 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm at cranial pole) (0.53 cm at caudal pole) (1.91 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.

The **right adrenal gland** is normal size (1.51 cm at cranial pole) (0.70 cm at caudal pole) (3.17 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.

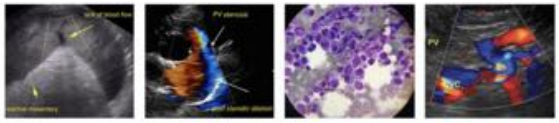
Spleen

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 thickness is normal 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

A small amount of anechoic free fluid is present. is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The ascites is likely secondary to hypoalbuminemia. However, concurrent increased vascular permeability and/or increased hydrostatic pressure cannot be completely excluded.

  *An obvious cause for the patient's hypoalbuminemia is not definitively identified in this study. Considerations include protein-losing nephropathy, protein-losing enteropathy, hepatic dysfunction, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

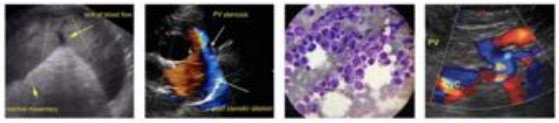
A UPC is recommended as well as pre-and postprandial serum bile acids to assess hepatic function.

Also consider a GI panel (send to Texas A&M) to assess for maldigestion/malabsorption.

A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

Further diagnostic/therapeutic should be based on the results from the above tests. If a protein-losing nephropathy is ultimately diagnosed, consider the following:

1. Infectious disease testing (i.e., tick-borne, Leptospirosis, heartworm)
2. Thoracic radiographs to assess for occult disease in the chest
3. Angiotensin II receptor blocker (e.g., telmisartan)
4. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
5. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)



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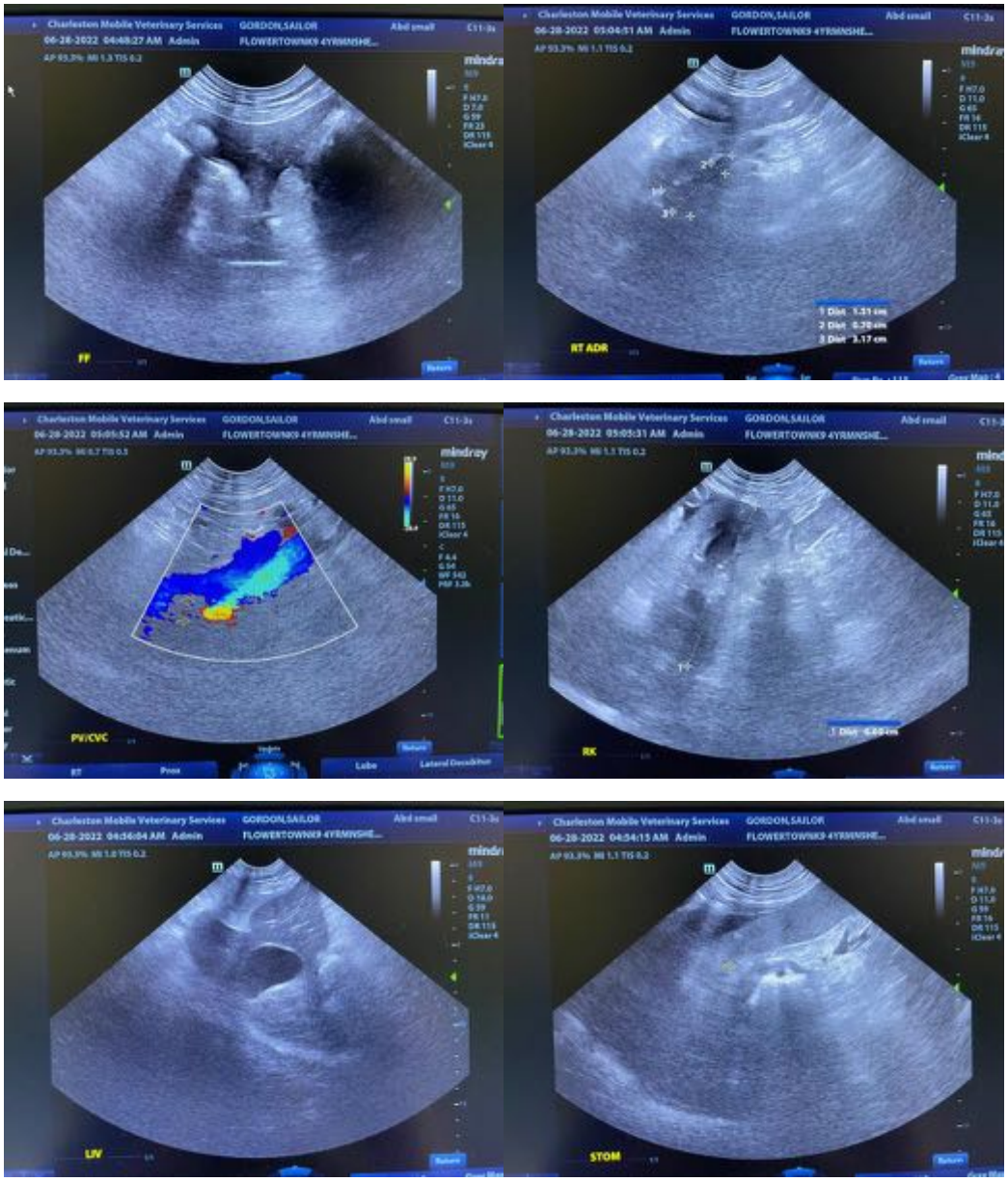
6. Prescription renal diet
7. Blood pressure monitoring
8. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease



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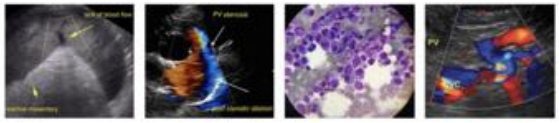

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CharlestonMobile.Net 800.403.5408

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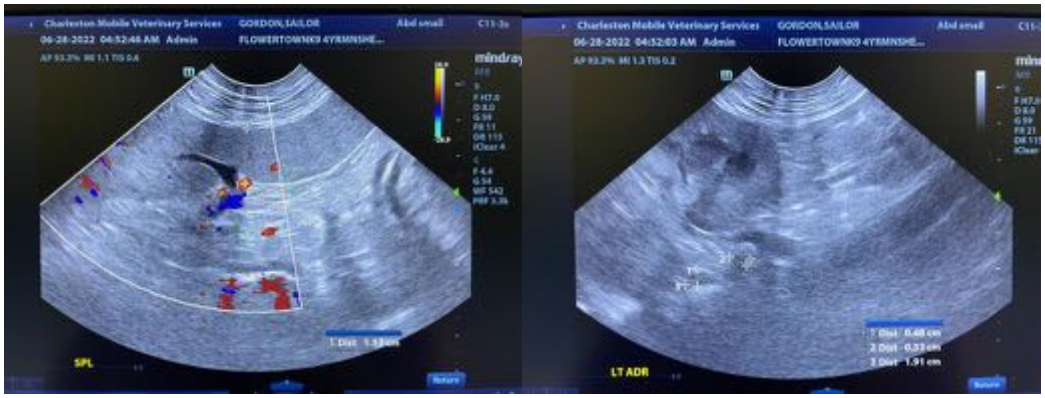

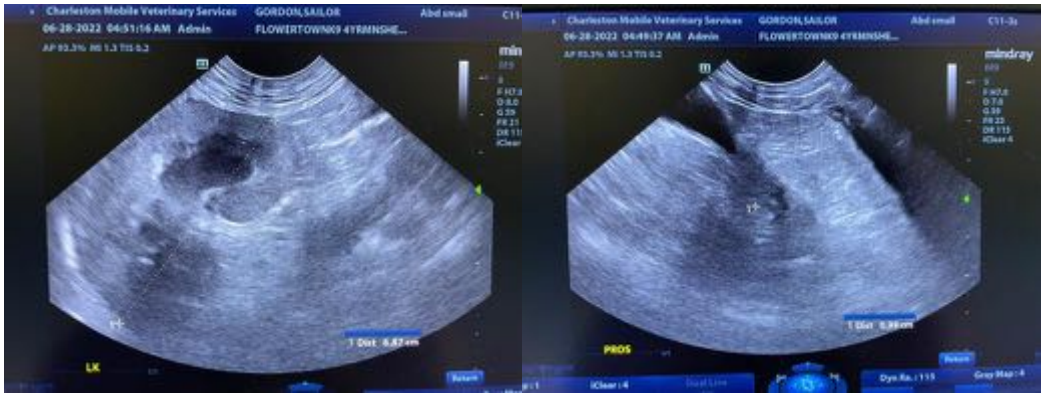

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com