



PATIENT PRESENTING CLINICAL SIGNS

Shadow Somy
History: Hepatomegaly on xray, hx of UTI
Abnormal PE/Chem/CBC/UA Results: ALP 362

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
*50 Still images and 25 video clips are available for interpretation.

BREED *Urinary System*

Labrador retriever
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate to large amount of aggregated, echogenic suspended debris is observed within the lumen. 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.

SEX

Female, spayed

AGE

12 Yrs.

The left kidney is normal size (7.07 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.

WEIGHT

70.5 lbs.

The right kidney is normal size (7.25 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.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is enlarged (1.26 cm at cranial pole) (0.99 cm at caudal pole) (2.81 cm in length) with a normal shape. The parenchyma is slightly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is enlarged (1.65 cm at cranial pole) (0.97 cm at caudal pole) (3.05 cm in length) with a normal shape. The parenchyma is heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dallas Reynolds, LVT

Spleen

The spleen is normal in size (1.45 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.

HOSPITAL NAME

Lone Mountain AH

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. A small amount of stranding debris is also visualized. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Liliana Munoz

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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

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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. No obstructive disease is noted.

SPECIES

Canine

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Labrador retriever

Free Abdomen

There is no evidence of free fluid. A 1.09 cm epigastric lymph node is visualized. A few prominent jejunal lymph nodes are also seen, the largest measuring 5.13 cm in length.

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ULTRASONOGRAPHIC FINDINGS

AGE

12 Yrs.

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris/sludge, non-mucocele.
- Bilateral adrenomegaly.

WEIGHT

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Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

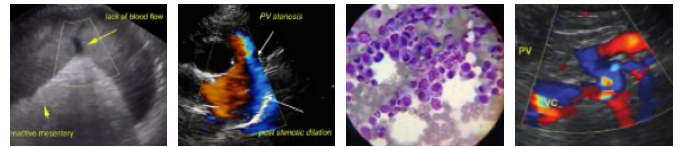
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- If the patient is exhibiting clinical signs of a urinary tract infection, a urinalysis with urine culture and sensitivity is recommended.
- Given the patient's age, three view thoracic radiographs are recommended to assess cardiopulmonary status.

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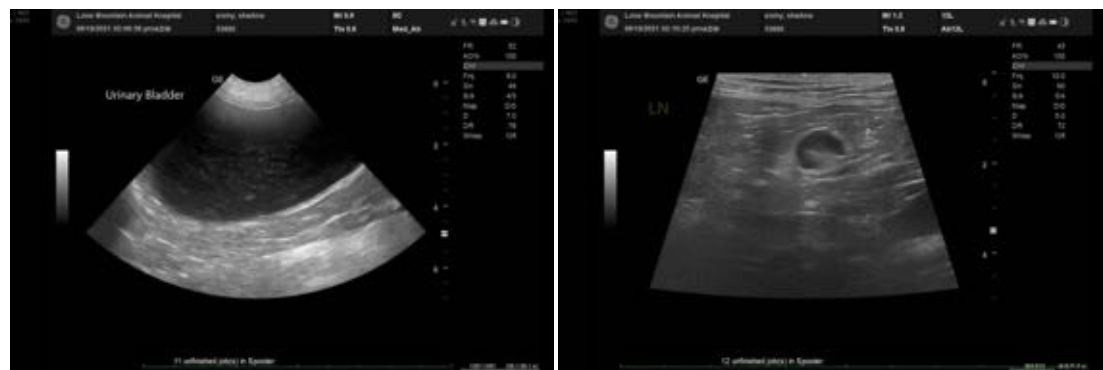
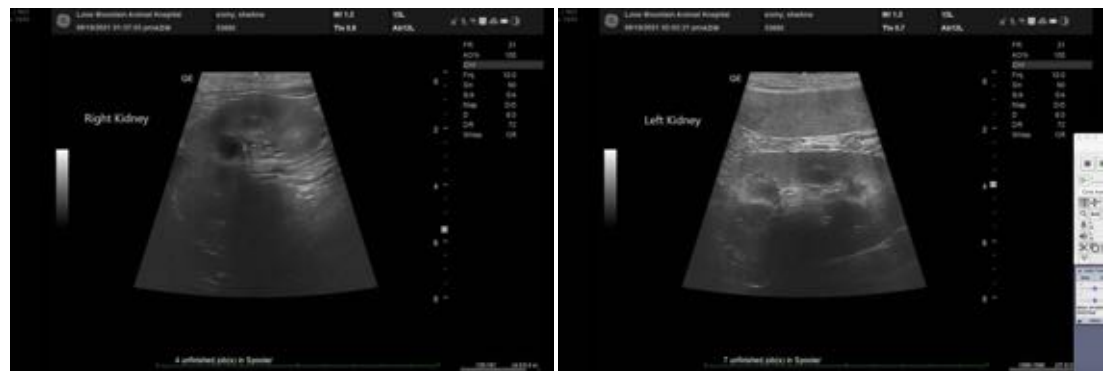
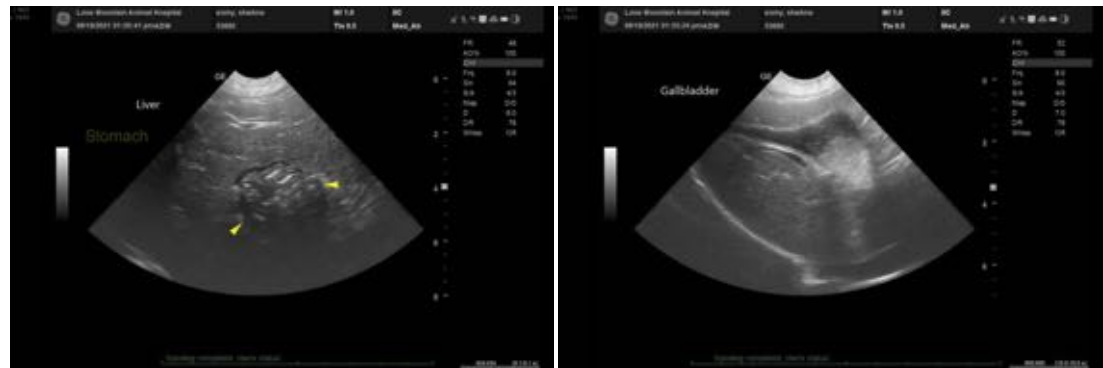
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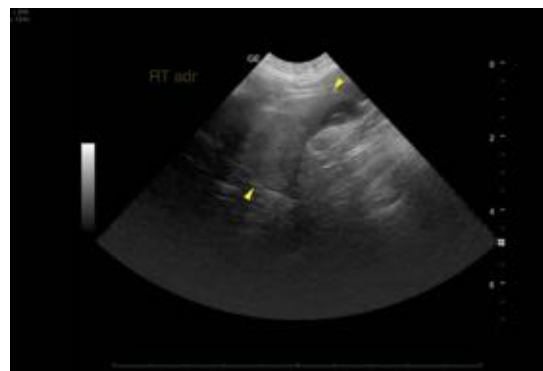
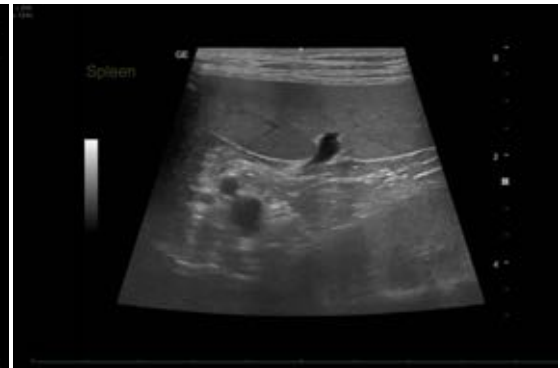
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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