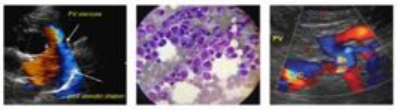


PATIENT

Rascal Marie Driscoll

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

9 years, 8 mos

WEIGHT

52.8 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Potomoc Mobile Vet US

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarret

INVOICE

11526

DATE

8.30.22

PRESENTING CLINICAL SIGNS

History: Not feeling well, weight loss, Pu/Pd, and lethargic.
Abnormal PE/Chem/CBC/UA Results: (08/29/2022) CBC: WNL. CHEM: WNL. UPC: WNL. U/A (Freecatch): USG 1.049 and pH 6.5, Ketones 15, Leukocyte Esterase 100, WBC 6/HPF, RBC 8/HPF. T4: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is 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. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.02 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 (6.71 cm in length); normal shape and architecture with 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 size (0.50 cm at cranial pole) (0.52 cm at caudal pole) (2.51 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 (0.49 cm at cranial pole) (0.48 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.

Spleen

The **spleen** is normal in size (2.13 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.

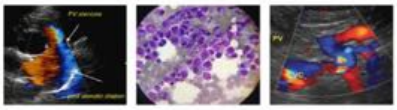
Liver

The **liver** is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. 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 small intestinal wall thickness is normal with a normal layering pattern and appropriate mural



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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. One to two prominent jejunal **lymph nodes** are visualized, the largest measuring 2.17 cm in length.

Other

A 1.68 x 1.30 cm echogenic pulmonary nodule is seen in the caudal thorax, adjacent to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Lung nodule. Differentials include neoplasia, granuloma, Inflammatory focus, other.

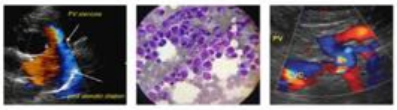
Secondary Findings

- Suspected benign age-related hepatopathy (i.e., idiopathic vacuolar hepatopathy) with a lower possibility of underlying pathology.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Minor degenerative changes in the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider further work-up for the pulmonary nodules (i.e., fine-needle aspirate if accessible), thoracic CT scan and/or bronchoscopy with bronchioalveolar lavage.

Depending on the patient's geographic area, fungal testing (i.e., Histoplasmosis, Blastomycosis, Coccidiomycosis) may be warranted.



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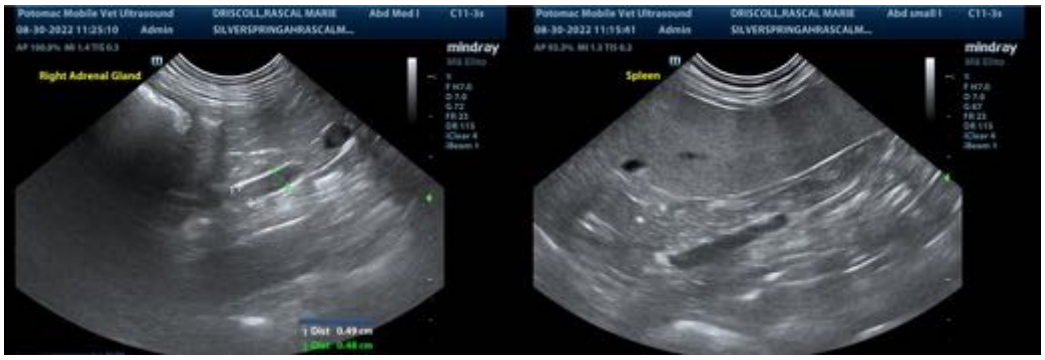

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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