**PATIENT**

Bucky Lubeley  
53181A

**SPECIES**

Canine

**BREED**

Austr Shep Mix

**SEX**

Neutered Male

**AGE**

9 years, 6 mos

**WEIGHT**

32.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet Spec Dr.  
Alucard

**INVOICE**

11534

**DATE**

8.31.22

**PRESENTING CLINICAL SIGNS**

History: Bucky was presented to his PcDVM for vomiting and lethargy Bucky was shown to have irregular blood values, then was transferred to MVS for possible Leptospirosis.

Abnormal PE/Chem/CBC/UA Results: Crea 3.0 (0.5-1.8 mg/dL) BUN 39 (727 mg/dL) Ca 7.3 (7.9-12.0 mg/dL) ALT Too high to read ALP 1549 (23-212 U/L) TBIL 3.4 (0.0-0.9 mg/dL) K 6.7 (3.5-5.8 mmol/L)

**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 mostly 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 (0.83 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 (6.24 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (5.72 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.49 cm at cranial pole) (0.39 cm at caudal pole) (2.11 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 (0.58 cm at cranial pole) (0.52 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 subjectively normal in size (1.93 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, with numerous, ill-defined hyperechoic nodules throughout the organ, the largest measuring 0.57 cm in its longest dimensions. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The **liver** is normal to slightly prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity, with numerous, ill-defined hypoechoic nodules throughout the organ, the largest measuring 0.84 cm in diameter. Hepatic vasculature and intrahepatic 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 scant amount of gravity dependent, echogenic debris is observed within the lumen. 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**

There is no evidence of free fluid. The medial iliac **lymph nodes** are visualized. The left measures 2.29 x 0.33 cm; the right 2.29 x 0.46 cm. The nodes are normal in size and echogenicity. Two to three prominent hepatic lymph nodes are visualized, the largest measuring 1.83 cm in length. One of the nodes contains a small, cystic area at the cranial aspect. The parenchyma of the node contains a small (0.72 x 0.41 cm) cystic area at the cranial aspect. A 3.55 x 0.34 mesenteric lymph node is also seen.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- The bilateral hyperechoic renal cortices are suggestive of interstitial nephritis with a lower possibility of infiltrative neoplasia.
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicity, other hepatopathy, +/- concurrent benign age-related change (i.e., regenerative nodular hyperplasia).

**Secondary Findings**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

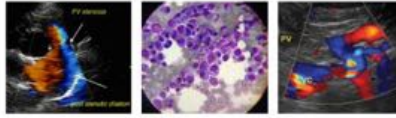
Given the patient's clinical history, Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, as well as a urine culture and sensitivity.

Given the azotemia, a baseline blood pressure measurement is also recommended.

Fine-needle aspirates of the liver and spleen can also be considered if clotting status is appropriate. Twenty-five gauge-needles should be used.

Given the patient's age, consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if IV fluid diuresis is to be initiated.

While awaiting test results, supportive care acute hepatopathy/Leptospirosis/acute renal failure is recommended, including IV fluid diuresis, broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid),



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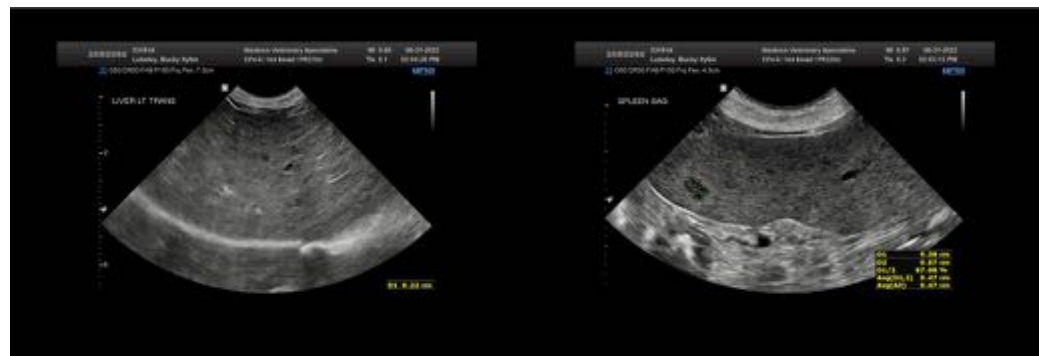
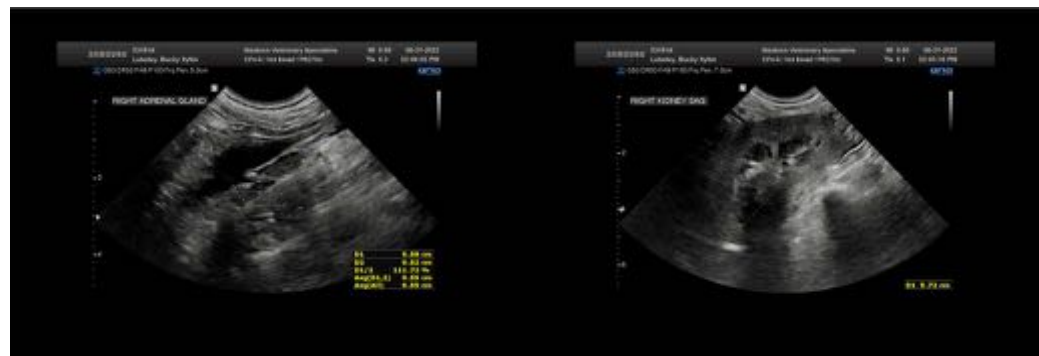
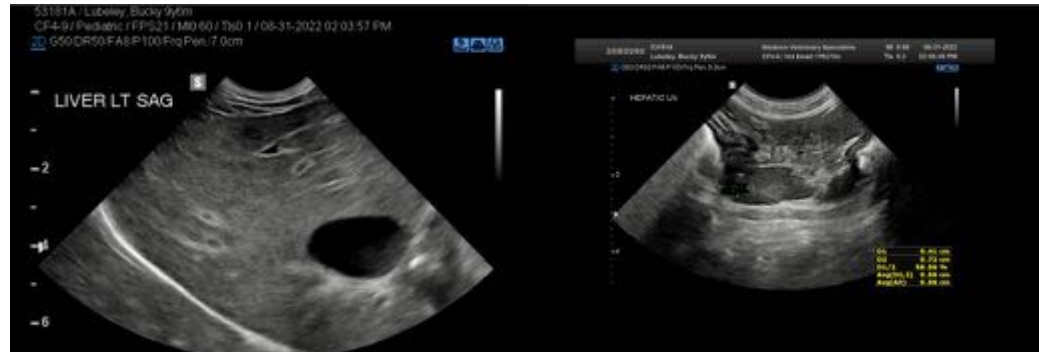
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gastric protectants, and antiemetics as needed. Also consider supplementation with hepatic antioxidants (i.e., Denamarin).

Serial monitoring of the patient's liver and kidney values is recommended to assess for progressive disease.



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svsimagingqc.net 309-737-3070



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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](mailto:info@SonoPath.com)