



PATIENT

Nova Klitzman 52595A

SPECIES

Canine

BREED

Retriever Mix

SEX

Spayed Female

AGE

6 years, 2 mos

WEIGHT

40.8 kg

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.
Maller

INVOICE

11334

DATE

8.4.22

PRESENTING CLINICAL SIGNS

History: Nova presented as a transfer for IMHA. Acute onset of lethargy and hematuria on Tuesday. Progressive hyporexia to anorexia over the past 24 hours. Current medications: Prednisone, Antibiotic for UTI, Fish Oil, and Rimadyl (prn)

Abnormal PE/Chem/CBC/UA Results: EENT: Clear OU/AU; severely icteric and pale mucous membranes Musculoskeletal: Ambulatory x 4 but weak and fatigues easily; unable to elicit any pain/discomfort on long bone palpation PCV/TS: 10%, 7.4mg/dL, icteric/hem. +3 pDVM bloodwork 8/4: BUN 35 ALT 231 Tbili 22.9 K 3.3 RBC 1.3 HCT 10.1 MCV 77.7 MCHC 31.7 MPV 15.2 Retic 205.8k WBC 79.27k Neu 58.34k Lym 10.43k Mono 10.28k

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 (7.52 cm in length); with a slightly irregular shape. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydroureter.

The **right kidney** is normal size (7.92 cm in length); with a slightly irregular shape. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal in length (0.47 cm at cranial pole) (0.48 cm at caudal pole) (2.89 cm in length) with a flattened contour. 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 (1.17 cm at cranial pole) (.060 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 (2.43 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with one to two small, ill-defined, hypoechoic nodules Splenic vasculature appears normal with no obvious evidence of thrombosis.

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 **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 **gastric lumen** is gas 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. Discreet masses are not identified. The ileoceocolic junction and colonic wall are 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 (left 2.16 cm in length; right 3.46 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- The splenic parenchymal changes, including the nodules, trend toward the benign (i.e., extramedullary hematopoiesis, antigenic stimulation, splenitis, lymphoid hyperplasia, or similar) with a lower possibility of emerging neoplasia (i.e., lymphoma).

Secondary Findings

- The bilateral renal changes are suggestive of chronic interstitial nephrosis/nephritis with cortical infarcts.
- The flattened left adrenal gland may be a normal variant for this patient or may represent atrophy (i.e., secondary to hypoadrenocorticism) or corticosteroid use (if chronic).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended.

<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>

Supportive care for immune-mediated hemolytic anemia is recommended, including immunosuppressants and symptomatic care.



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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.

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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