



PATIENT

Shooter Hurley

SPECIES

Canine

BREED

Labrador

SEX

Male Intact

AGE

3 ½ Years

WEIGHT

54 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

West Prince Animal
Hospital

REFERRING VET

Dr. Hartman

INVOICE

11827kk

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Acute onset of inappetence and vomiting.

Abnormal PE/Chem/CBC/UA Results: Has some petechial hemorrhages. CBC - low platelets (7000). Chemistry - hemoconcentration, ALT greater than 1000. Lepto test and tick profile pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is concentrically thickened (up to 0.88 cm) with an irregular mucosal surface. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are seen. The region of the trigone appears normal.

The prostate is not visualized in its entirety due to its pelvic location. In the visualized portion, the prostate appears enlarged with hyperechoic parenchyma. No focal lesions are observed. The prostatic urethra does not appear overtly dilated.

The left kidney is normal size (7.89 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.34 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.61 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.

The right adrenal gland is normal size (1.51 cm at cranial pole) (0.74 cm at caudal pole) (3.01 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 (1.28 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 prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. There is an increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. 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. A small amount of suspended echogenic debris, some of which is aggregated, is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric lumen is distended with echogenic fluid and soft shadowing material. The stomach appears hypomotile. 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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

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The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

3 ½ Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are most consistent with an inflammatory process (i.e., bacterial cholangiohepatitis, Leptospirosis). However, other hepatopathies (i.e., hepatotoxicosis, emerging neoplasia) cannot be completely excluded.
- The shadowing gastric contents may represent foreign material and/or normal ingesta. The gastric stasis may be functional or may be secondary to an intermittent pyloric outflow tract obstruction secondary to foreign material.

WEIGHT

54 lbs.

Secondary Findings:

- The bladder wall changes are most consistent with cystitis. Correlation with clinical findings is recommended.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/leptospirosis (amoxicillin-clavulanic acid, Denamarin Advanced). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
2. If the platelet count improves, hepatic tissue sampling (i.e., fine needle aspirate or biopsy) can be considered, if indicated.
3. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.



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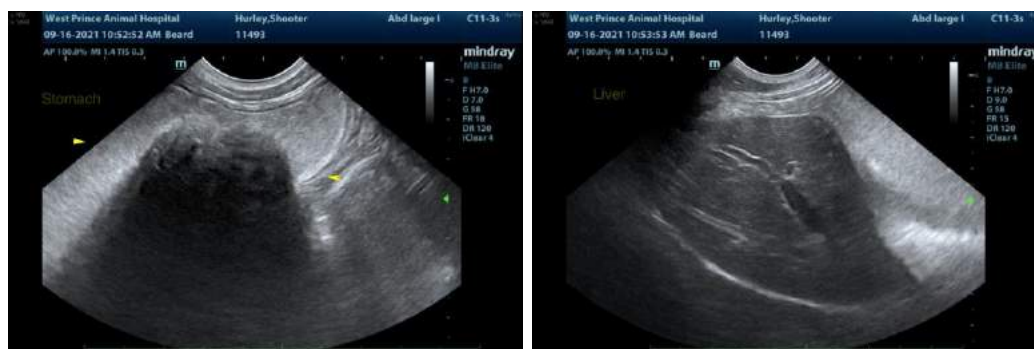
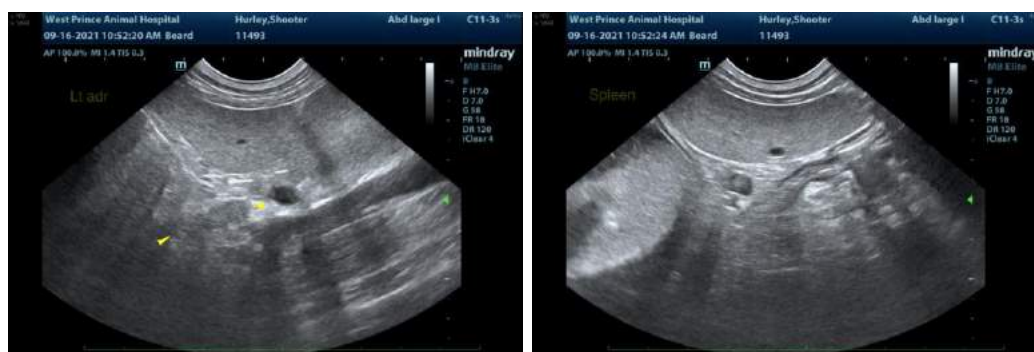
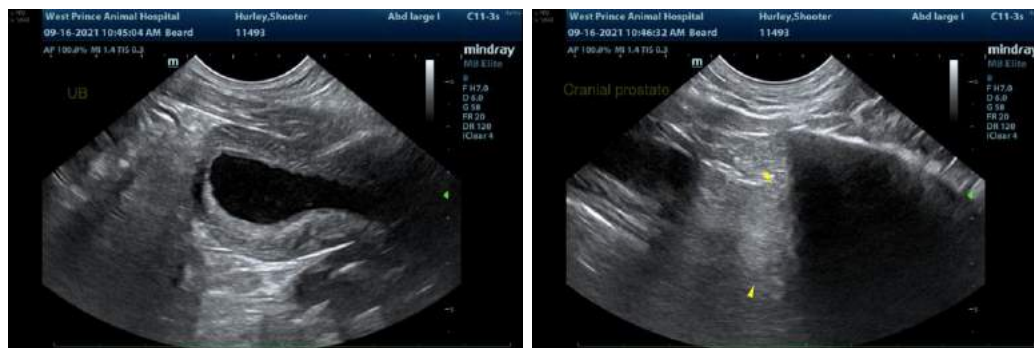
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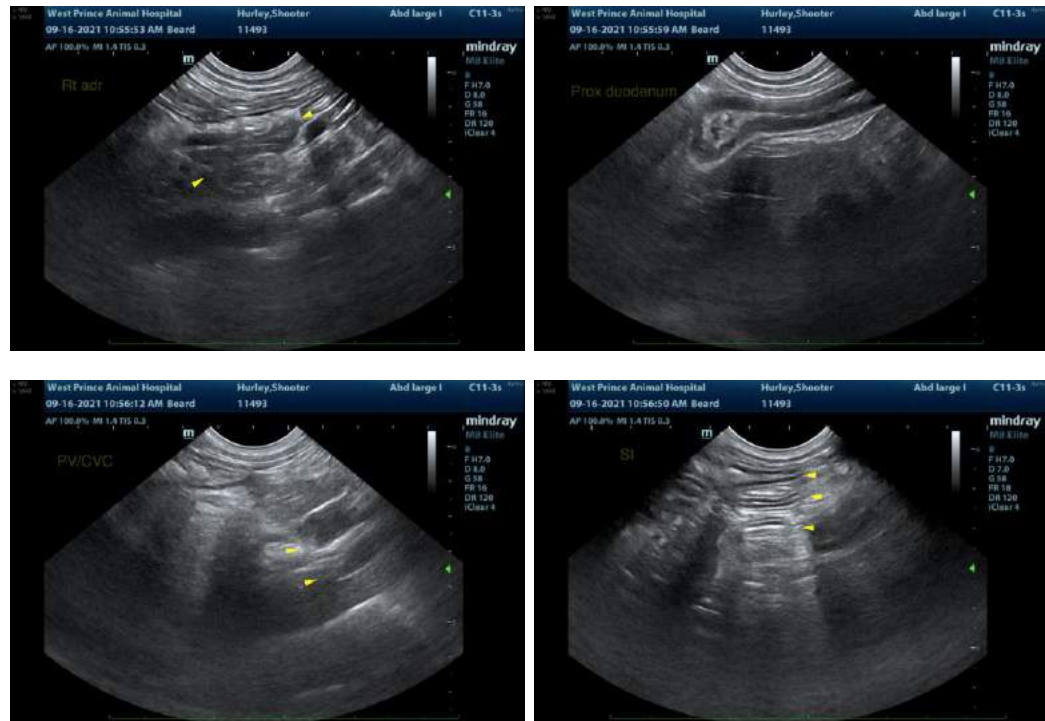
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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