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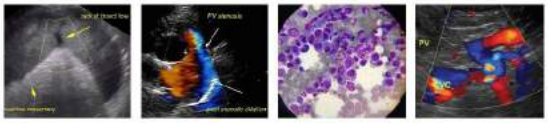

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Turtle Caming

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

28 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Sierra Pet Clinic

REFERRING VET

Dr. Sperka

INVOICE

11857kk

DATE

9/21/21

PRESENTING CLINICAL SIGNS

History: Dog acting fine- LABS prompted AUS- no GI signs - lameness RPL, injured at home while alone.

Abnormal PE/Chem/CBC/UA Results: tp 8.2, alb 4.2, alp 1029, t4 <0.4, rest WNL and CBC WNL- ACTH pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The prostate is normal in size (0.81 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 (5.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.18 cm at cranial pole) (1.12 cm at caudal pole) (3.29 cm in length) with a normal shape. A 1.27 x 0.93 cm hyperechoic to heterogeneous nodule is observed at the cranial pole. In addition, a 1.63 x 0.90 cm hyperechoic to heterogeneous nodule is observed at the caudal pole. Glandular detail is obscured by the nodules. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal to prominent in size (1.03 cm at cranial pole) (0.54cm at caudal pole) (2.51 cm in length) with a slightly irregular shape. A 1.32 x 0.54 cm irregular, hyperechoic to slightly heterogeneous nodule is observed in the cranial to mid-aspect. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.04 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Two to three small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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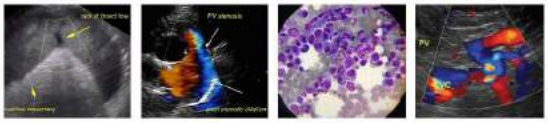

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Gastrointestinal

The gastric lumen is not distended. In the region of the fundus, a 2.04 x 1.13 cm irregular, hypoechoic to slightly heterogeneous mass is arising from the wall. In addition, a 1.77 x 1.28 cm hypoechoic, walled nodule is also present. The remaining gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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. No obstructive disease is noted.

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.

Free Abdomen

No free fluid is observed. A 2.13 x 1.48 cm hypoechoic lymph node is observed in the cranial abdomen adjacent to the stomach. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

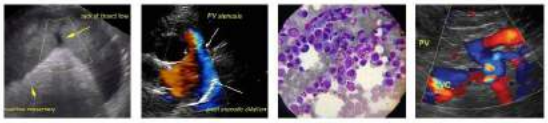
- Gastric masses. Differentials include neoplasia, focal abscesses, or granulomas. Regional peritonitis is present.
- The prominent cranial abdominal lymph node may represent infiltrative neoplasia, reactive lymphadenitis, or lymphoid hyperplasia.

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 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.
- Mild bilateral adrenomegaly.
- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, consider endoscopic or surgical gastric biopsies. Surgical biopsies may be more likely to yield a definitive diagnosis. Consider resection of the masses at the time of surgery, if feasible. If surgery is to be pursued, consider



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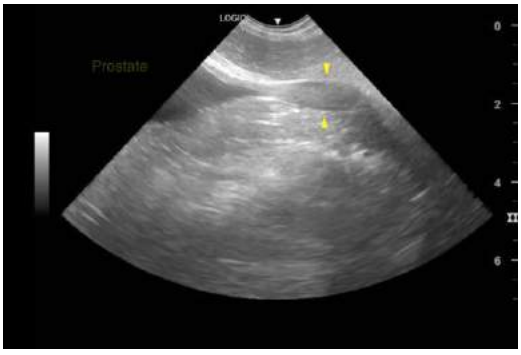
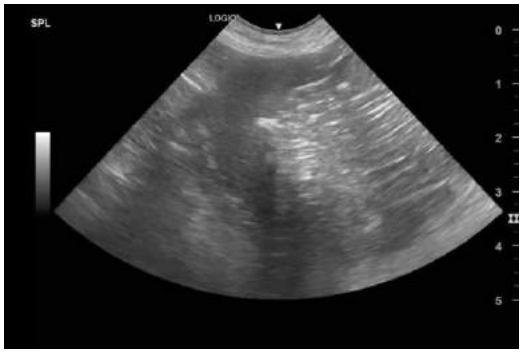
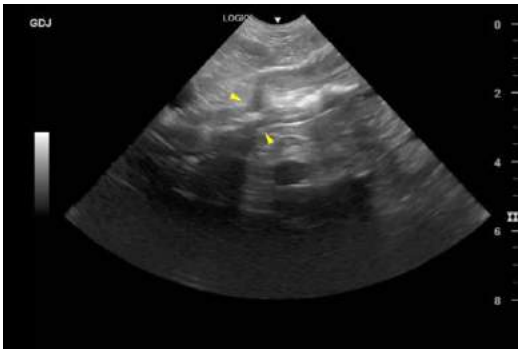
referral to a board-certified veterinary surgeon due to the potential for perioperative complications (i.e., post-operative pancreatitis).

3. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.







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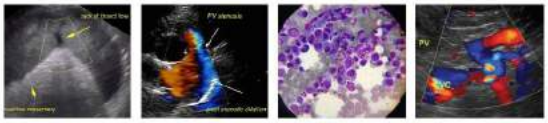

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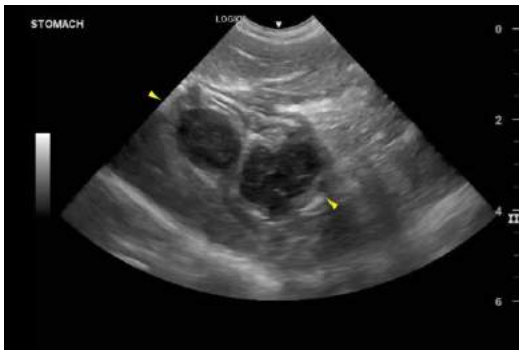

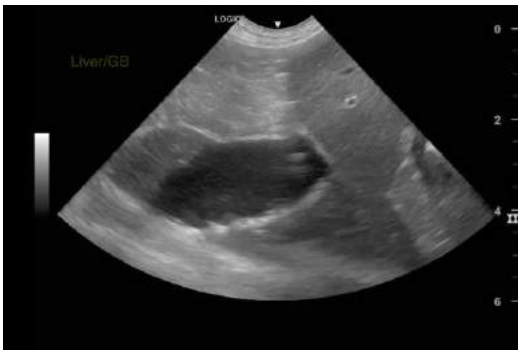

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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