



PATIENT

Cooper Patterson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

79.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Michelle Bartus

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Michelle Bartus

INVOICE

14017

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: Seen for limping 8/29/22. Spondylosis diagnosed, Chem/CBC normal; NSAID started (Carprofen). Only gave a few days of meds, as dog doesn't take pills well and limping ceased. Seen on 9/21/22 for inappetence that had started on 9/16/22. Also had vomited 1-2 times. No bloodwork done that day. Treated with Maropitant. Seen 9/23/22, still not eating. Given fluids, started Famotidine & Doxycycline in addition to Maropitant.

Abnormal PE/Chem/CBC/UA Results: Negative 4 Dx; normal CBC/Chem on 8/29/22; Repeated 9/23/22: Creat 2.6 (0.1-1.8), was 1.0; SDMA 32 (0-14), was 9; ALKP 408 (23-212), was 85. Chest rads WNL. Urine Sp. Gr. 1.014. Lepto titer pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall 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. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (7.01 cm in length) with a slightly irregular shape, smooth peripheral margins and normal internal architecture. The cortex is hyperechoic. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis.

The right kidney is normal size (6.69 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.53 cm at caudal pole); normal shape and smooth peripheral contours. A 0.55 x 0.44 cm hyperechoic nodule is observed at the tip of the caudal pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is normal in size (0.76 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with slightly irregular peripheral contours. In 1-2 video clips, a 3.2 cm ill-defined hypoechoic lesion is observed at the cranial aspect. The remaining parenchyma is homogeneous.

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



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distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is not 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 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 with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

AGE

11 Yrs.

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, non-specific chronic renal changes. Given the clinical history, acute on chronic renal failure is suspected.
- An obvious cause for the patient's elevated ALP is not identified in this study. Considerations include a benign process (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia, inflammatory disease, hepatotoxicity, other) vs emerging neoplasia (less likely).
- The hypoechoic splenic lesion may represent an emerging tumor, area of infarction, inflammatory lesion, extramedullary hematopoiesis, lymphoid hyperplasia, other.

Secondary Findings:

- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an emerging tumor.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the recent onset of azotemia, a urine culture and sensitivity is recommended along with a UPC (if proteinuria is present) and baseline blood pressure measurement.
- Consider pre- and post-prandial serum bile acids to assess hepatic function.
- While awaiting test results, symptomatic care is recommended.

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- Regarding the splenic lesion, consider additional sonographic images of the spleen for better evaluation, +/- fine needle aspirate, if indicated.

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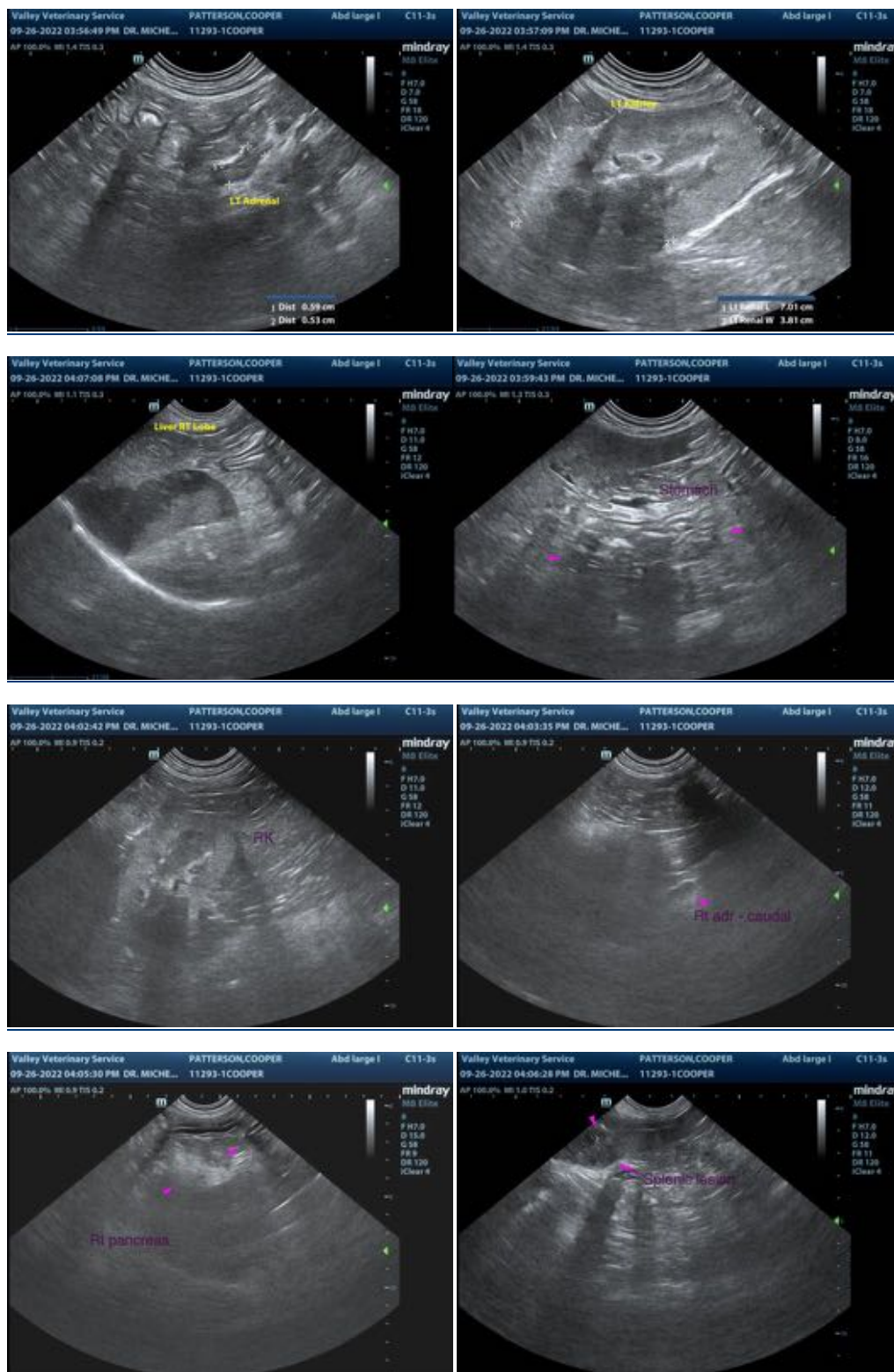
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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