

PATIENT

Jemaine Vishoot

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 years 9 mos

WEIGHT

70.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr Mimi Vishoot

INVOICE

11739

DATE

9.29.22

PRESENTING CLINICAL SIGNS

History: O is DVM and thought she felt an enlarged spleen when she palpated him recently. No clinic symptoms. Takes carprofen occasionally.

Abnormal PE/Chem/CBC/UA Results: Abnormal CBC Values 5.19.22: HCT 57.6 (38.3-56.5) All else WNL Abnormal Chemistry Values 5.19.22: ALT 16 (18-121) All else WNL Integument: Skin appears normal; hair coat in good condition moderate redness around anal area and ventral tail head. 0.5 cm spherical, semi soft (sub) dermal mass at proximal caudal left elbow.

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 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 (1.20 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 (7.01 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 hydroureter.

The **right kidney** is normal size (7.47 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 hydroureter. b

Adrenal Glands

The **left adrenal gland** is normal size (0.58 cm at cranial pole) (0.58 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.

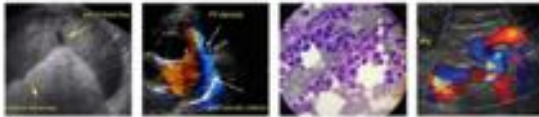
The **right adrenal gland** is normal size (0.68 cm at cranial pole) (0.68 cm at caudal pole) (3.49 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (1.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, ill-defined hypoechoic nodules are observed. One of the larger nodules measures 1.11 cm in diameter. Splenic vasculature is normal.

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.



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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, hyperechoic to mineralized sludge is observed within the lumen, most of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The **gastric lumen** is mildly fluid-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. There is no evidence of an obstructive pattern.

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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.

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Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A 1.61 cm **lymph node** is observed at the aortic trifurcation. The node is normal in shape and echogenicity.

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Other

A **brief echocardiogram** reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The splenic nodules trend toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). However, emerging neoplasia cannot be completely excluded.

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Secondary Findings

- Gall bladder sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended if not already performed.

Consider a fine-needle aspirate of the spleen (if clotting status is appropriate) to assess for emerging neoplasia.

Further recommendations regarding the arrhythmia should be based on the echocardiogram and ECG reports.

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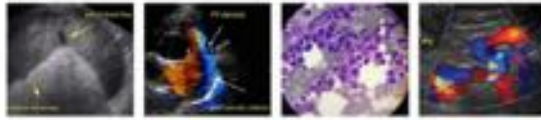
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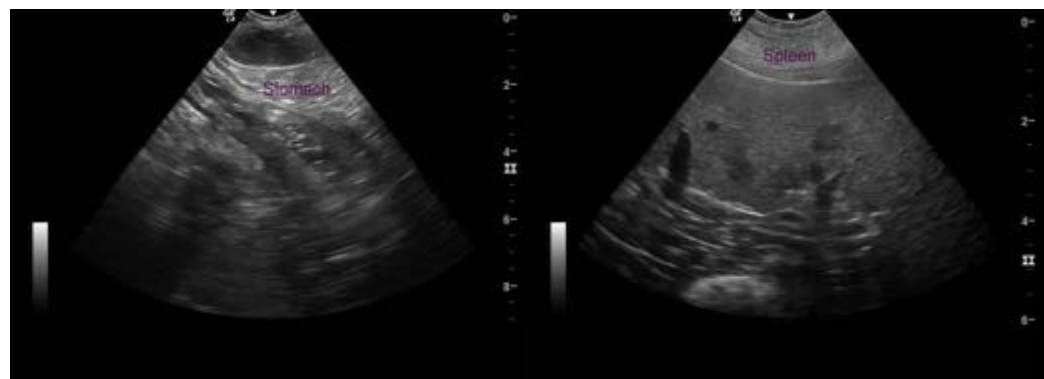
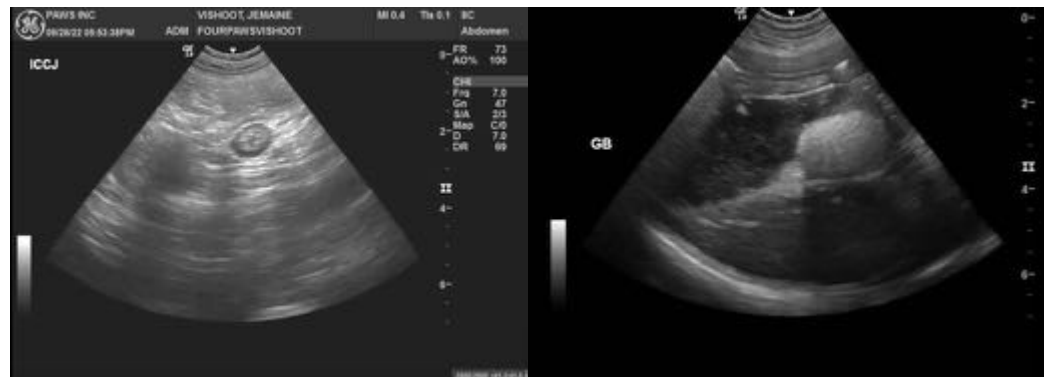
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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