



PATIENT

Tank Bushman

SPECIES

Canine

BREED

Pit bull

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

90 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

DATE

2/6/23

INVOICE

14550

PRESENTING CLINICAL SIGNS

History: Assessment: weight loss distended abdomen, megly small skin tag just below the right eye mild scleral injection of the left eye, mild entropion dental disease, worn, broken teeth otitis externa - bilateral joint disease History per owner at appt on 1/31/23: Ear and eye concerns keep reoccurring. Owner thinks its a yeast infection in his ear. Owner noticed a couple nights ago that he had what looked to be a bug bite on his belly. Owner diluted apple cider vinegar and put it on the bump on his belly and it seemed to help it. Owner said that awhile ago another vet wanted to do an emergency splenectomy (Echo hollow). Owner did not do surgery because another vet said it did not need to be done. Owner said that his abdomen is a little large. He has a scab on his chin from falling on the stairs the other day. Other vet said that they were worried about Cushings in May and never followed up. Owner says he has those symptoms. Ear concerns started in May and at Echo Hollow they told the owner that nothing was wrong with his ear and eye. Its his left ear and left eye. Owner said he had a surgery on his right eye about a year ago for a growth and it was benign but its coming back. Eye concerns started 2 weeks ago again and it was really itchy and red. Owner would like address the bumps at a later date. Primary Question/Differential to Be Answered in This Exam Evaluate for cancerous process/lymphoma
Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia SDMA = 17, Phos= 2.4, Ca high at 12.3
Urinalysis: spgr 1.010, ph = 8, 1+ protein T4 is wnl at 2.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Several small cystic calculi are observed within the lumen. The region of the trigone and proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (1.56 cm in width) with normal curvilinear peripheral contours. Parenchyma is mildly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.72 cm at caudal pole) (3.21 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.

The right adrenal gland is normal size (0.98 cm at cranial pole) (0.70 cm at caudal pole) (3.39 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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The spleen is normal in size (2.14 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.

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Liver

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The liver is subjectively normal 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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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 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

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

**IMAGING
PERFORMED BY**

Jenna Walsh

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

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Primary Findings:

- Cystic calculi.

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Secondary Findings:

- Mild bilateral age-related renal changes.
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is the top differential. The changes may also represent normal variation.

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- The prostatic changes are most consistent with age-related remodeling with a lower possibility of emerging neoplasia.

*There was no obvious evidence of neoplasia in the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the hypercalcemia, consider the following:
 - Rectal examination to assess for anal gland tumors.
 - Three-view thoracic radiographs to evaluate for occult neoplasia in the chest.
 - Ionized calcium/PTH/PTHrP (send to Michigan State).

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- Given the proteinuria, a UPC is recommended.
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture is recommended. Alternatively, an attempt at medical dissolution can be considered. However, if this approach is ineffective, a cystotomy should be performed.

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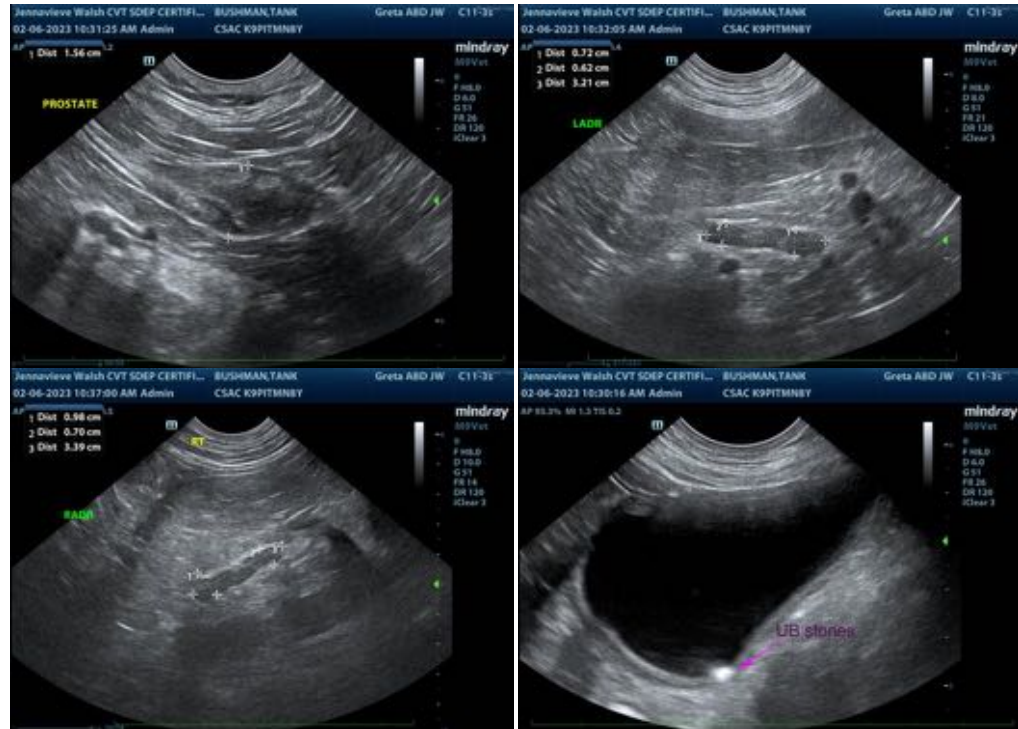
Dr. Cox

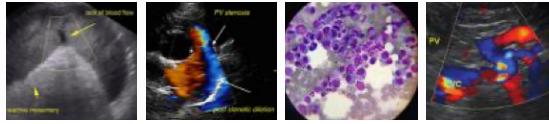
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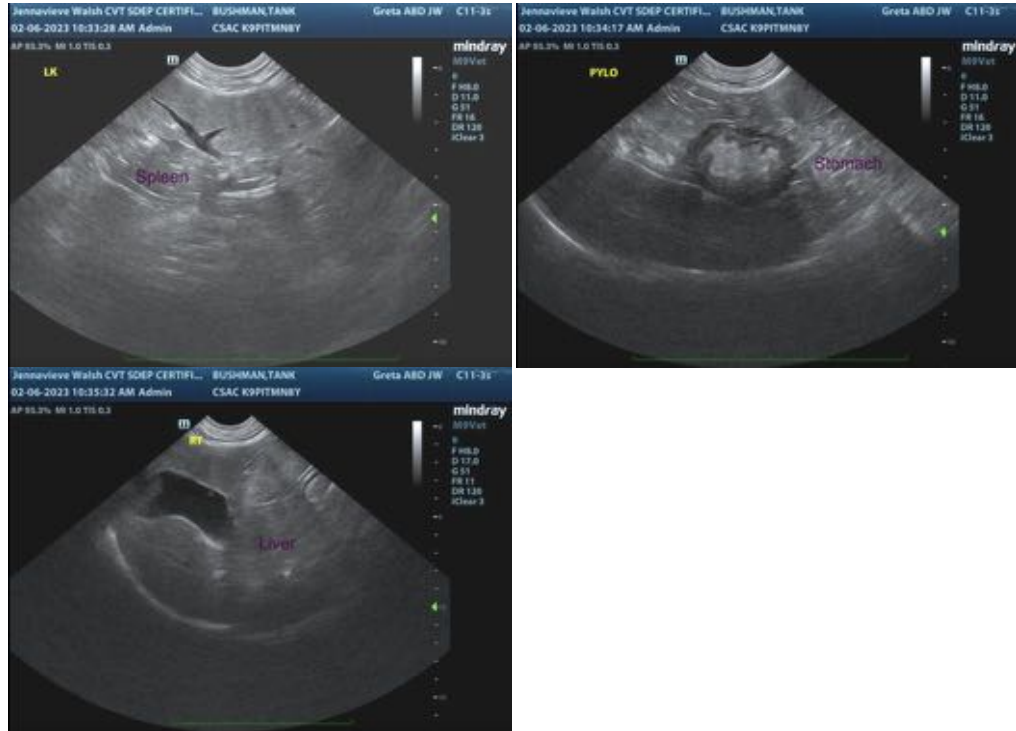
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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