



PATIENT

Benji Luehrs

SPECIES

Canine

BREED

Maltese mix

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Walling

DATE

7/19/22

INVOICE

13752

PRESENTING CLINICAL SIGNS

History: Geriatric Cushingoid with acute presentation of 0.5 cm mass associated with L anal gland (noted during routine AG expression)-- performing staging prior to anticipated AG removal Most recently treatment for diarrhea, neck pain via ER service 2 weeks ago but responded well to supportive care and currently no active concerns Previously diagnosed with suspected microvascular dysplasia due to chronically elevated liver enzymes (prev. abd. ultrasound completed by your company in 5/21) Abnormal PE/Chem/CBC/UA Results: ALP 2400, ALT 238, baseline cortisol WNL at 3.9 on July 1, 2022 Current Medications 10 mg Trilostane daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Mineralized urinary bladder sand vs cystic calculi are visualized within the lumen. The cystourethral junction and proximal urethral, visible to a depth of 1-2 cm, are normal.

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

The left kidney is normal size (4.13 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. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.29 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. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.57 cm at caudal pole) (1.59 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.

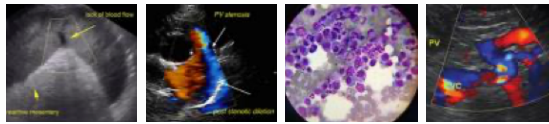
The right adrenal gland is normal size (1.71 cm at cranial pole) (0.51 cm at caudal pole) (2.67 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.85 cm in width at the level of the hilus) with normal peripheral contours. The parenchyma is of appropriate echogenicity. Pinpoint hyperechoic foci are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are



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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 moderate amount of aggregated echogenic, mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 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 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. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- There is no obvious evidence of metastatic disease in the abdomen.
- Mineralized urinary bladder debris +/- discreet calculi.

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Secondary Findings:

- Suspected benign diffuse hepatopathy, likely endocrine related. However, correlation with the patient's liver values is recommended.
- Gallbladder sludge, non-mucocele.
- Dystrophic mineralization of the spleen. This is a benign, incidental finding that is commonly seen with endocrinopathies.
- Bilateral chronic, age-related renal changes with non-obstructive nephrolithiasis.
- Mild bilateral adrenomegaly, likely secondary to hyperplastic change.

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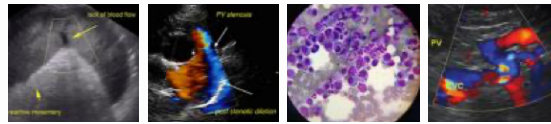
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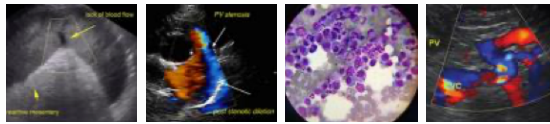
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to complete the metastatic check.
- Regarding the mineralized urinary bladder debris, consider abdominal radiographs to assess for discreet calculi. If present, consider an attempt at medical dissolution (prescription urinary diet, broad spectrum antibiotics) or cystostomy with stone removal, analysis and culture.



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.

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

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