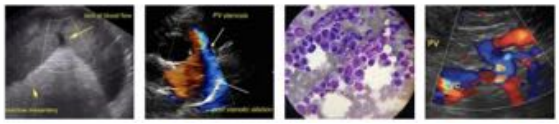


PATIENT

Boston Follett

SPECIES

Canine

BREED

Lab Retriever

SEX

Female, spayed

AGE

6/21/2007

WEIGHT

55.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowerton AH

REFERRING VET

Dr. Randinelli

INVOICE

12864

DATE

1/18/2022

PRESENTING CLINICAL SIGNS

1. Weakness of hind limbs
2. Corneal ulcer OD
3. Mineralized nodules in vulva

Mildly elevated ALP (137IU/L) and ALT (140IU/L)

Current meds: Heartgard, Nexgard, Carprofen, Melatonin

Radiographic Findings:
5 radiographs of the abdomen and pelvic limbs are available for interpretation.
Abdominal serosal detail is adequate. The liver, visible kidneys, and urinary bladder are within normal limits. Hazy poorly defined as lucencies are identified within the spleen on multiple views. The spleen is also mildly enlarged. No free peritoneal gas is noted. The included gastrointestinal tract is unremarkable. Spondylosis deformans is identified at the lumbosacral junction. The L4-S1 disc spaces are mildly narrowed. Mild osteophytosis of the articular facets of the lumbar vertebral column is identified. Sacroiliac and coxofemoral joints are within normal limits. The patellas are in the correct locations. Moderate left-sided osteophytosis of the femoral condyles and tibial condyles is noted (worse laterally). There is moderate cranial and caudal intracapsular stifle effusion noticed on the left. The metal implant in the extracapsular soft tissues lateral to the left femoral condyle is unremarkable. There is a round geographic radiolucency in the proximal cranial tibial with surrounding sclerosis. The right stifle is unremarkable without osteophytosis or intracapsular stifle effusion.

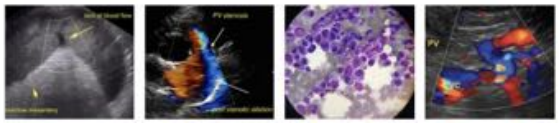
Radiographic Conclusions/Recommendations:
1. Multifocal mild narrowing of the caudal lumbar intervertebral disc spaces. Intervertebral disc disease could be considered and this finding should be correlated with the patient's neurologic examination. If proprioceptive deficits exist, consultation with a neurologist for cross-sectional imaging (MRI) should be considered. Compressive myelopathy in other regions within the vertebral column cannot be fully excluded.
2. Chronic postoperative extracapsular lateral suture stabilization with secondary moderate osteophytosis. Conservative medical management and rest could be considered
3. Hazy poorly defined radiolucencies are identified within the spleen on multiple views and the spleen is mildly enlarged. This finding likely represents gas within the spleen secondary to infection, thrombosis, or less likely splenic torsion. An ultrasound should be considered to further assess this finding.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.42 cm) and irregular. A 0.45 cm nodule is observed in the dorsal wall. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.62 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



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corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.74 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.80 cm at cranial pole) (1.97 cm at caudal pole) (4.34 cm in length) with an irregular shape and a mass effect. The parenchyma is diffusely heterogeneous with loss of glandular detail. There is no obvious evidence of vascular invasion.

The right adrenal gland is normal size (1.08 cm at cranial pole) (0.62 cm at caudal pole) (2.60 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 enlarged (3.16 cm in width at the level of the hilus) with swollen to slightly irregular peripheral contours. Numerous varying sized irregular hyperechoic nodules are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

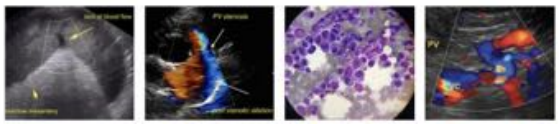
The liver is prominent in size with slightly swollen peripheral contours on the right side. The parenchyma Is hypoechoic relative to surrounding omental fat and slightly mottled In appearance with changes consistent with age-related remodeling. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are largely isoechoic to surrounding omental fat and mottled in appearance. No focal lesions are observed. There is no evidence of peripancreatic 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Left adrenal mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) vs benign pathology (i.e., nodular hyperplasia).
- The splenic changes could be consistent with benign pathology (i.e., excessive myelolipomas). However, malignancy cannot be completely excluded.
- The diffuse urinary bladder wall changes are most consistent with cystitis. The nodule in the dorsal wall may represent a focus of excessive inflammation. Alternatively, an emerging tumor (i.e., transitional cell carcinoma) cannot be completely excluded.

Secondary Findings:

- 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.
- Bilateral non-specific age-related renal changes.
- Age-related pancreatic remodeling +/- fibrosis. Concurrent low-grade inflammation is also possible, particularly if the patient exhibits discomfort with cranial abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the left adrenal mass, consider the following:
  1. Three-view thoracic radiographs to assess for pulmonary metastatic disease.
  2. Baseline blood pressure measurement.
  3. To assess for a functional tumor, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels (Marshfield Labs).
- Regarding the urinary bladder changes, a urine culture and sensitivity has already been submitted. A urine BRAF test could be considered to further assess for lower urinary tract neoplasia.
- Regarding the splenic changes, a fine needle aspirate can be considered if clotting status is appropriate.

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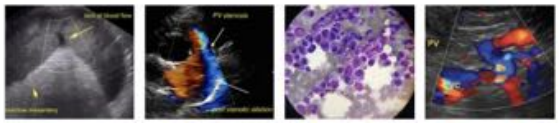

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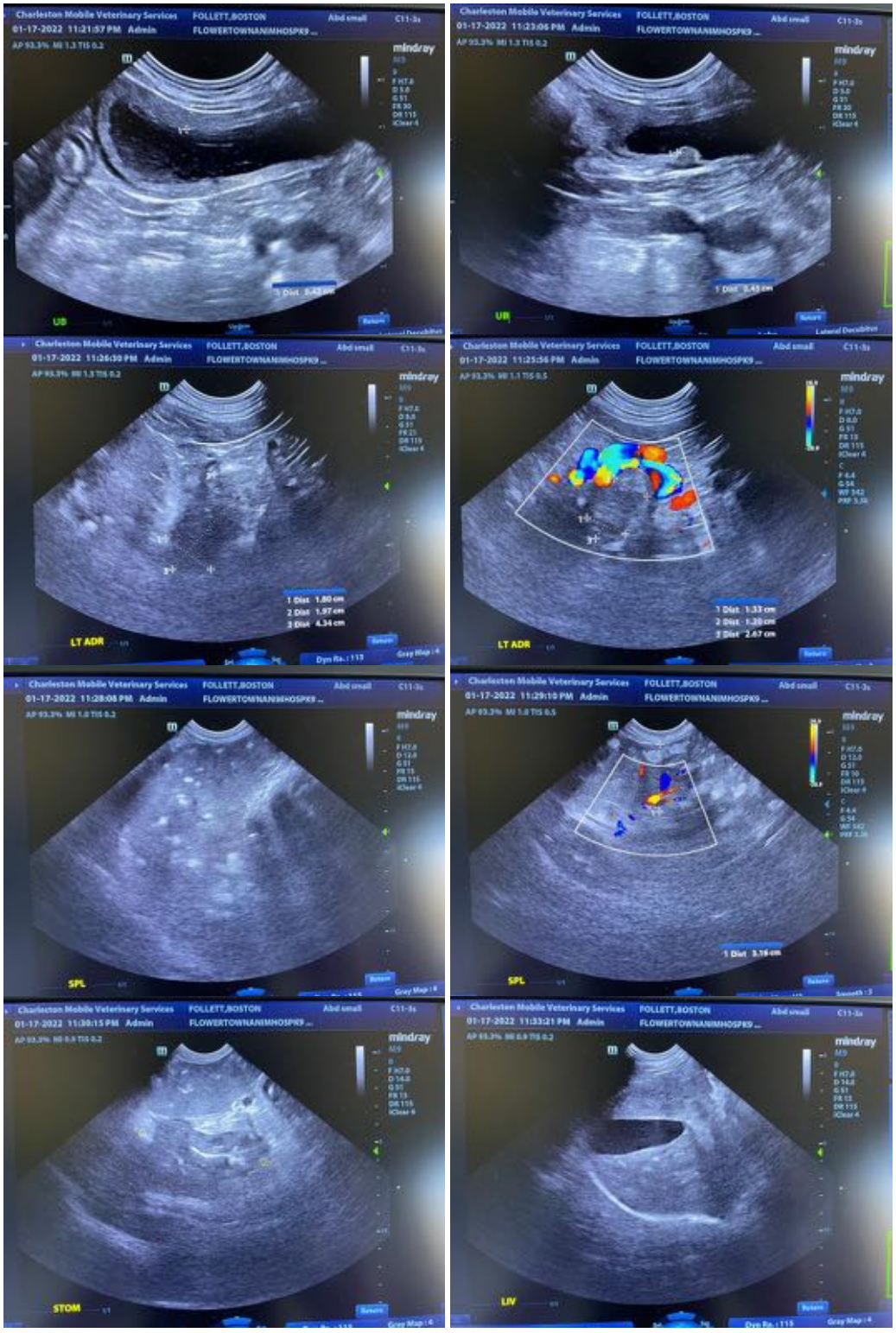

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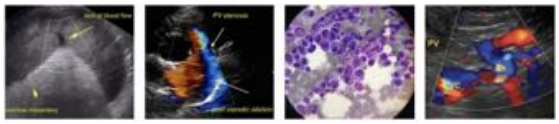

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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