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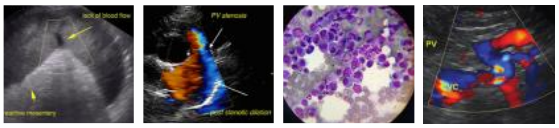


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lulu Shirley

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

13 years

WEIGHT

8.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

DATE

1/10/22

INVOICE

10319

PRESENTING CLINICAL SIGNS

History: Ongoing weight loss and picky eating habits P had a recent bout of hematuria and has chronic upper respiratory infection symptoms
Abnormal PE/Chem/CBC/UA Results: BUN 56, Creat 2.1 and SDMA 16. Folate >24, Cobalamin 576, fPL 5.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 1 cm, are normal.

The left kidney is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.75 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.57 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.

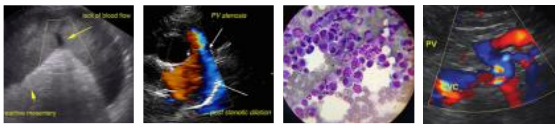
Liver

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 distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and soft shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is



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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.

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance with small ill-defined cystic areas, predominantly in the left limb. A 0.50 x 0.37 cm cyst is observed in the right limb. The pancreatic duct is visible, but not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent jejunal lymph nodes are visualized medial to the spleen, the largest measuring 0.74 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling and cystic areas.
- The gastric luminal contents likely represent ingesta +/- foreign material (i.e., hair).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Minor chronic age-relate renal changes

  **It is unclear whether the patient's clinical signs are secondary to chronic pancreatitis, renal disease, a combination thereof, or some other underlying illness

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of azotemia and hematuria, a urine culture and sensitivity is recommended along with a baseline blood pressure measurement. If proteinuria is present and there is no evidence of infection, a UPC is recommended (once the hematuria has cleared).
- Other diagnostic considerations include the following:
  1. Three-view thoracic radiographs to assess cardiopulmonary status
  2. Fecal evaluation for ova and Giardia
  3. +/- gastrointestinal biopsies. However, the benefits of biopsies must be evaluated in light of the patient's current renal status.

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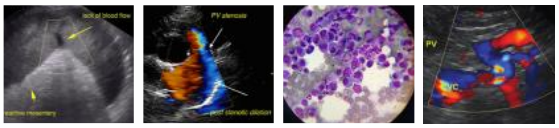

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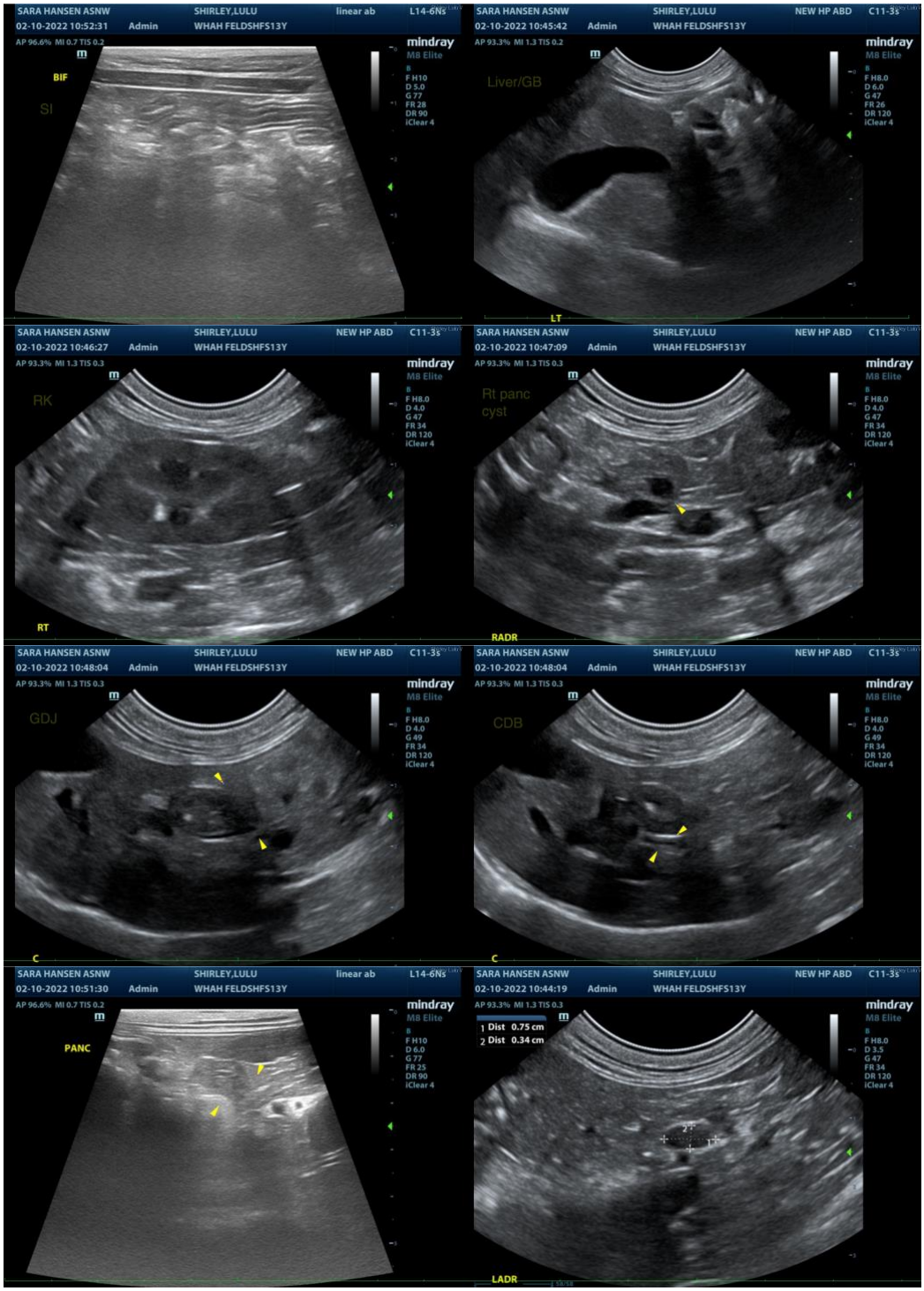

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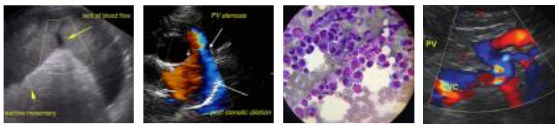

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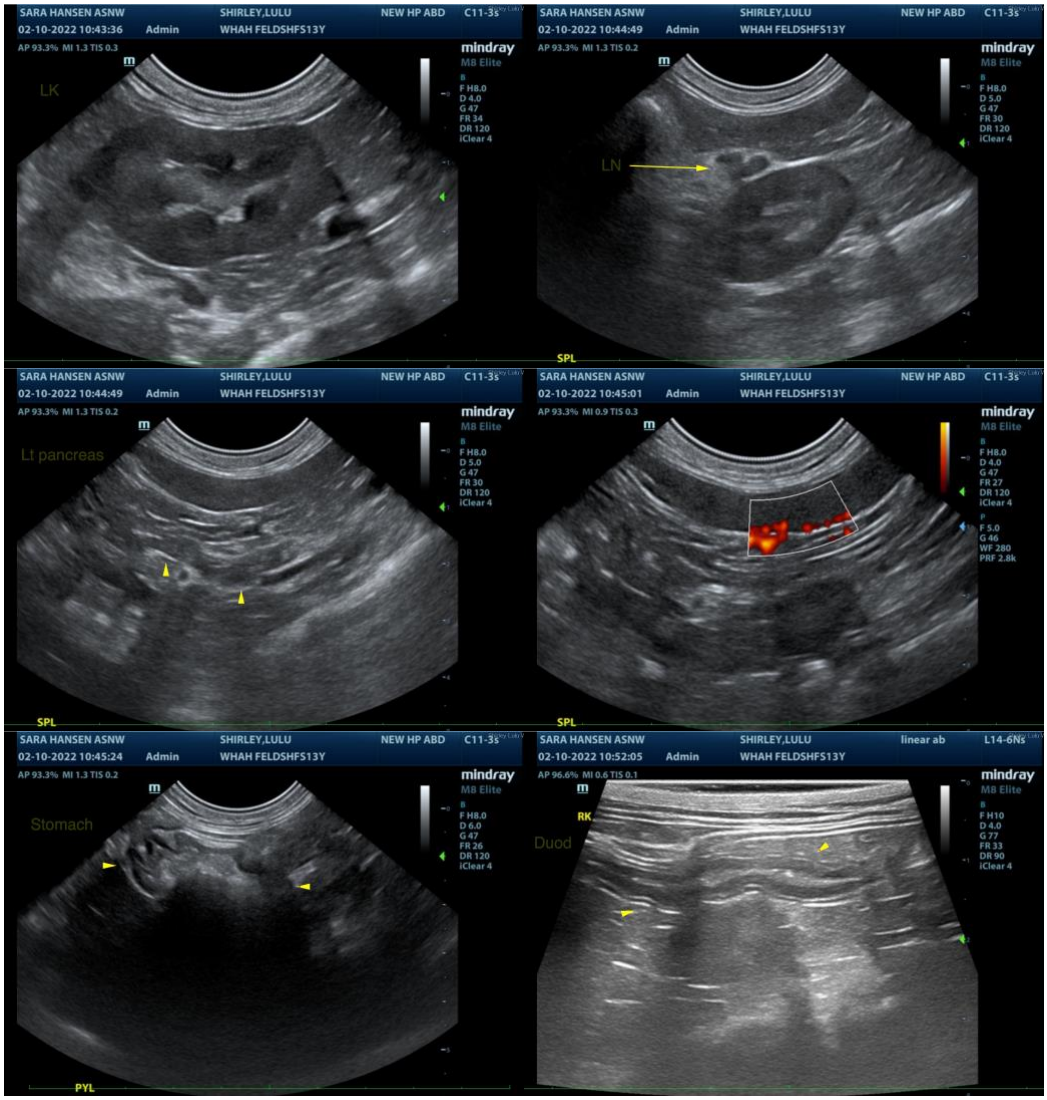

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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