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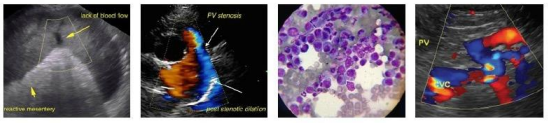


Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Oscar Thomas

SPECIES

Canine

BREED

Pug mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

16.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Cortright

INVOICE

12822

DATE

1/10/2022

PRESENTING CLINICAL SIGNS

History: 10/28/2021 On Avoderm lamb and rice diet. Presented to Brighton Greens for diarrhea and limited vomiting. CBC wnl, chemistry mild decrease in albumen 2.3. T4 wnl. fecal giardia ab positive. Started bland diet and panacur 5d, with Visbiome for a month. 1/6/2022 Presents to Dr. Wolfe for chronic soft stool/diarrhea over the last 2 months. Loss of appetite now. Oscar tries to gag/vomit but nothing comes up at least once/day per O. Fell down the stairs this morning! CBC-mod monocytosis. Chemistry-albumin now 1.8, potassium mild increase at 5.9. Repeat u/a wnl. Started flagyl 250 mg 1/4 tab PO BID

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 2 cm, are normal.

The prostate is normal in size (0.62 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 (3.84 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.

The right kidney is normal size (4.03 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.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.51 cm at cranial pole) (0.55 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.

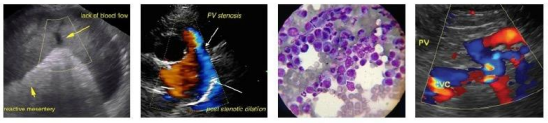
The right adrenal gland is normal size (0.65 cm at cranial pole) (0.52 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.22 cm in width at the level of the hilus) with a slightly irregular medial contour. The parenchyma is mottled in appearance with several ill-defined hypoechoic areas. In addition, myelolipomas are observed along the vasculature at the medial aspect. Splenic vasculature is normal with no evidence of thrombosis.

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



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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 mildly thickened (up to 0.33 cm), irregular and hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are not overtly dilated.

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. A >4 cm segment of small intestine is thickened (up to 0.56 cm) with a questionable loss of the normal layering pattern. The mesentery effacing the serosal surface of this segment is hyperechoic. The remaining small intestinal segments are normal thickness with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains liquid appearing fecal material.

Pancreas

The body of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

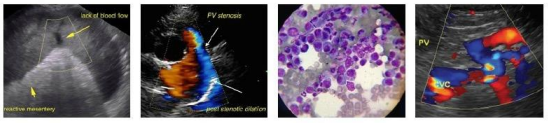
- The abnormal small intestinal segment could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) or a severe inflammatory process.
- Regional peritonitis is present.

Secondary Findings:

- Minor age-related renal changes.
- The splenic parenchymal changes could be consistent with benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively, emerging neoplasia is possible.
- The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- Age-related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, surgical gastrointestinal biopsies are recommended to get a definitive diagnosis.



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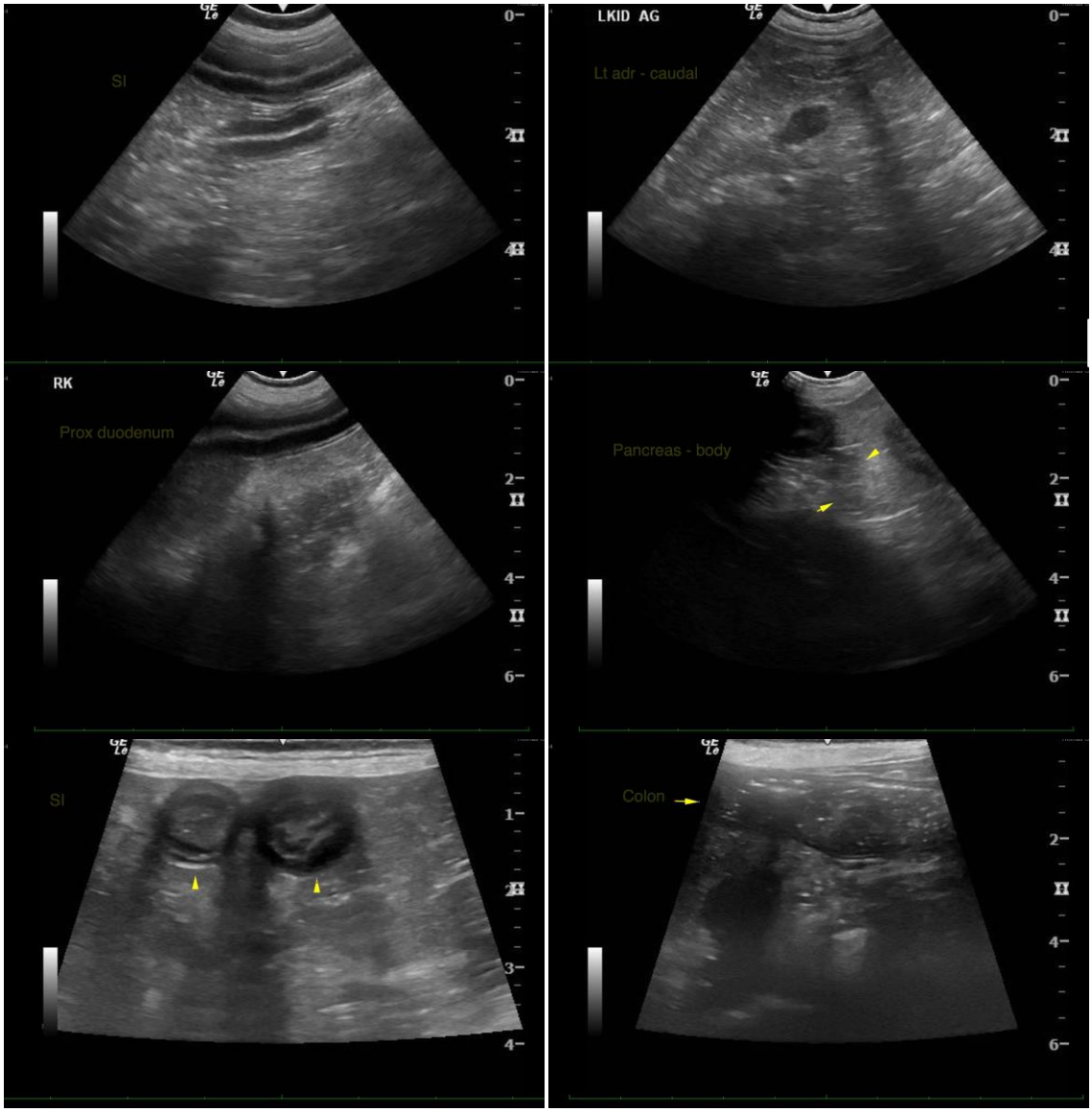
- Fine needle aspiration can be attempted of the abnormal intestinal segment but may not be accessible and/or may not yield diagnostic results.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.



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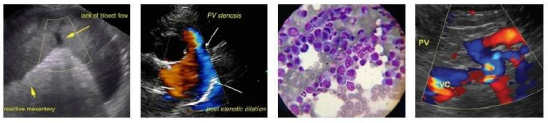

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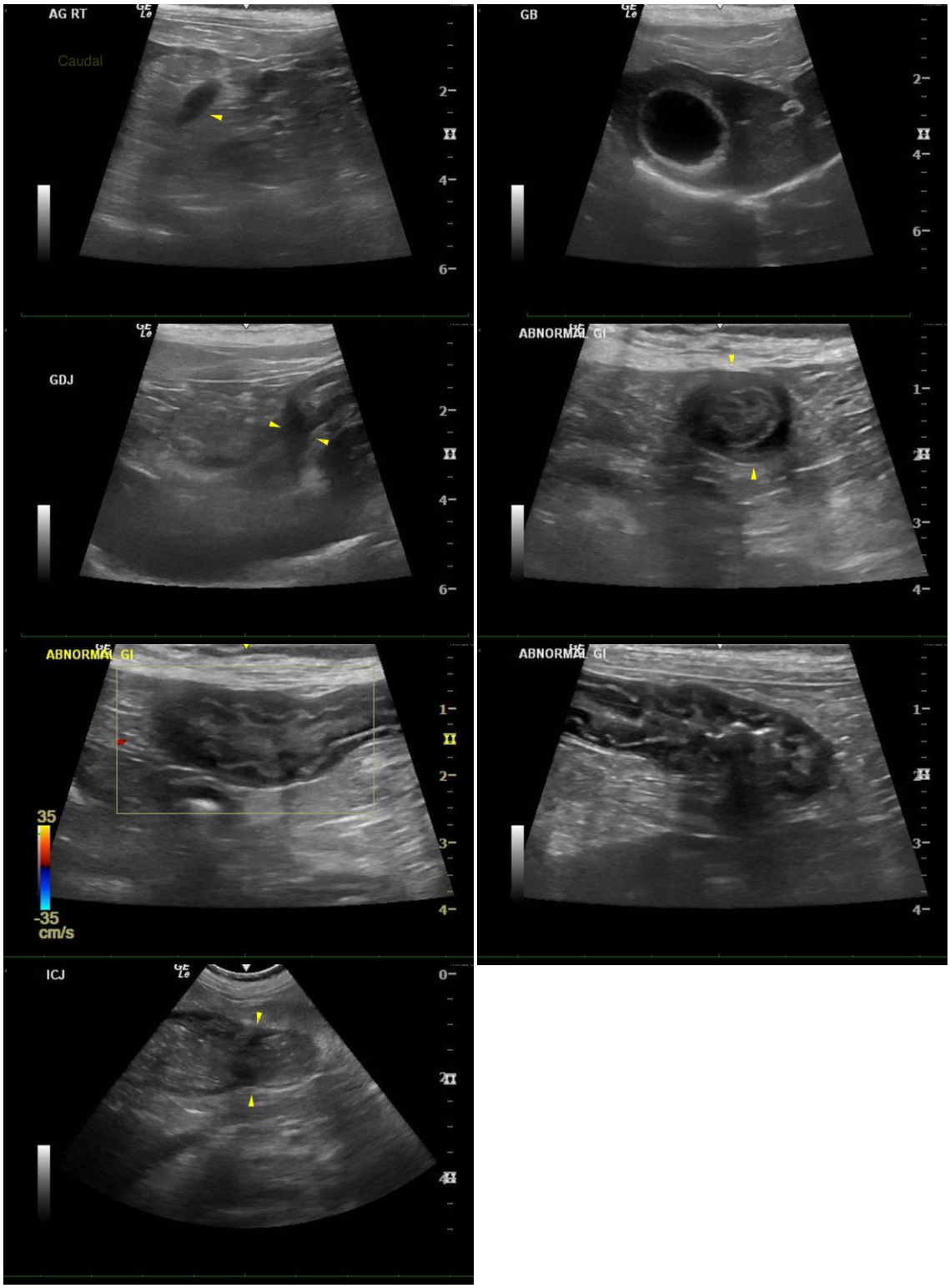

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the

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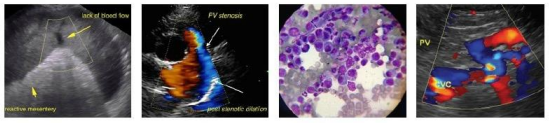

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image/video clips provided.

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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andrea.nicastro@sonopath.com