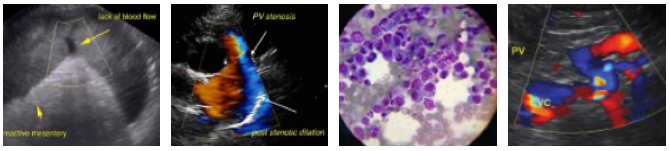

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Misty Meador

SPECIES
Canine

BREED
Pomeranian

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
4.69 lbs.

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

IMAGING PERFORMED BY
Dr. Acosta

HOSPITAL NAME
Companion AH

REFERRING VET
Dr. Acosta

INVOICE
14419

DATE
1/10/23

PRESENTING CLINICAL SIGNS

History: Vomiting and regurgitation since mid Dec. which was preceded with coughing and gagging by 2 weeks. V occurs after eating; v and regurg has progressed to daily. Almost 1 # weight loss since November. O describes left side of tongue hangs from mouth and doesn't move correctly.
Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic murmur, non-pruritic dermatitis with hyperpigmentation and scales +/- alopecia, thin, intermittent L head tilt (x 2 mos), dry cough with tracheal pressure Rads: enlarged cardiac silhouette, bone density object in cranial abdomen (12/19/22) Labs: Chem 10: incr BUN (60), incr globulin (3.7), incr BUN/Creat ratio (38) (12/19/22)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone appears normal.

The left kidney is normal size (3.08 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.04 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.34 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The caudal pole of the right adrenal gland is visualized and is normal size (0.31 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.94 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 normal in size with slightly swollen peripheral contours. The parenchyma is similar in echogenicity relative to the spleen. A 2.8 cm ill-defined hypoechoic area is observed approximately mid-liver. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is not definitively visualized in the available images.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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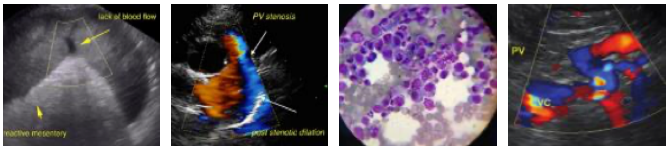

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

· The diffuse hepatic parenchymal changes are non-specific and could be secondary to vacuolar hepatopathy (i.e., endocrine, idiopathic), age-related remodeling or other hepatopathy. The ill-defined hypoechoic hepatic area may represent a regenerative nodule, an inflammatory focus or an emerging tumor.

· Mild bilateral, age-related renal changes with dystrophic mineralization.

*An obvious cause for the patient's clinical signs is not identified in this study. Given the history of regurgitation, esophageal disease (i.e., megaesophagus, underlying neurologic disease, endocrinopathy (i.e., hypothyroidism, hypoadrenocorticism), myasthenia gravis) are considerations along with other primary gastrointestinal diseases (i.e., inflammatory bowel disease, infectious/parasitic disease) with secondary esophagitis. The neurologic symptoms may be related to the regurgitation or may represent a separate, concurrent issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view survey thoracic radiographs are recommended to assess for megaesophagus.
- A barium esophogram, preferably via fluoroscopy, can also be considered. However, there is some risk of aspiration of barium during the procedure.
- A consultation with a board certified neurologist should also be considered.
- In the meantime, supportive care for esophagitis (i.e., proton pump inhibitor, sucralfate, bland diet with small frequent elevated meals) is recommended.

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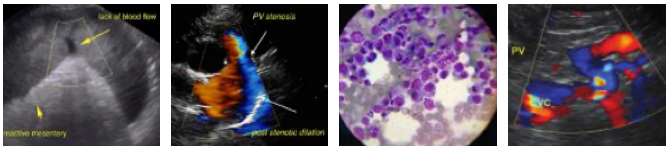

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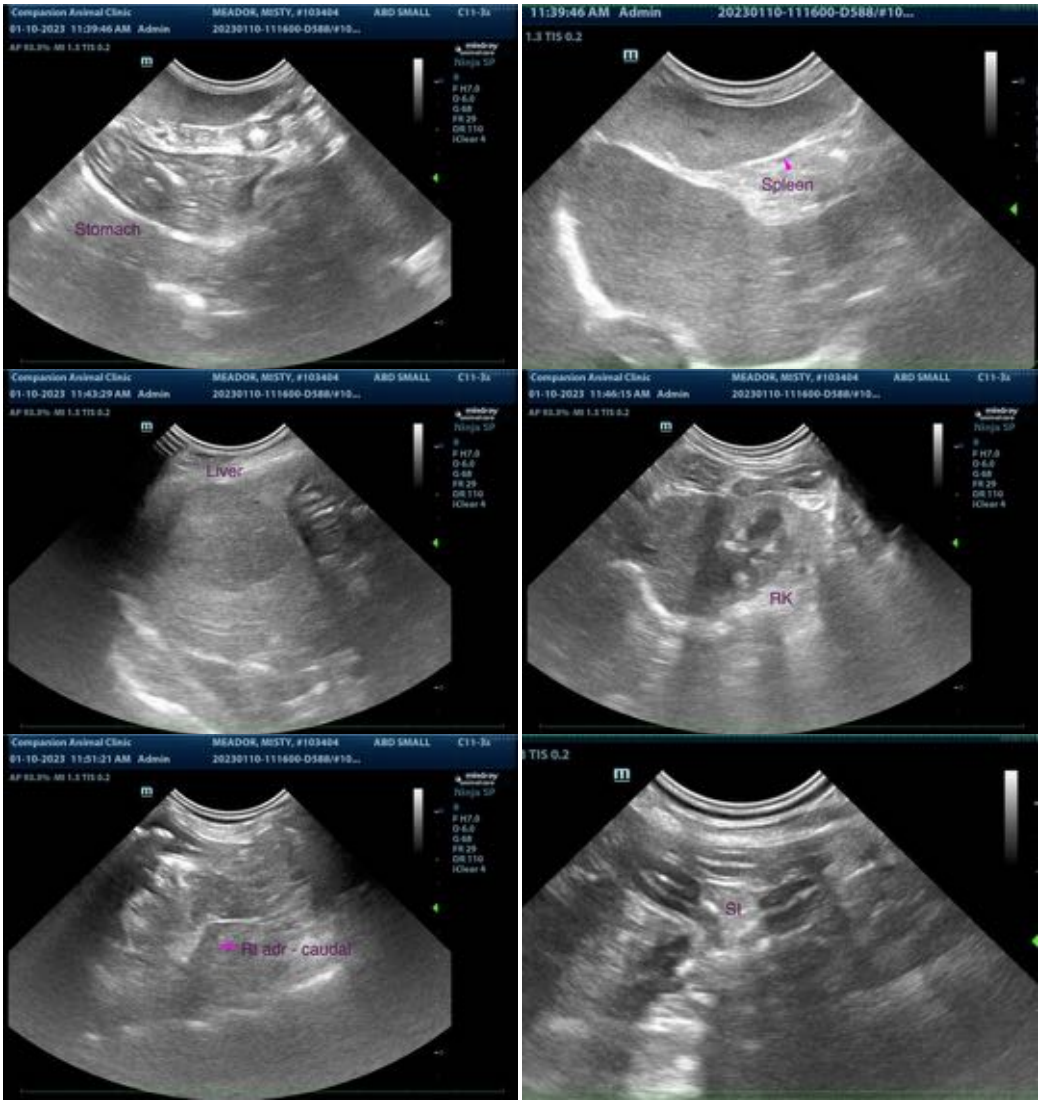

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com