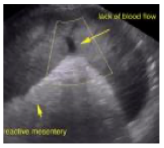
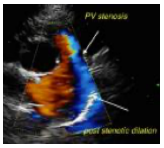
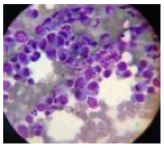
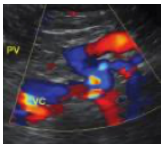

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1-800-838-4268 info@sonopath.com

PATIENT

Lily Anne Sanchez

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Spayed Female

AGE

11 years

WEIGHT

5.35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

12003

DATE

1.4.23

PRESENTING CLINICAL SIGNS

History: P has had diarrhea on and off for a month and also had constipation at one point had not had a BM for 13 days. P was given an enema. P did get Clavamox and Lactulose. Some mild lethargy. P is eating and drinking good. Blood seen in diarrhea.

Abnormal PE/Chem/CBC/UA Results/CBC: HCT 49.7% WBC 8.22 neut 4.74 plts 327
Chem 17: wnl
EPOC: HCT 48 Gluc 126 Cl 128 Na 161 K 4.0
iCa: 1.46 (elevated due to machine, not accurate)
lytes on catalyst to check: Na 153 K 3.8 Cl 120
Fecal to IDEXX
AUS to sonopath - STAT review

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 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 region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (3.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and 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 normal in size (0.84 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 distended. The wall is normal in thickness. A large amount of aggregated, echogenic, gravity dependent sludge is observed within the lumen. 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. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

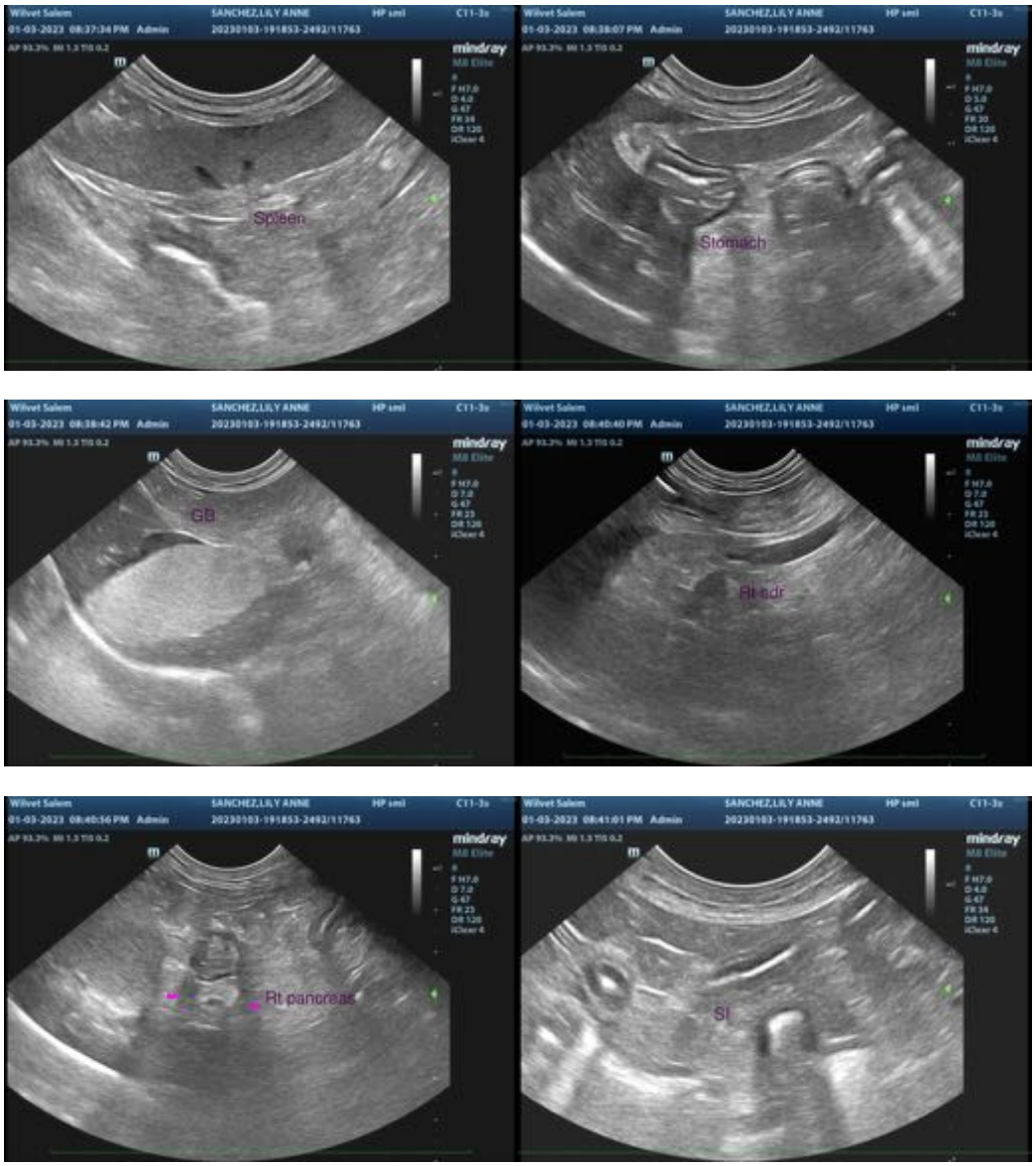
Primary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis.
- The gall bladder sludge could be consistent with cholestasis, fasting or a developing mucocele.
- Age-related pancreatic remodeling +/- fibrosis

  *An obvious cause for the patient's clinical signs is not identified in this study. Differentials include inflammatory bowel disease, infectious/parasitic disease, food allergy, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the chronicity of the GI signs, consider the following:
  - Prophylactic deworming with Fenbendazole, along with a probiotic and fiber supplement.
  - Fecal PCR infectious disease panel (in addition to the pending fecal evaluation).
  - Resting cortisol level can be performed to screen for atypical hypoadrenocorticism.
  - GI panel including serum cobalamin and folate, TLI and PLI (Send to Texas A&M).
  - Transition to a hydrolyzed protein or limited antigen diet.
  - Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Given the patient's age, thoracic radiographs should be performed prior to anesthesia.



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