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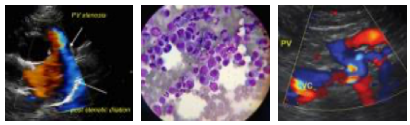

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DATE

10/18/21

PATIENT

Buddy Hernandez

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Male, neutered

AGE

6/29/2006

WEIGHT

8.54 kg.

INTERPRETED BY

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

HOSPITAL NAME

White Marsh AH

REFERRING VET

Dr. Danna

INVOICE

12362

PRESENTING CLINICAL SIGNS

History: Dry hacking cough off and on for about 1 1/2 years, 2-year hx of excessive panting. Owner states patient hacking/dry coughing has gotten worse in past few months. Lungs were clear at time of exam done. GI tract and abdomen was not palatable due to being hard and barrel shaped. DDX: Collapsing trachea, bronchitis, heart disease. LD radiograph revealed large spleen.

Current Medications: Cough Tablets- Give 1 tablet by mouth every 8 hours. Azithromycin Tablets 250mg- Give 1/4 tablet, every 24 hours by mouth for 14 days then re check. Glucosamine.
Lab Results: Not provided by the veterinarian.
Radiographs: Chest rads: Collapsing trachea, Mixed interstitial/bronchial pattern, possible mediastinal mass, dec abdominal detail on v/d. Lateral abd looks like huge spleen. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand and tiny calculi are observed within the lumen. The region of the trigone is normal. The proximal/prostatic urethra also contains sand/tiny calculi.

The prostate is normal in size (0.76 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous in appearance. No focal lesions are observed. Small ureteroliths are observed within the prostatic urethra. The prostatic urethra itself, however, is not overtly dilated.

The left kidney is normal size (4.28 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. Several small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (4.17 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. Several small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.50 cm at caudal pole) (1.22 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.

The right adrenal gland is normal size (0.45 cm at cranial pole) (0.48 cm at caudal pole) (1.29 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 normal in size (1.20 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 prominent in size with rounded peripheral contours. The parenchyma is isoechoic relative to the spleen. A few ill-defined hyperechoic and hypoechoic areas are observed within the parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A moderate to large amount of aggregated echogenic suspended sludge in a partially stellate pattern 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. No obstructive disease is noted.

Pancreas
The right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and diffusely mottled in appearance with several small hypoechoic nodules. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
B-lines are present within the thorax.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Gallbladder changes consistent with an emerging mucocele.
- 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.
- Cystic calculi and proximal urethroliths

Secondary Findings:

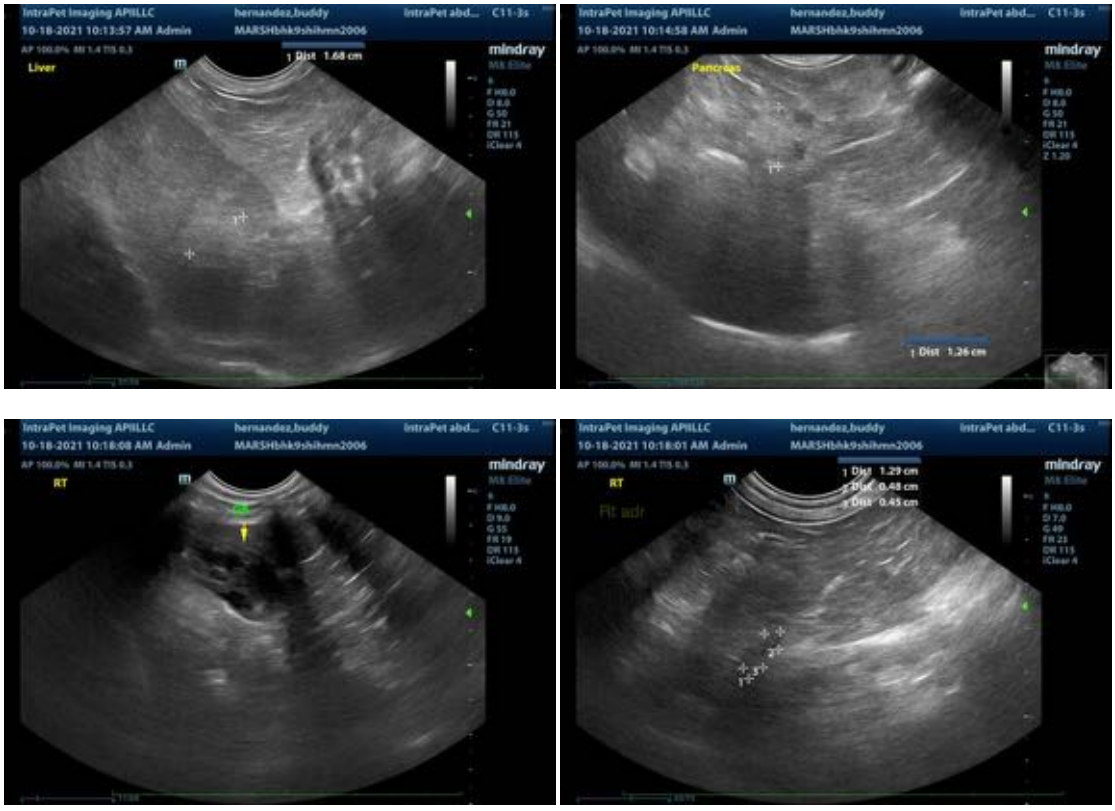
- Age-related renal changes with non-obstructive nephrolithiasis.
- The pancreatic changes are most consistent with age-related remodeling/fibrosis with probable nodular hyperplasia +/- concurrent low-grade pancreatitis. Pancreatic neoplasia is possible but considered less likely. Correlation with the patient's clinical signs is recommended.
- The presence of B-lines within the thorax is suggestive pulmonary parenchymal disease.

*There is no evidence of splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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Dist 0.59 cm
Dist 0.55 cm


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Liver
Stomach


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Spleen


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Prostate


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UB sand/stones


IntraPet Imaging APIILLC
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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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