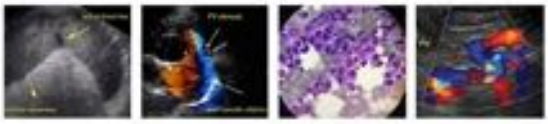


PATIENT

Mia Larson

SPECIES

Canine

BREED

Mini Poodle

SEX

Female, spayed

AGE

5 Years

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Sarah Behrens

INVOICE

14063

DATE

10/5/22

PRESENTING CLINICAL SIGNS

History: History: Episodes of vomiting, then tremors or focal seizure, increasing frequency: Screening for hepatic shunt/other cause of elevated TBIL and neurologic episodes. Additional Information: P owner is an employee

CBC WNL. APL 161, T-bili 0.9. Ammonia level normal. USG 1.016, no proteinuria, inactive sediment. T4 normal. Heartworm negative. Fecal negative. Glucose 62.

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

The left kidney is normal size (4.27 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 (4.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.48 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 (0.52 cm at caudal pole) (1.88 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.

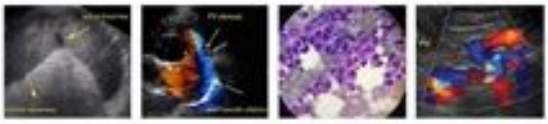
Spleen

The spleen is normal in size (1.64 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 slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. An approximately 1.14 cm ill-defined hypoechoic nodule is observed on the left side, at the caudal aspect. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 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

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

ULTRASONOGRAPHIC FINDINGS

- The hypoechoic hepatic nodule trends toward the benign (i.e., focus of nodular hyperplasia, other) with a lower possibility of an emerging tumor. The mild hepatomegaly could be due to, vacuolar hepatopathy, phenobarbital administration or other hepatopathy.

*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the neurologic signs, consider the following:
    - Pre- and post-prandial serum bile acids to further assess for hepatic dysfunction.
    - Baseline blood pressure measurement is also recommended.
    - T4/free T4 by equilibrium dialysis is also recommended, as hypothyroidism can be associated with seizure activity.
    - If the above diagnostics are inconclusive, consider referral to a board-certified neurologist for further workup (i.e., grain MRI +/- CSF tap).
- Regarding the GI signs, consider the following:
    1. A fecal evaluation for ova/Giardia
    2. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
    3. Resting cortisol level to screen for hypoadrenocorticism.
    4. Hypoallergenic diet trial +/- GI biopsies (i.e., endoscopic or surgical).

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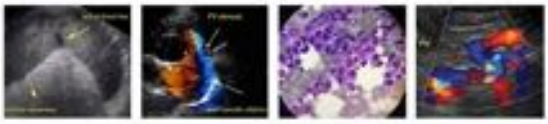

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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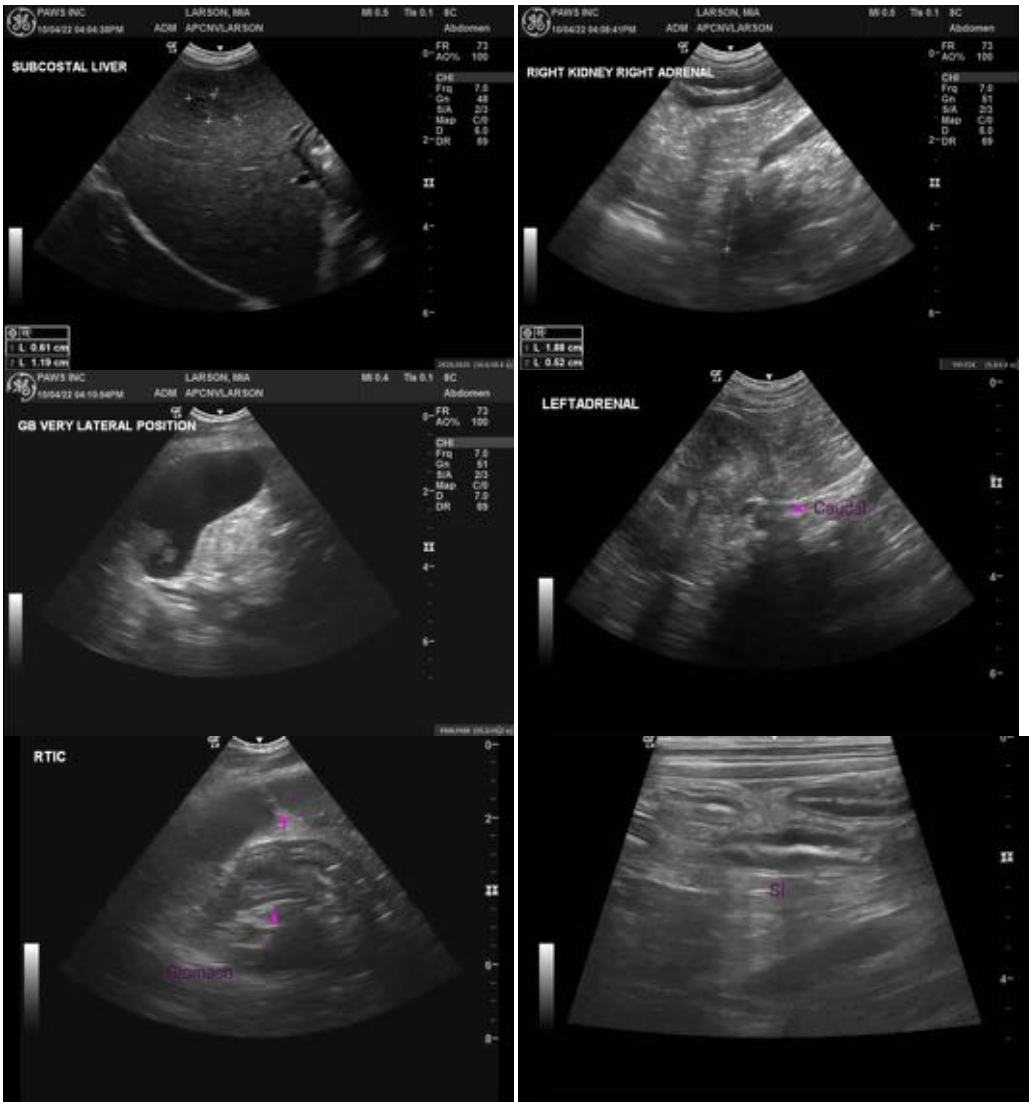

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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