

PATIENT PRESENTING CLINICAL SIGNS

Gir Kirby History: Had gall bladder sludge, has been on ursodiol for couple of years now has ongoing MVI TVI which are well managed with the cardiologist. He developed bloody diarrhea over the weekend. it's getting worse. Meds: Tylosin, metronidazole, Gabapentin, Ursodiol, Furosemide and Pimobendan

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached lab-work.

Hematocrit 34%. Regenerative anemia. Mild neutrophilia and monocytosis. Thrombocytosis. BUN is mildly elevated with a normal creatinine.

BREED

Pug X

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 0.65 cm cystic calculus is observed within the lumen. The remaining luminal contents are anechoic. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The region of the **prostate** is not visualized in its entirety due to its pelvic location. The cranial portion appears normal in size with normal parenchyma.

AGE

15 years

The left kidney is normal size (4.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A small cortical cyst is observed at the medial aspect. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

5.16 kg

The right kidney is normal size (4.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.46 cm at caudal pole) (1.77 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.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal size (1.04 cm at cranial pole) (0.52 cm at caudal pole) (1.75 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.

HOSPITAL NAME

Downtown AH

Spleen

The spleen is normal in size (0.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A small, ill-defined myelolipoma is observed in the region of the hilus. Splenic vasculature is normal.

REFERRING VET

Dr. Ahn

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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DATE

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PATIENT The gall bladder is mildly distended. The wall is normal in thickness. A moderate amount of echogenic to mineralized gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gir Kirby

SPECIES *Gastrointestinal*
 The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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.

Canine

BREED
 Pug X

SEX *Pancreas*
 The base and limbs of the pancreas are 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.

Neutered Male

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

15 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT *Primary Findings*

5.16 kg

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include acute hemorrhagic gastroenteritis, dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, underlying metabolic issue, other.

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Secondary Findings

- Cystic calculus
- Bilateral degenerative renal changes with nonobstructive nephrocalcinosis
- 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.
- Mineralized gall bladder debris – incidental
- Age-related pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the bloody diarrhea, a fecal evaluation for ova and Giardia is recommended +/- a fecal PCR infectious disease panel. Also consider prophylactic deworming with Fenbendazole.
- Supportive care for acute hemorrhagic gastroenteritis is recommended. If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a more comprehensive GI work-up may be warranted.
- 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



PATIENT

Gir Kirby

antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystostomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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Neutered Male

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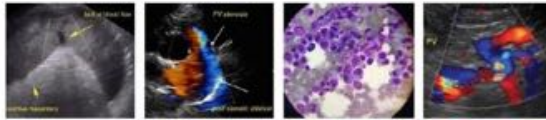
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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