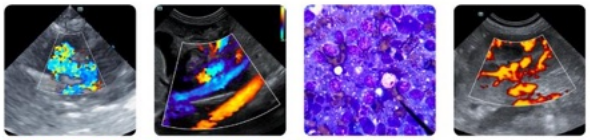

PATIENT

Peyton Werba

SPECIES

Canine

BREED

Mini Doberman Pinscher

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Smattmaincoon

HOSPITAL NAME

The Pets I Love

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Dr. Szpicek

INVOICE

13399

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: hx of IBD o is feeding purina HA Patient has some recent incidents of intermittent vomiting. Abnormal PE/Chem/CBC/UA Results: bun/creat / sdma 51/2.8/28.6 no urine obtained at this time ca 11.5 (-11.4) corrected ca 11.4 (albumin 3.6) cobalamin >1000 (p is on cobalequin supplements 1/4 t sid , rec decrease to eod) cbc shows 2 nRBC/ 100wbc

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*39 still images and 22 video clips are available for interpretation.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.38 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.

The right kidney is normal in size (3.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.19 cm in the longitudinal plane). Some echogenic debris is observed within the renal pelvis. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.33 cm at cranial pole) (0.44 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.

The right adrenal gland is normal in size (0.60 cm at cranial pole) (0.37 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.

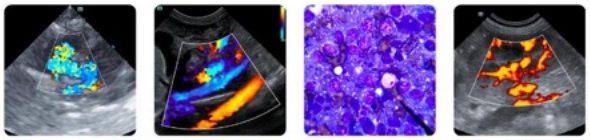
Spleen

The spleen is normal in size (0.86 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is variably thickened (up to 0.18 cm) and hyperechoic. A small to moderate amount of echogenic to mineralized debris +/- tiny non-obstructive



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choleliths are observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with ingesta and some shadowing material. The gastric wall is normal to borderline thickened (up to 0.34 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness 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 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.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific, age-related renal changes with subtle dystrophic mineralization. The right pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Gallbladder debris/sand +/- tiny non-obstructive choleliths (non-mucocele). The mild gallbladder wall thickening is suggestive of cholecystitis.
- The gastric wall changes may be a normal variant for this patient or may be secondary to gastritis. The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, consider the following:
  1. Urinalysis with culture and sensitivity
  2. UPC (if proteinuria in the absence of infection)
  3. Baseline blood pressure measurement
  4. +/- Leptospirosis testing particularly if clinical suspicion for disease is high

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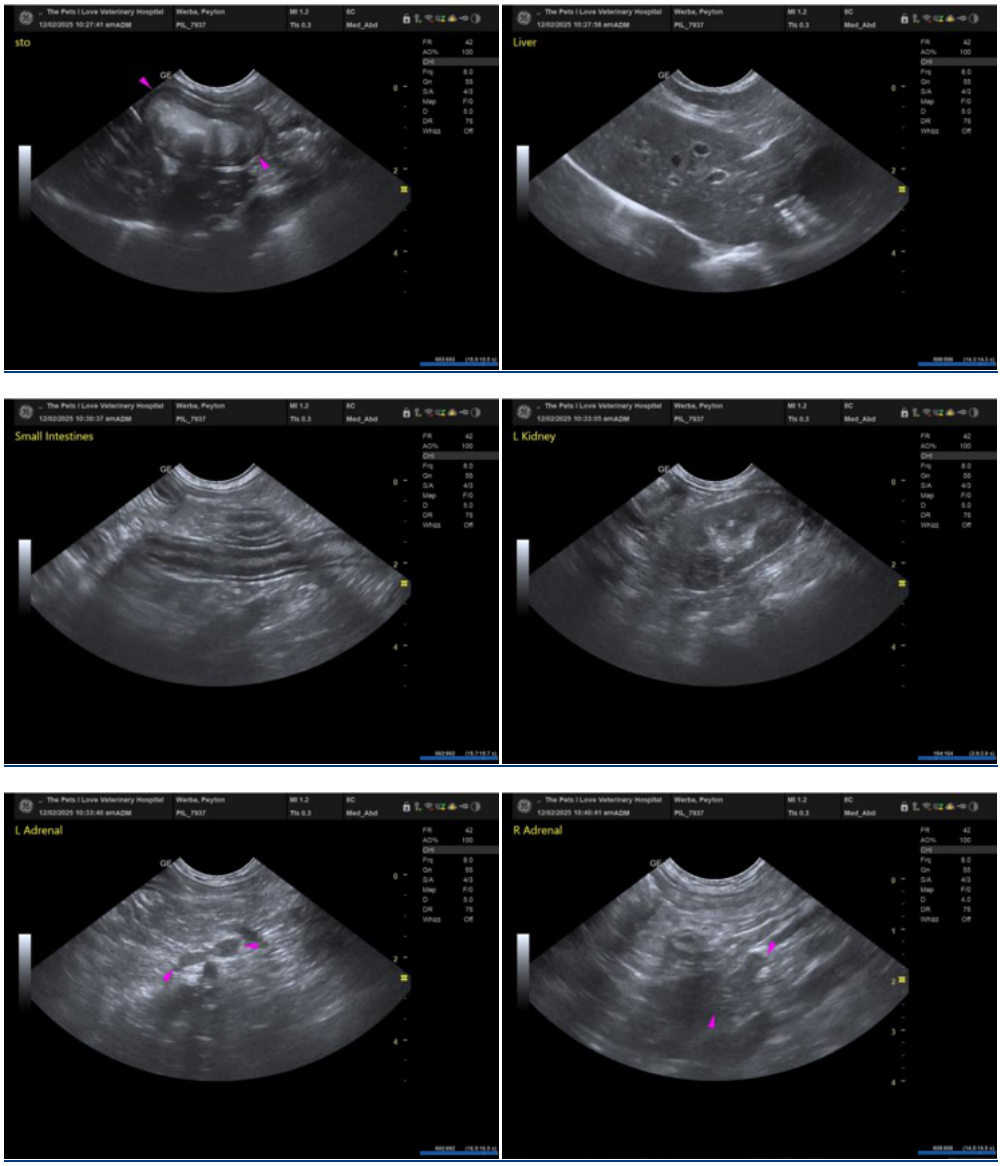
5. Serial monitoring of the patient's renal values is recommended to assess progression of the azotemia.

- Regarding the intermittent vomiting, supportive for gastritis is recommended. If clinical signs persist, further GI workup (i.e., cPLI, endoscopic or surgical GI biopsies) may be indicated. Three-view thoracic radiographs are recommended prior to any anesthetic event.



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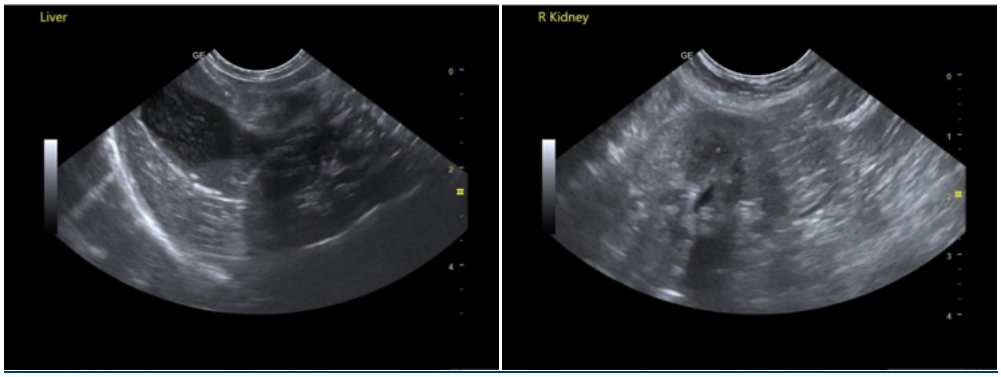

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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