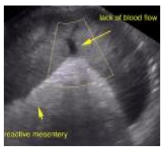
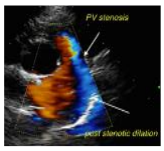
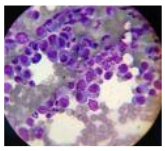
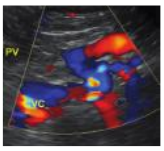
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Piffington Xenakis

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

14 years

WEIGHT

94 Lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Lovell

INVOICE

10090

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: Inappetence, weight loss, tarry stools. Current meds: Dexdom/torb for U/S-fractious, Soloxine started 1wk ago.
Abnormal PE/Chem/CBC/UA Results: low T4, FT4, elevated TSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 prostate is normal in size (1.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.38 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Numerous mineralized foci are observed throughout the cortex. .Several hyperechoic shadowing diverticular foci are seen. A few cortical cysts are observed, the largest measuring 1.38 cm in diameter. Mild to moderate pyelectasia is present (0.54 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.34 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Numerous mineralized foci are observed throughout the cortex. Several hyperechoic shadowing diverticular foci are seen. A few cortical cysts are observed, the largest measuring 1.67 cm in diameter. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.67 cm at caudal pole) (3.24 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 mildly enlarged (0.95 cm at cranial pole) (1.27 cm at caudal pole) (2.38 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

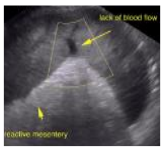
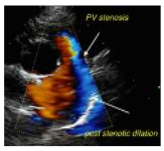
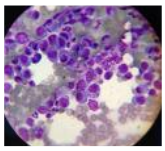
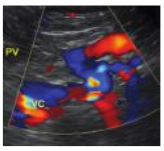
The spleen is subjectively normal in size (2.79 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. The parenchyma is of normal echogenicity and echotexture. Numerous small, linear, hyperechoic to mineralized foci are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Piffington Xenakis

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

14 years

WEIGHT

94 Lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Lovell

INVOICE

10090

DATE

12/30/21

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 small intestinal lumen is segmentally distended with fluid and/or chyme. 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 obvious 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.

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

- Suspected segmental small intestinal ileus

ULTRASONOGRAPHIC FINDINGS

Secondary Findings

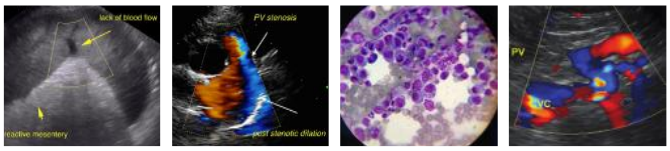
- Dystrophic mineralization of the spleen. This finding is typically associated with endocrinopathies.
- The mild right adrenomegaly could be consistent with nodular hyperplasia, or less likely, an emerging neoplastic process.
- Bilateral age-related renal changes with dystrophic mineralization and cortical cysts.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Malabsorption panel including serum and cobalamin and folate TLI and PLI.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Consider a resting cortisol level to screen for hypoadrenocorticism, although this is unlikely given the right adrenomegaly.
- Ultimately endoscopic or surgical gastric biopsies may be necessary to get a definitive diagnosis. Endoscopy would be useful in evaluating for upper GI mucosal lesions/small tumors.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Piffington Xenakis

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

14 years

WEIGHT

94 Lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

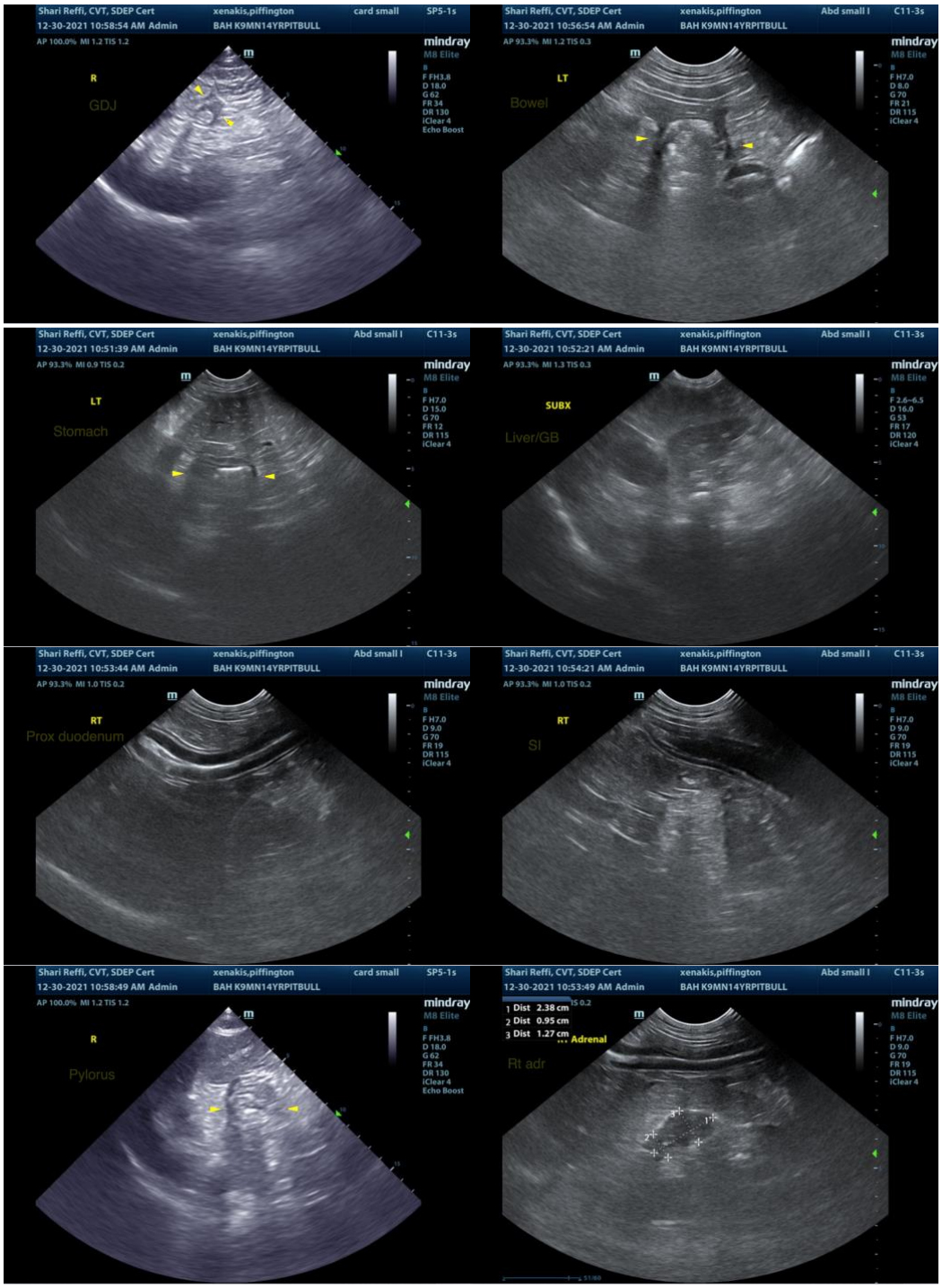
Dr. Lovell

INVOICE

10090

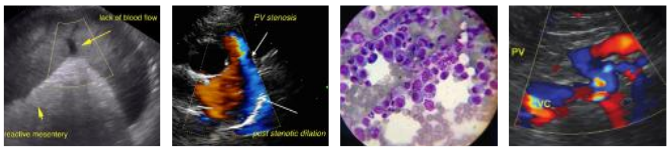
DATE

12/30/21



2.7 2.7

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Piffington Xenakis

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

14 years

WEIGHT

94 Lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

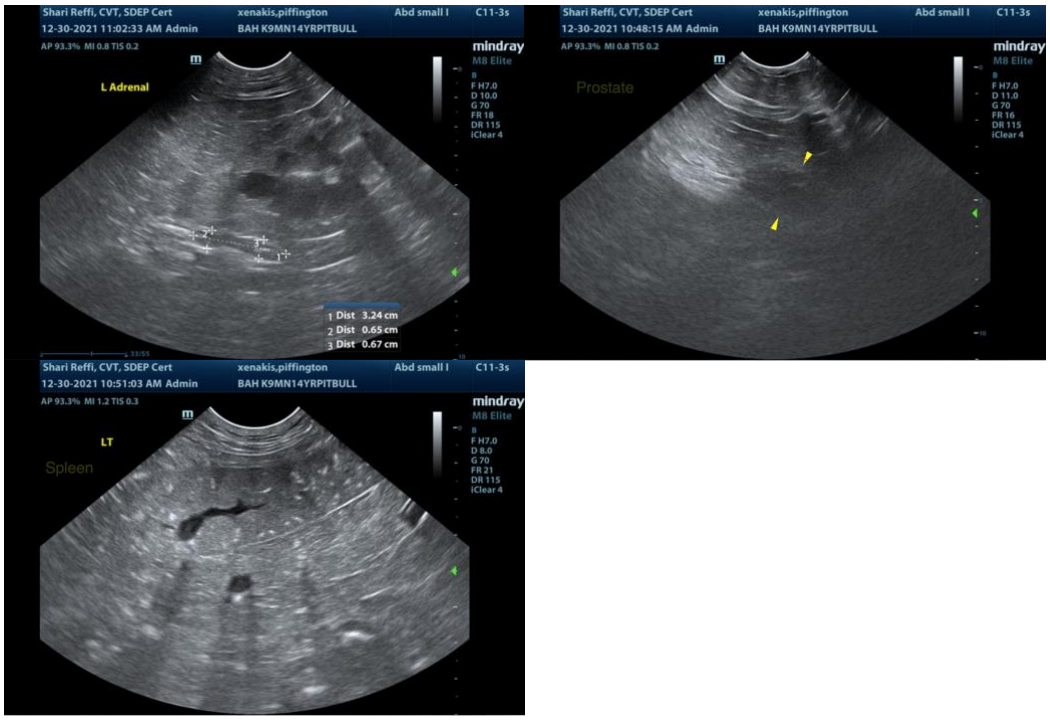
Dr. Lovell

INVOICE

10090

DATE

12/30/21



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com