Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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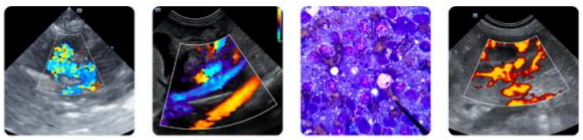

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Winston Sansonetti

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

05/05/2011

WEIGHT

5

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VC of Myrtle Beach

REFERRING VET

Dr Rebeccah Rodger

INVOICE

22222

DATE

12-5-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Primary concerns: weight loss (1 lb in 1 year, ~17% of body weight), muscle atrophy, PU/PD, dermatitis - no v/d, good appetite

PE showed:
- BCS 3/9
- moderate cachexia
- mild dehydration
- no abdominal pain/overt masses
- mild crusting dermatitis and hypotrichosis over dorsum
- other: missing most teeth, heavy calculus on remaining two canines; bilateral cataracts

Abnormal lab-work values: Chemistry: BUN 33 (H), SDMA 16.8 (H), Crea 0.7 (hx of mild chronic uremia), PSL 255 (H)
CBC: neut 11,771 (H), PLT 611 (H)
UA (from ground at home): S.G 1.027; pH 5.5, trace protein, 1+ blood, moderate CaOx dihy. crystals (refrigerated sample)

u-bladder u/s: small nodule appreciated on dependent aspect of lumen wall
Current Medications: Fortiflora SID, trazodone SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 visible portion of the proximal urethra are normal.

The prostate is normal in size (0.70 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 (3.11 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths area visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths area visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm at cranial pole) (0.36 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 (0.48 cm at cranial pole) (0.42 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.

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Spleen
The spleen is normal in size (1.01 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth A small amount of echogenic-to-mineralized adhered debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly fluid-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. One-to-two jejunal segments are mildly-to-moderately plicated. The small intestinal wall is normal to mildly thickened (up to 0.37 cm). with retention of the normal layering pattern. There is evidence of slight mucosal speckling in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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.

Lymph Nodes
Two-to-three prominent mesenteric lymph nodes are visualized (one measuring 0.83 x 0.39 cm).

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall thickening could be consistent with an underlying enteropathy (i.e., inflammatory bowel disease, infectious/parasitic disease, food allergy/intolerance, lymphangiectasia) or may be a normal variant for this patient.

Secondary Findings

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

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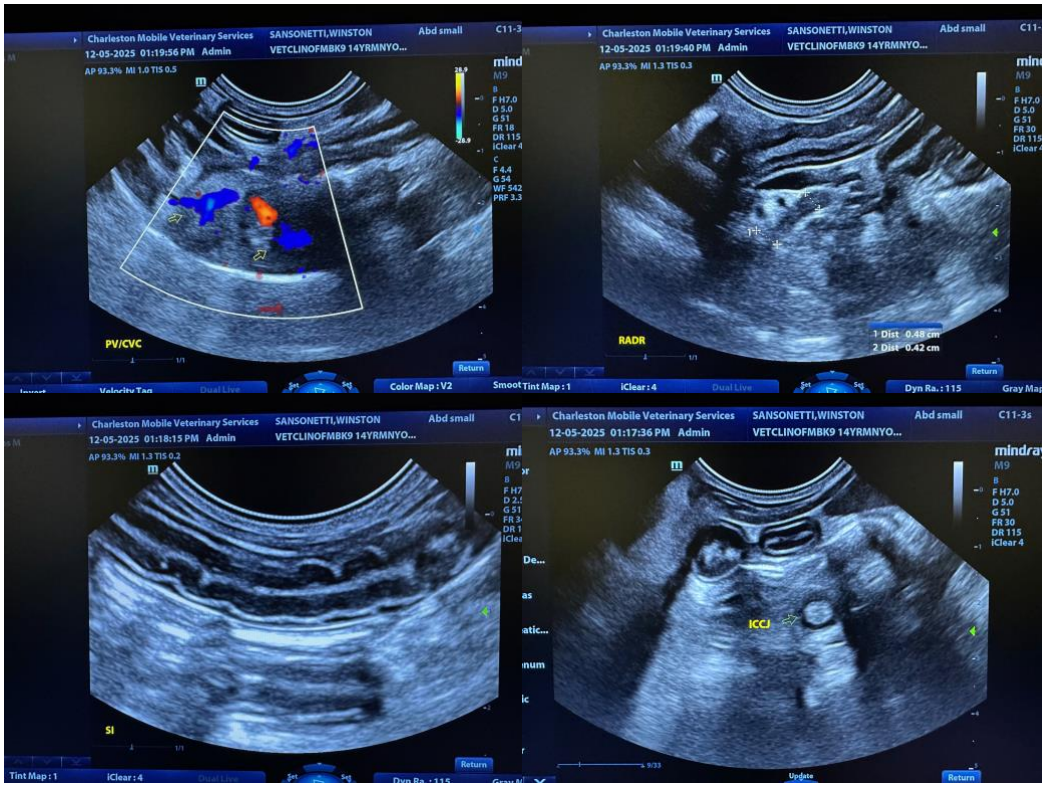
- Gallbladder debris/sand/sludge, non-mucocele
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include maldigestion/malabsorption, sarcopenia, occult neoplasia, underlying metabolic issue, orthopedic or neurologic, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of weight loss.
- Three-view thoracic radiographs should be considered to assess for occult pathology in the chest.
- Consider a GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level, along with a fecal evaluation for ova and Giardia.
- Depending on the results of the above diagnostics, further work-up may be indicated.



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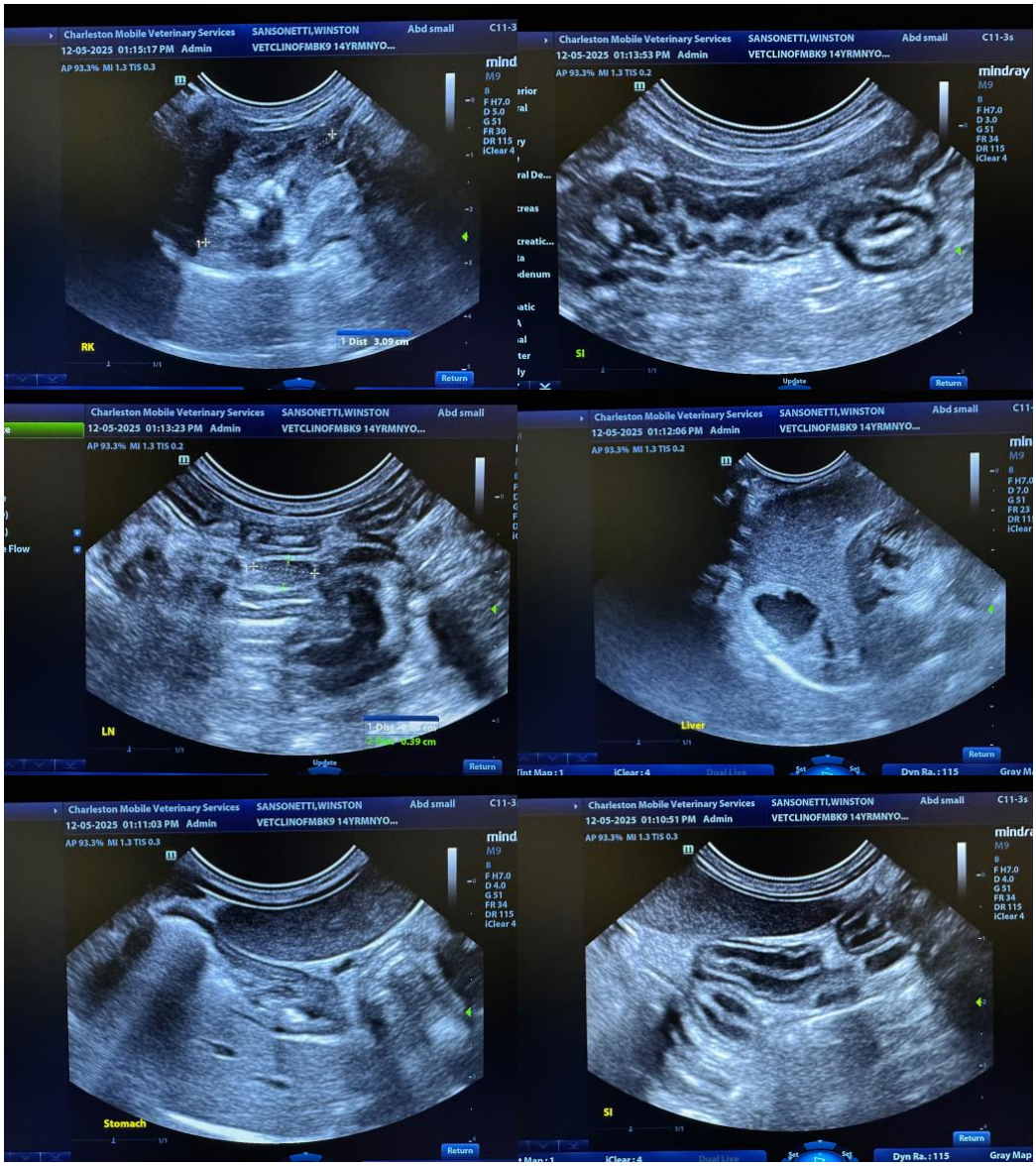

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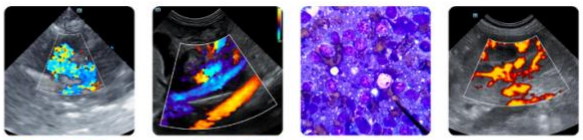

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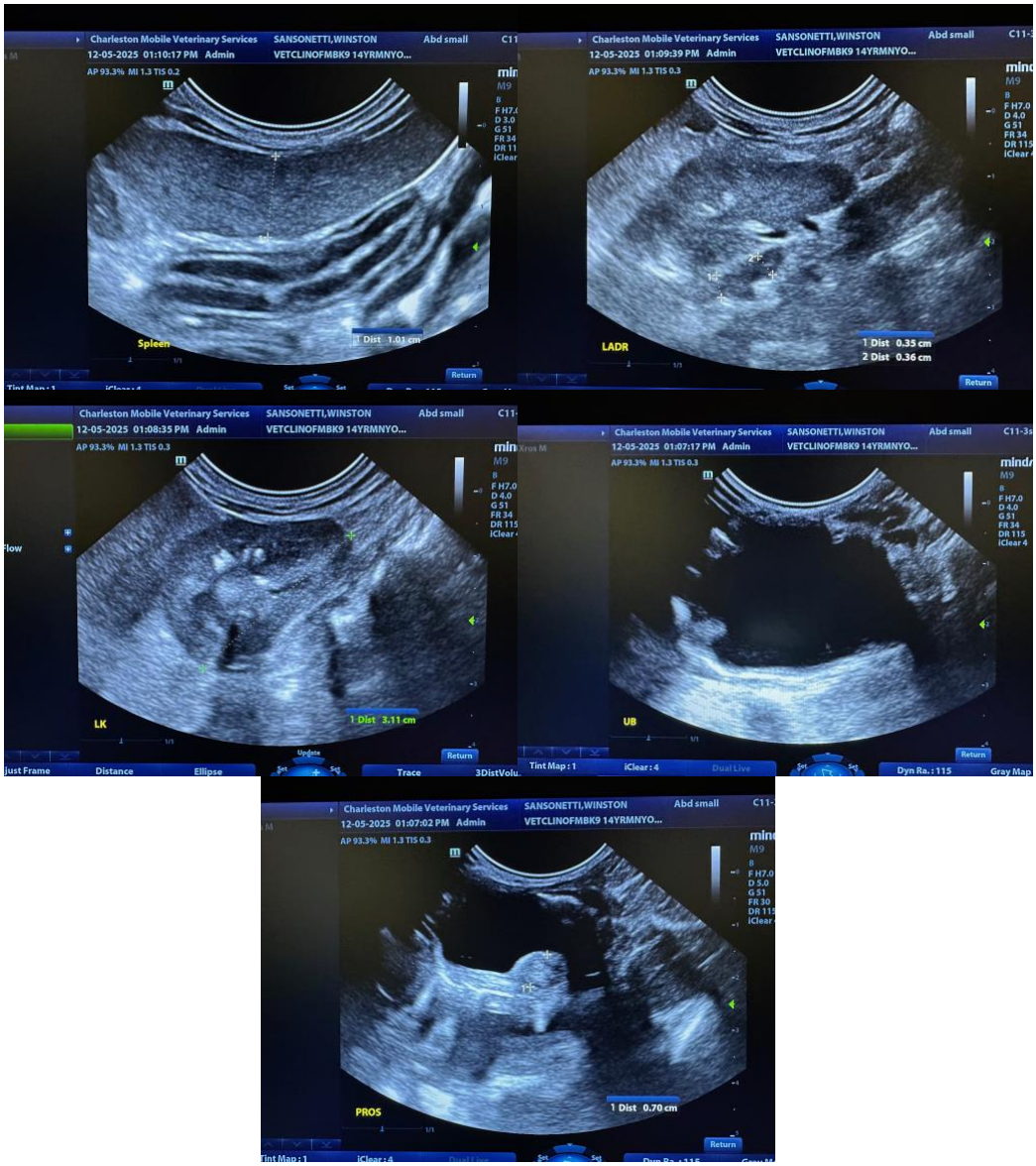

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com