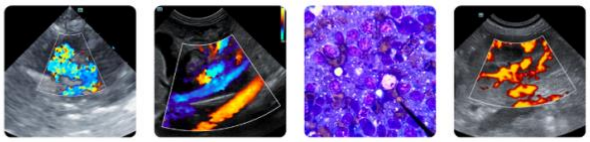


PATIENT

Rosco Chandler

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

4

WEIGHT

6.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Carver

INVOICE

22485

DATE

2-1-26

PRESENTING CLINICAL SIGNS

History: P presented for bleeding around the gums and anorexia. P was neutered 2 months ago and has had a decreased appetite since then. Not eating at all for the last 1.5 weeks. Went to rDVM on Friday and had bloodwork but was sent out and no results yet. P is lethargic. P has been V+ since 2 weeks post neuter per o. Had D+ one time.

Abnormal PE/Chem/CBC/UA Results: PE: hypothermia, BCS 3/9, severely dehydrated Bloodwork: Baseline Cortisol >30.0 CPL - Normal CBC - Lymphocytopenia, eosinopenia, HCT 61.1% Chem - BUN >140.0, Crea 19.4, Phos >15, Glob 4.1, Glu 204, TCHO 350, TBIL 1.3 EPOC - pO2 59.5, HCO3 10.9, TCO2 10.7, pH 7.133, BE -18.2, Na 129, K 5.8, Ca 0.89, Creat >15, BUN >120, Glu 173, HCT 57% (Na/K ratio - 22) PCV/TS - 60%, 9 Radiographs: CONCLUSION: Mildly poorly formed feces could be attributed to developing soft stool. The gastrointestinal tract is otherwise unremarkable; this study is negative for mechanical obstruction or definitive foreign material. Mild prostatomegaly, likely attributed to benign prostatic hyperplasia Abdominal sonography may be helpful for further assessment

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 mostly 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 prostate is normal in size (0.50 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 (4.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band (corticomedullary rim sign) is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.02 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band (corticomedullary rim sign) is observed adjacent to the corticomedullary junction. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

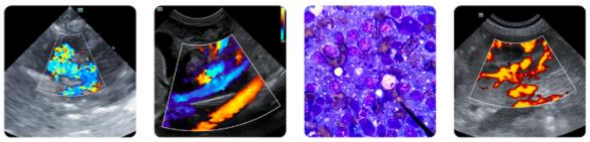
Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.50 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 (1.06 cm at cranial pole) (0.43 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 (1.28 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.



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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.

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

Gastrointestinal

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 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

The corticomedullary rim sign see in both kidneys, in conjunction with the patient's clinical history is consistent with a bilateral nephropathy. Differentials include infection, toxicity, hypotensive event, emerging neoplasia (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, particularly if clinical suspicion for disease is high.
- Other considerations include the following:

1. Urinalysis with culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. Baseline blood pressure measurement
4. IV fluid diuresis and supportive care, with close monitoring of the patient's renal values to assess progression of the azotemia

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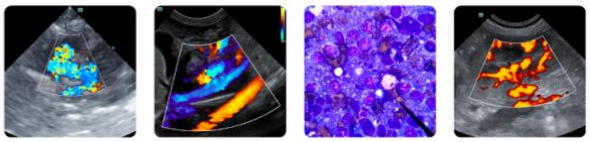

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SonoPath.com info@sonopath.com 1.800.838.4268

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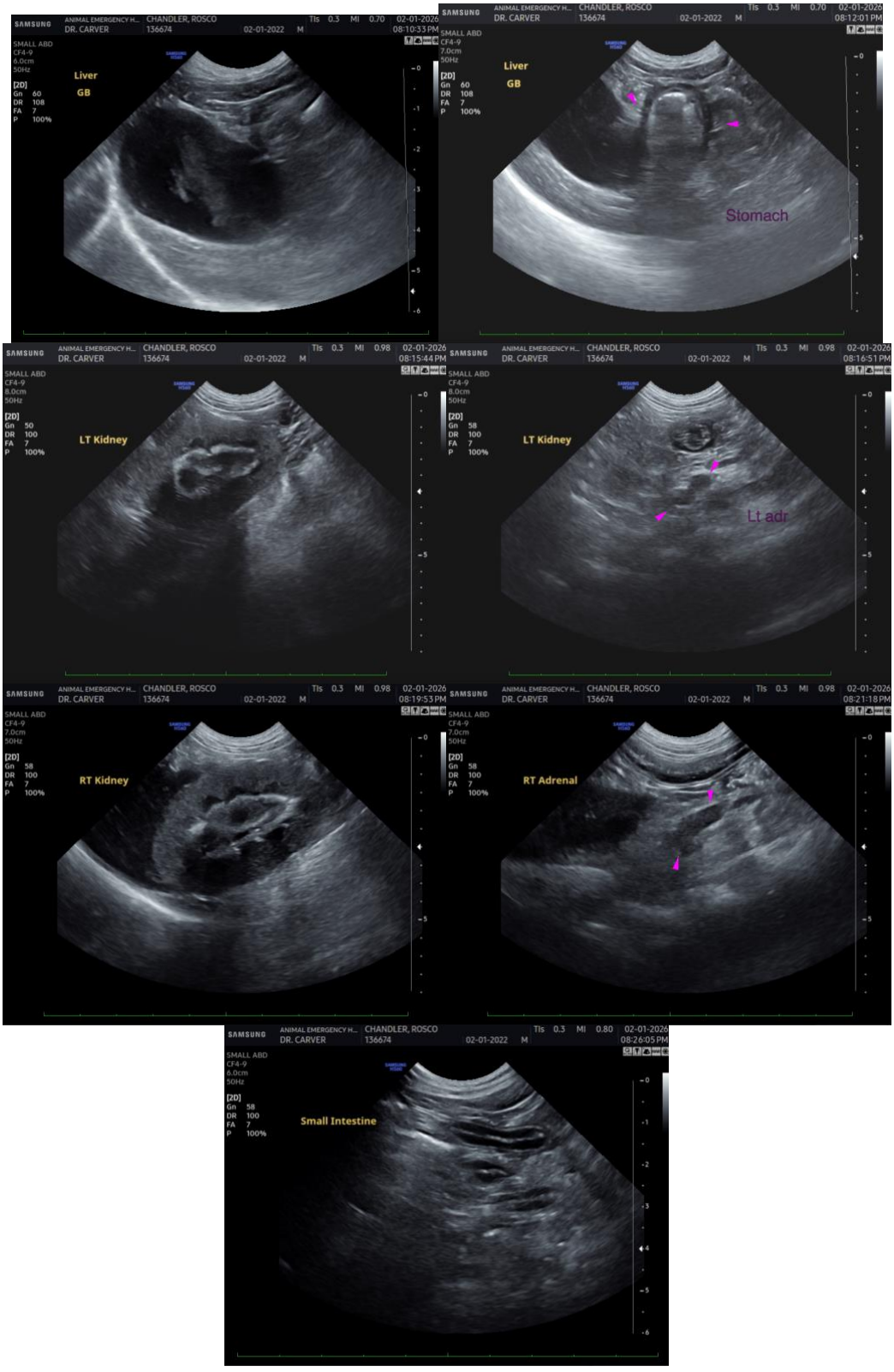

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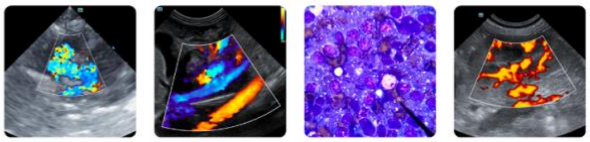

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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