**PATIENT**

Cooper Stayrook

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 years 1 mo

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield PH-Leesburg
Village

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10310

DATE

2/10/22

PRESENTING CLINICAL SIGNS

History: Weight loss, elevated ALKP, decreased appetite, chronic kidney disease, and urinary bladder thickening

Abnormal PE/Chem/CBC/UA Results: (01/12/2022) CHEM: ALKP 956, CREA 1.9, TBIL <0.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly distended. The wall in region of the apex is mildly thickened (up to 0.41 cm), and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.34 cm in length) (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to poor corticomedullary distinction. A few cortical cysts are visualized. Several nonobstructive nephroliths are present. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (2.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to poor corticomedullary distinction. A few cortical cysts are visualized. Several nonobstructive nephroliths are present. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.74 cm at cranial pole) (0.57 cm at caudal pole) (1.98 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 borderline enlarged (0.56 cm at cranial pole) (0.56 cm at caudal pole) (1.56 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.

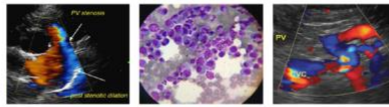
Spleen

The spleen is normal in size 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 swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance with several ill-defined hypoechoic nodules throughout the organ. Intrahepatic biliary stones are present. Hepatic vasculature is normal with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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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 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. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic 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**

- Pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling +/- fibrosis.
- Benign hepatopathy. Regenerative nodular hyperplasia and vacuolar hepatopathy are the top differentials. Intrahepatic biliary stones – incidental.

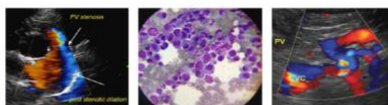
Secondary Findings

- Mild bilateral adrenomegaly.
- Bilateral nephropathy with nonobstructive nephrolithiasis and cortical cysts.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.

**Overall, sonographic changes are similar to the previous scan.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- See recommendations from the January 19, 2022 ultrasound report.
- Also consider palliative treatment such as an appetite stimulant and gastric protectants (i.e., proton pump inhibitor).



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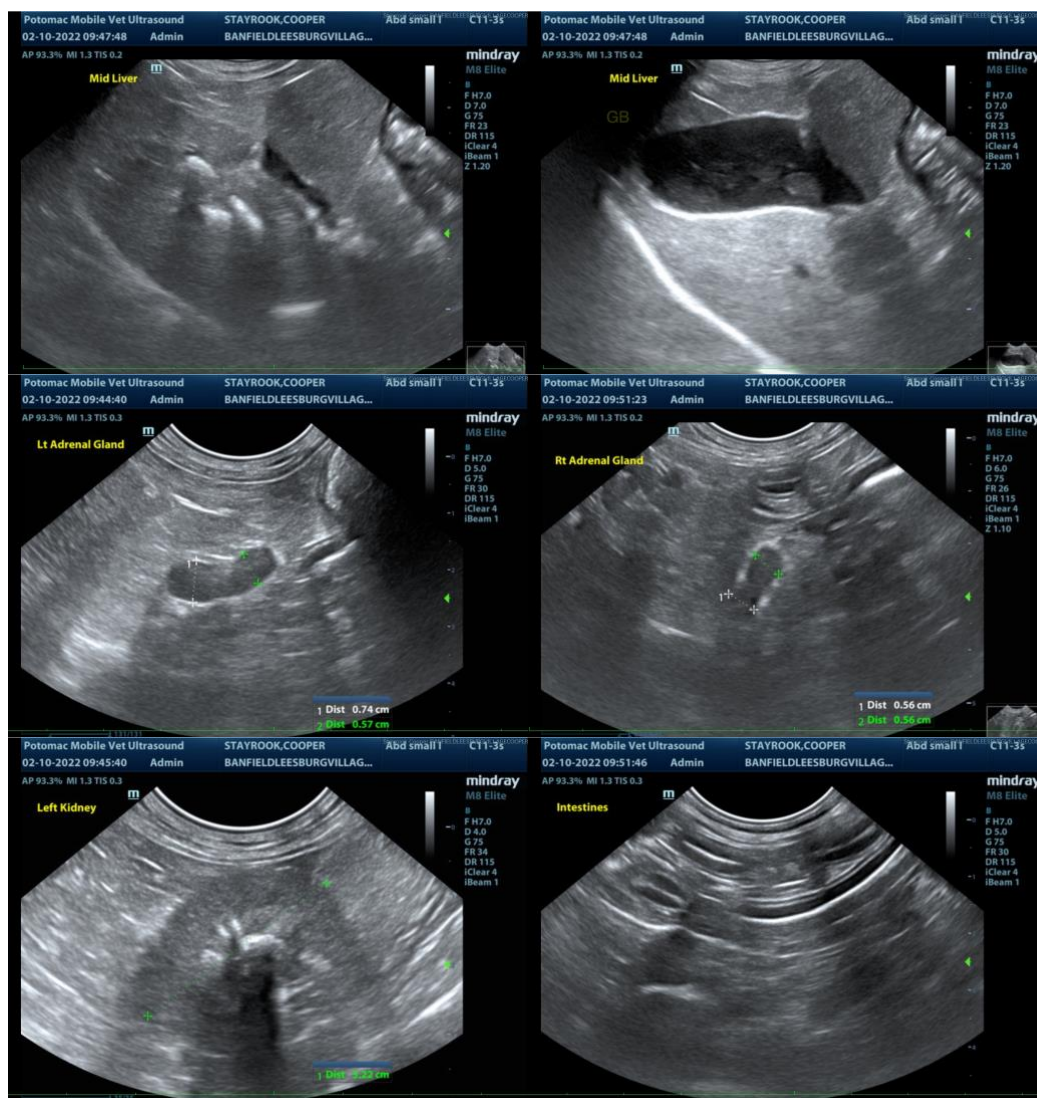
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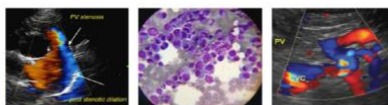
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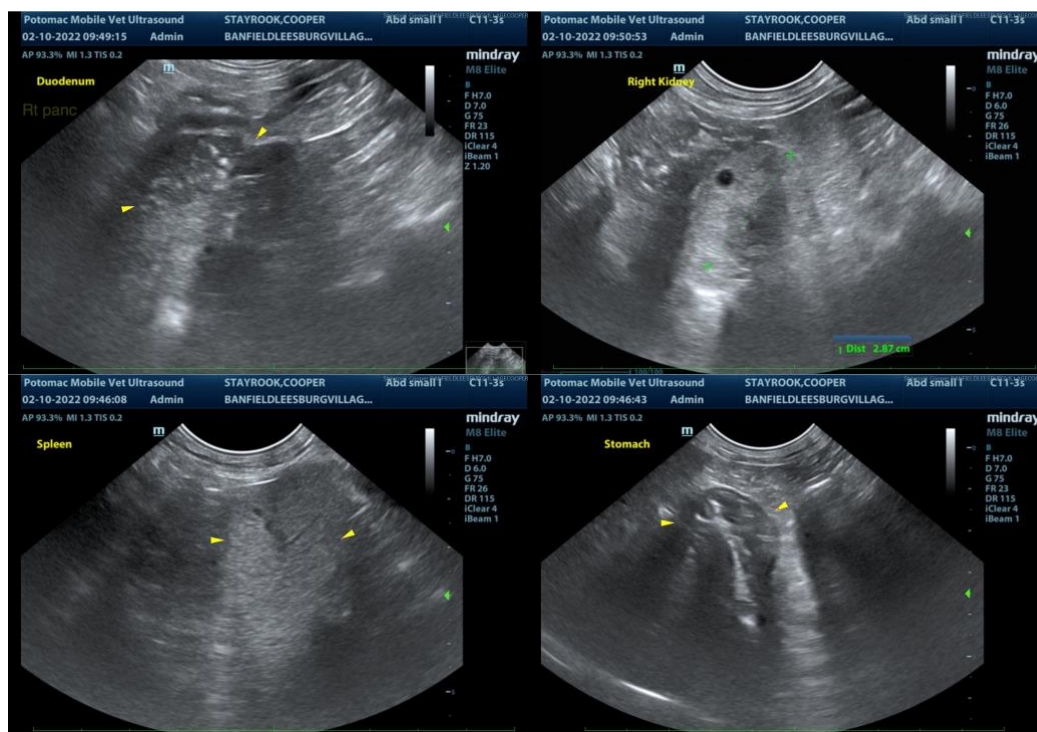
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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