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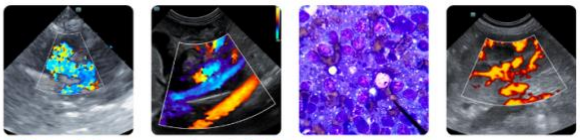

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Penn Terwilliger

SPECIES

Neutered Male

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14

WEIGHT

11.36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr Wolf

INVOICE

22542

DATE

2-11-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Cardiovascular - murmur 4/6, normal rate/rhythm, synchronous pulses
Respiratory - lungs clear, no crackles or wheezes. No coughing or sneezing. No nasal discharge.
Abdomen - soft, non-painful, no palpable organomegaly, masses, or other abnormalities
Msk - Decreased muscle mass 2/3 MCS - ambulatory x4, no lameness noted. No pain on palpation or manipulation of joints, spine or tail jack. Trembling of the hind end.
Teeth/oral - Missing teeth - enamel defect on 304 - moderate to severe dental calculus, dental tartar, gingivitis
Muscle mass loss/weight loss r/o CKD, other systemic/endocrine disease, neoplasia vs GI disease vs other
Intermittent facial swelling near zygomatic arch r/o tooth root abscess vs trauma vs neoplasia vs other - resolved at time of appointment
Grade 4/6 LAS heart murmur r/o mmvd vs other
Abnormal lab-work values: n/a
Current Medications: n/a

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. A scant amount of suspended echogenic debris is observed within the lumen. 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 (1.00 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 (4.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.67 cm at cranial pole) (0.74 cm at caudal pole) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.90 cm at cranial pole) (0.49 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 (0.92 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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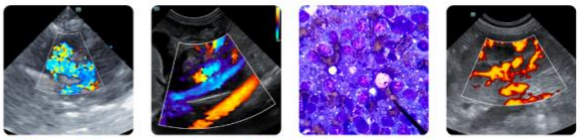

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Liver

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

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 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.
- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for causes of weight loss, consider the following:

1. Orthopedic and neurologic examinations to assess for nonmetabolic causes of weight loss
2. Three-view thoracic radiographs to assess for occult pathology in the chest
3. Fecal evaluation for ova and Giardia
4. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
5. Depending on the results of the above diagnostics further work-up may be indicated.

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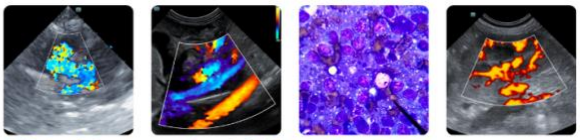

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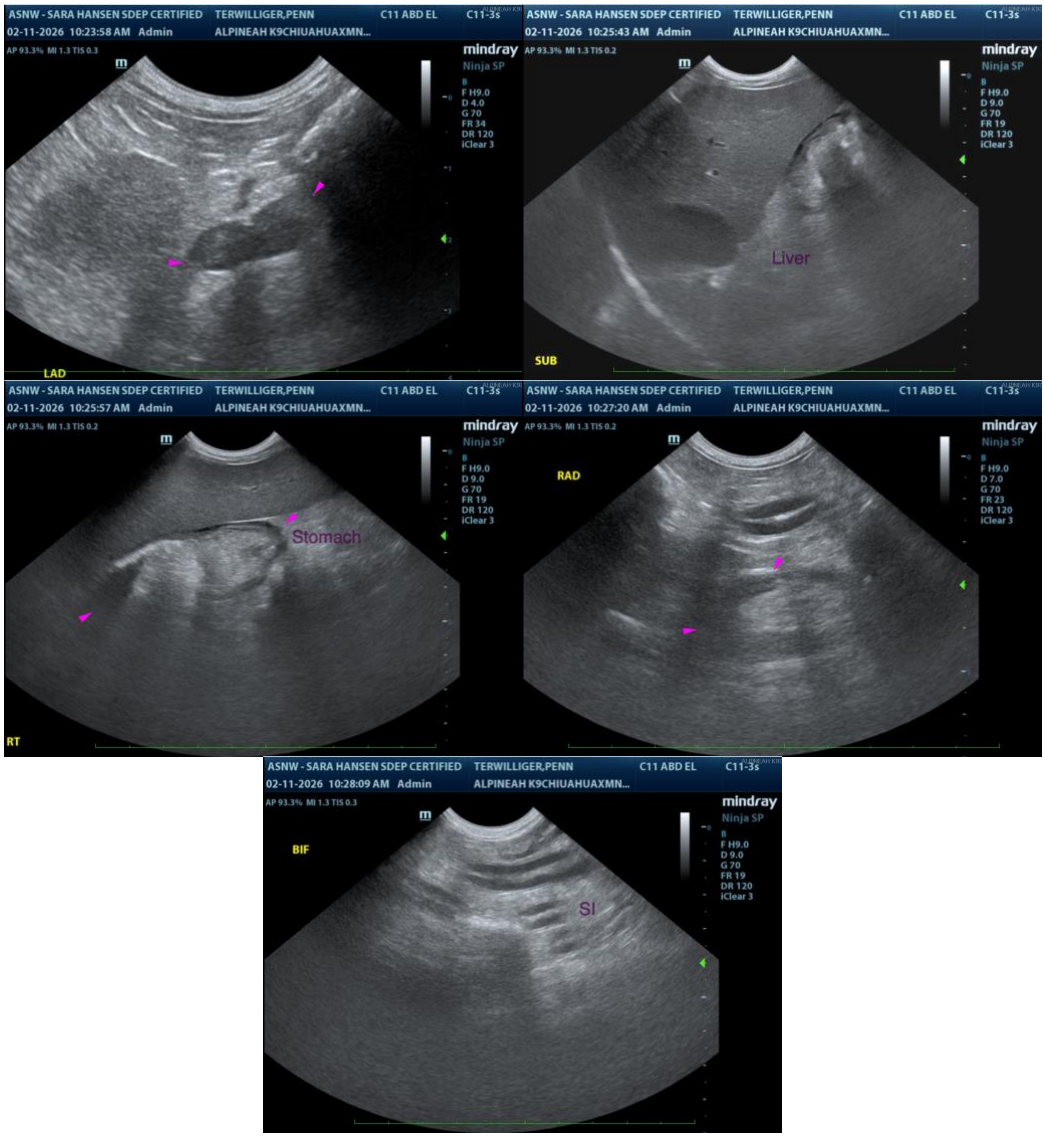

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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