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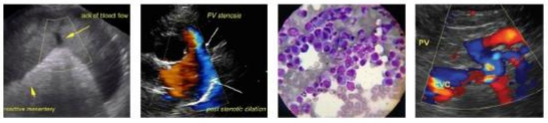

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ruby McCormick

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

8 years

WEIGHT

48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

.oetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr India Vannini

INVOICE

10422

DATE

2/18/21

PRESENTING CLINICAL SIGNS

History: Was acutely panting 1/10/2022, so radiographs were taken. Report: acutely panting since Friday. Differential Diagnosis* ?? Findings: 3 view thoracic and abdominal radiographs (7 images) dated January 10, 2019 are available for interpretation. There are no prior studies available for comparison. Radiographic findings: THORAX: The cardiovascular structures, cranial mediastinum, pulmonary parenchyma, and pleural space are normal. No soft tissue pulmonary nodules or masses identified. There is no evidence of thoracic lymphadenomegaly. The musculoskeletal structures are normal.

ABDOMEN: Abdominal serosal detail is normal. The stomach contains a moderate volume of heterogeneous soft tissue opaque material. The small bowel contains a small volume of gas without evidence of pathologic dilation. The colon contains material consistent with normal feces. The liver, spleen, kidneys, and urinary bladder are normal. The musculoskeletal structures are normal.

Assessment: 1. Normal thorax. There is no evidence of cardiomegaly, pneumonia, or pulmonary metastatic disease. 2. Normal postprandial abdomen A cause for the patient's described panting is not identified radiographically. Rule out anxiety, pain, or hyperadrenocorticism as potential etiologies Returned 2/16/2022 for vomiting x 6 days even on a bland diet. Sedated for AUS. On cerenia, gabapentin, carprofen, metronidazole

Abnormal PE/Chem/CBC/UA Results: AMYL 499 U/L L 500 - 1500 LIPA 1853 U/L H 200 - 1800
Sodium 161 mmol/L H 144 - 160

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 left kidney is normal size (5.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.89 cm at cranial pole) (0.63 cm at caudal pole) (2.81 cm in length); with a relatively normal shape. A 0.63 x 0.60 cm hyperechoic nodule is observed at at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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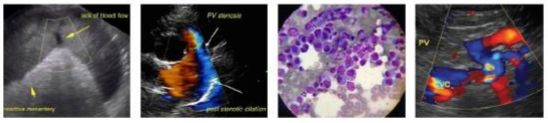

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The right adrenal gland is normal size (1.28 cm at cranial pole) (0.68 cm at caudal pole) (2.72 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.74 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 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 lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris/ sludge is observed within the lumen. The cystic and common bile ducts are normal.

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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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.

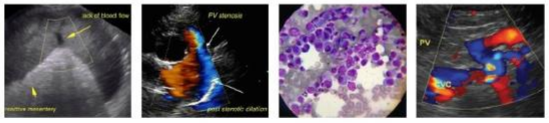
Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-relate pancreatic remodeling. Concurrent low-grade pancreatitis is also possible, particularly if the patient exhibits cranial abdominal pain on palpation.



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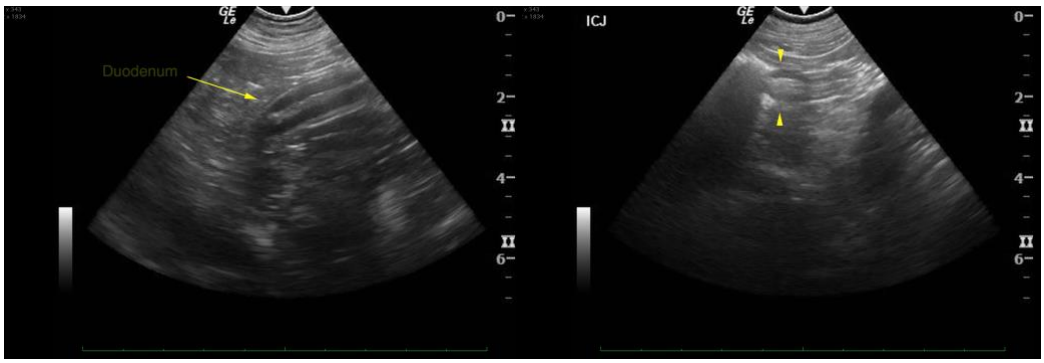
Secondary Findings

- Minor age-relate renal changes. The left adrenal nodule trends toward the benign (i.e., regenerative nodule), with some potential for emerging neoplasia.

**An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, intestinal dysbiosis), underlying metabolic issue, low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophoageal disease.
- Other diagnostic considerations include thickened following:
    1. GI Panel (send to Texas A&M)
    2. Fecal evaluation for ova and Giardia
    3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
    4. Consider a limited antigen diet trial
- Ultimately, if the above diagnostics are inconclusive, GI biopsies (i.e., endoscopic or surgical), may be necessary to get a definitive diagnosis.



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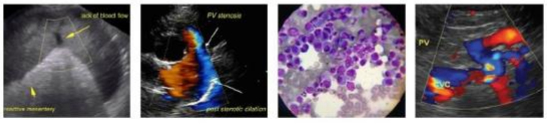

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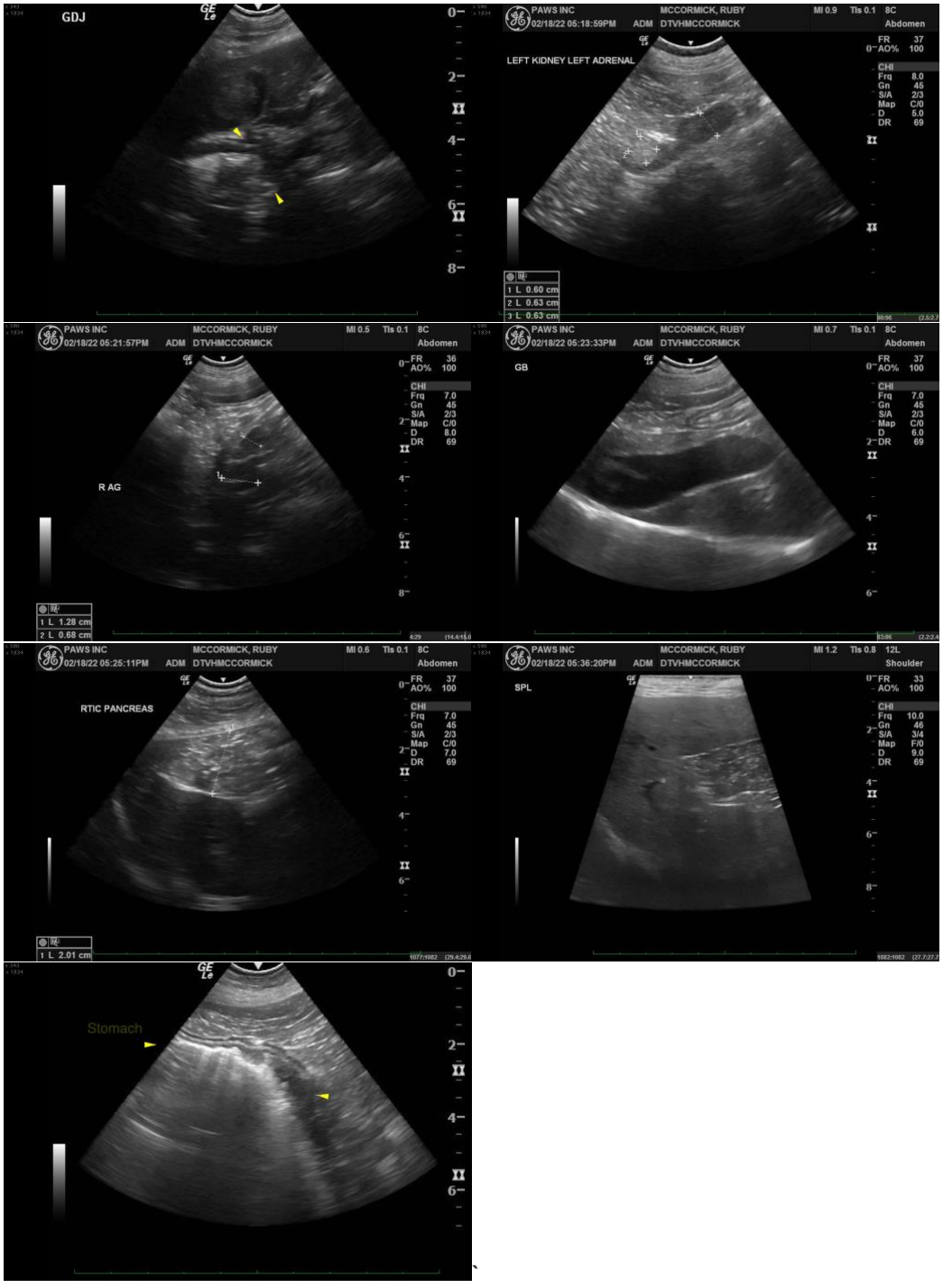

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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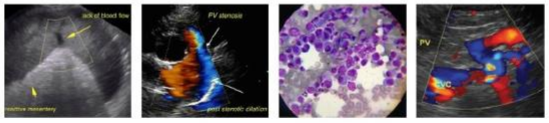

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@SonoPath.com