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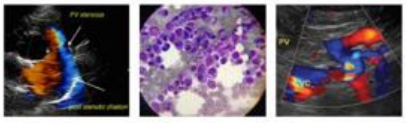

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Sydney Terpening

SPECIES

Canine

BREED

Mini Austr Shepherd

SEX

Intact Female

AGE

4 years

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Rebecca Lundeen

INVOICE

12282

DATE

2.23.23

PRESENTING CLINICAL SIGNS

History: Chronic history of episodic GI upset - inappetence, diarrhea, occasional vomiting. Previously performed extensive work-up in September 2022 - CBC/Chemistry, Cortisol, ACTH Stim, Texas GI panel, urinalysis, SNAP 4Dx, radiographs. Concern for atypical Addison's disease and was started on physiologic prednisone and improved but now is having reoccurrence of symptoms.

Abnormal PE/Chem/CBC/UA Results: Thin BCS. Today's Bloodwork: CB unremarkable, BUN 46, ALT 144 Previously bloodwork showed a mild non-regenerative anemia (HCT 27% improved to 36%) and elevated BUN (109 mg/dL, creatinine normal consistently at 1.5 mg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal in size (3.91 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.

The right kidney is normal in size (4.08 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 normal in size (0.34 cm at cranial pole) (0.40 cm at caudal pole) (1.11 cm in length) 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 borderline enlarged (0.66 cm at cranial pole) (0.55 cm at caudal pole) (1.54 cm in length) 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 (0.87 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 to moderate amount of aggregated echogenic, mostly gravity dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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

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pattern. The pyloric outflow tract is patent. 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. 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.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

The uterine body is visible and appears normal (0.25 cm in width).

ULTRASONOGRAPHIC FINDINGS

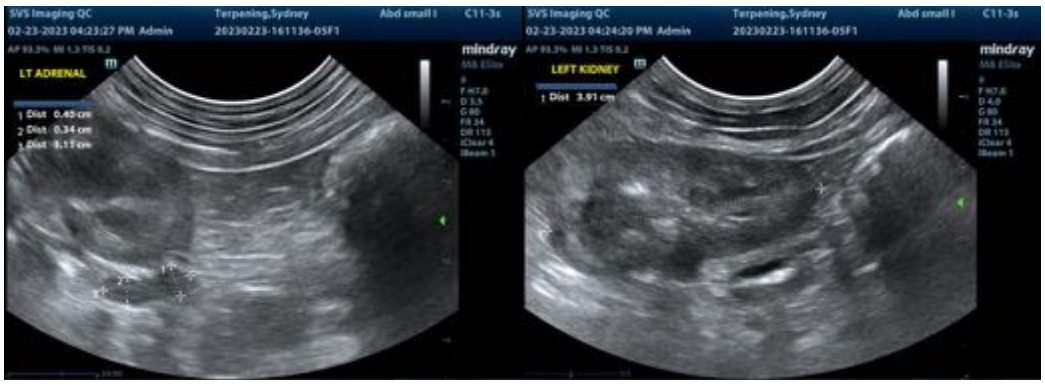
Primary Findings

- Trace ascites, the significance of which is unclear.

  *An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia (if not already performed)
- Consider prophylactic deworming with Fenbendazole.
- Also consider a 6-week limited antigen or hydrolyzed protein diet trial.
- Ultimately, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- Regarding the elevated BUN, a urinalysis is recommended, along with serial monitoring of the patient's renal values (if warranted) to assess for progressive azotemia.



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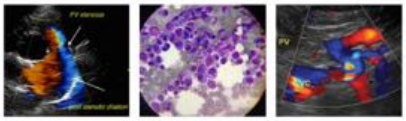

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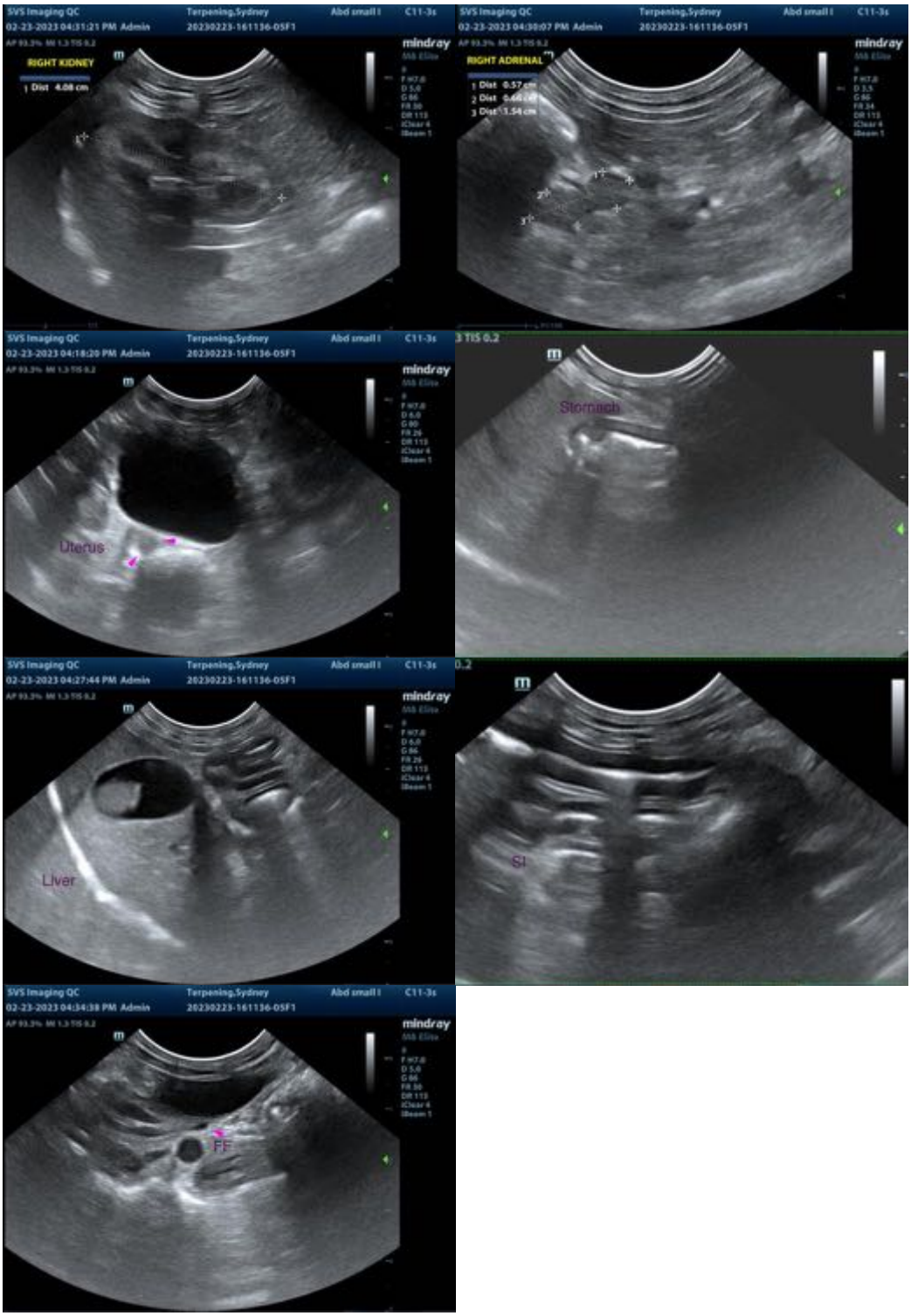

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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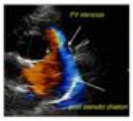
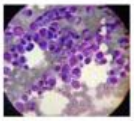
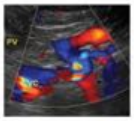

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