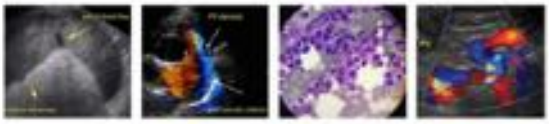


PATIENT

Zoie Brown

SPECIES

Canine

BREED

Toy Poodle

SEX

Female Spayed

AGE

13 years, 6 mos

WEIGHT

6.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr Ashlie Brown

INVOICE

12284

DATE

2.23.23

PRESENTING CLINICAL SIGNS

History: Vetprofen 25 mg: 1/4 tab PO BID, Gabapentin and Methocarbamol as needed for IVDD- History of heart murmur (Grade III/VI left apical systolic), GI disease, potential for stone within ureter. Not sedated and tense abdomen

Abnormal PE/Chem/CBC/UA Results: No recent BW-Pulse 130 Resp pant CRT <2 sec BP 0/144/146

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 and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.13 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A small cortical cyst is observed at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. A few small, nonobstructive nephroliths are visualized. Trace pyelectasia is present (0.17 cm in the longitudinal plane). A few small uroliths are observed within the proximal ureter, which is slightly dilated (0.20 cm in diameter). There is no evidence of infarcts.

The right kidney is normal in size (3.53 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A small cortical cyst is observed at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. A few small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.47 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.

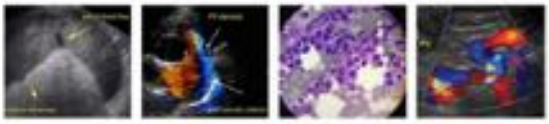
The right adrenal gland is in normal size (0.48 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.25 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.67 cm ill-defined hyperechoic nodule is observed approximately mid-spleen. 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic-to-mineralized, mostly gravity dependent debris 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 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.65 cm medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with nephrolithiasis and left proximal ureteroliths (partially obstructive).

Secondary Findings

- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipomas with a lower possibility of an emerging tumor).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- Also consider a urine culture and sensitivity.
- Given the left ureteroliths, consider a repeat ultrasound in 1-2 weeks to assess for movement of the stones and for worsening pyelectasia/hydroureter.

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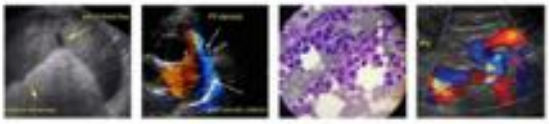

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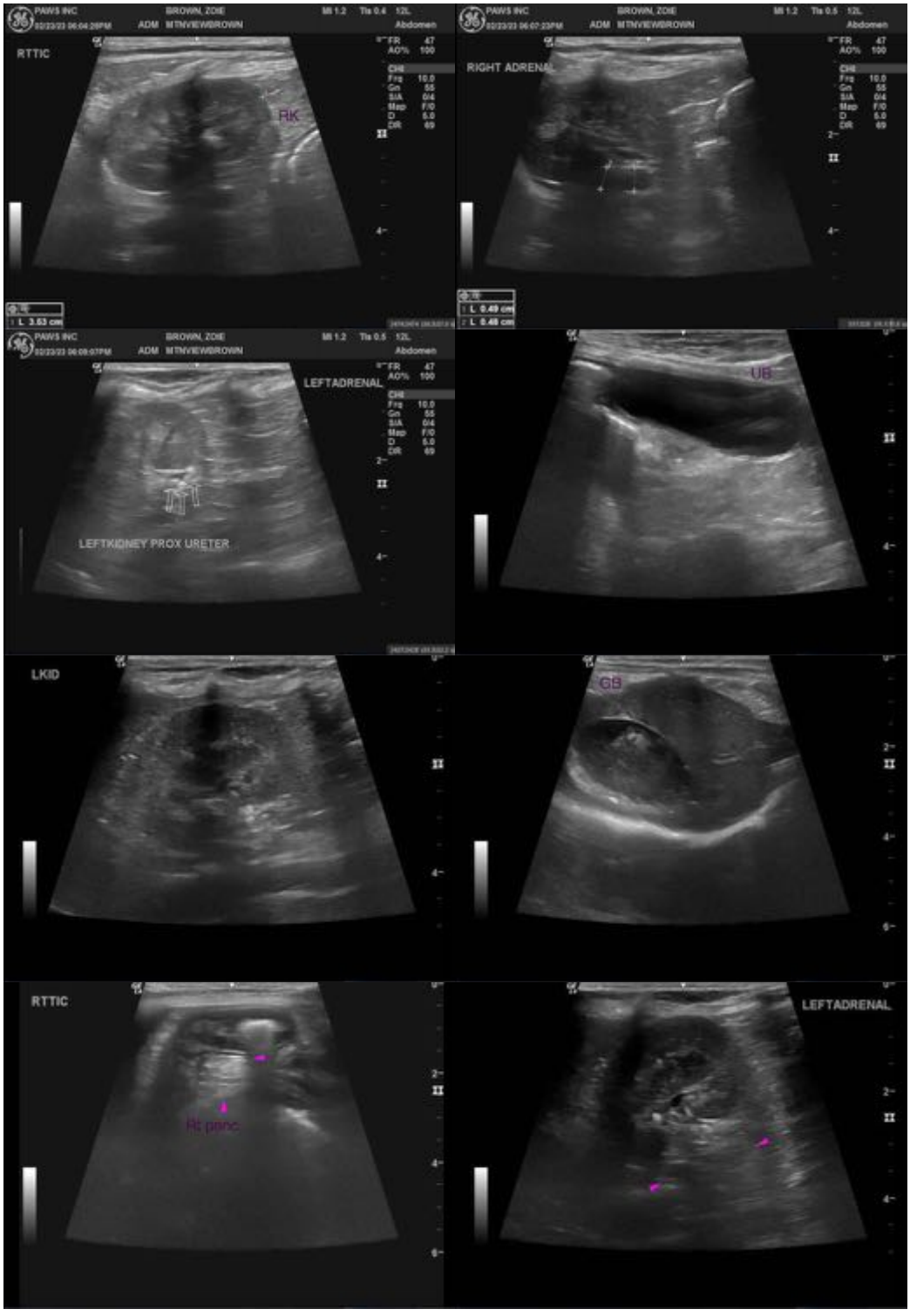

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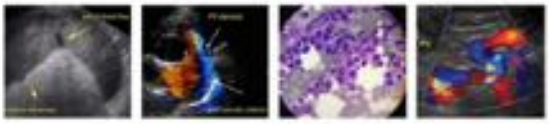

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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