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Clinical Sonography & Telecytology
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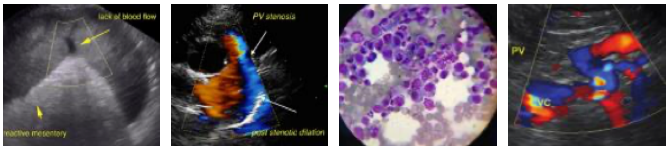

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Teddy Kuchynskas

SPECIES
Canine

BREED
Mixed breed

SEX
Male, castrated

AGE
14 Yrs.

WEIGHT
30 kgs.

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

IMAGING PERFORMED BY
Dr. Massa

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Massa

INVOICE
14661

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: Teddy presented for bloody stool, lethargy. P rescued 2 years ago. P is slow moving usually. P not eating since Sunday evening. P having D+ all day yesterday, and started V+ bile.
Abnormal PE/Chem/CBC/UA Results: CPL was normal, ALP was 475 (0-140)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not visualized in its entirety. In the visualized portion, the wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.99 cm in length); normal shape and architecture with 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 size (7.26 cm in length); normal shape and architecture with 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.

Adrenal Glands

No images provided.

Spleen

The spleen is normal in size (2.19 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.93 cm hypoechoic nodule is observed near the hilus. 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 mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly gas distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid distended. The remaining segments are empty. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified.

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.

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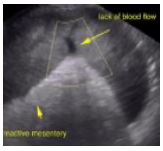
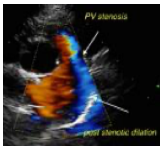
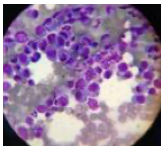
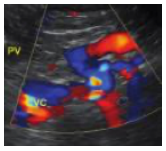

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Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

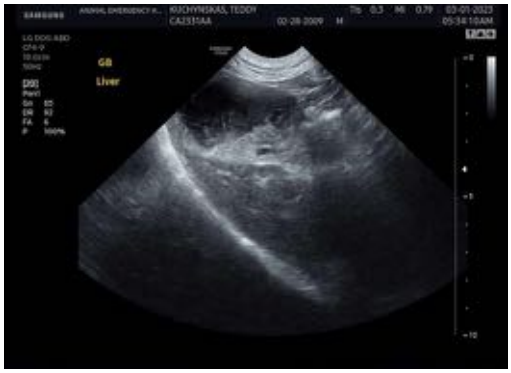
ULTRASONOGRAPHIC FINDINGS

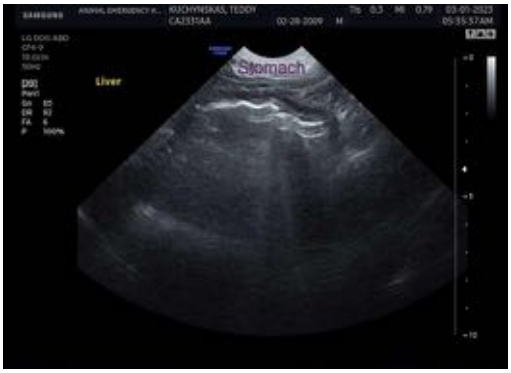
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) with a lower possibility of an emerging tumor.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include hemorrhagic gastroenteritis, dietary indiscretion, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease, partial GI obstruction, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia
- A fecal PCR infectious disease panel can be considered.
- Consider prophylactic deworming with Fenbendazole.
- Initiation of a probiotic along with a fiber supplement may be beneficial along with a bland diet and other symptomatic measures.
- If the clinical signs do not improve with symptomatic care, a more comprehensive GI workup may be warranted.





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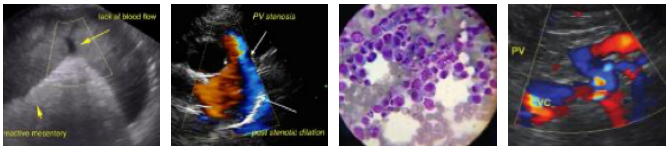

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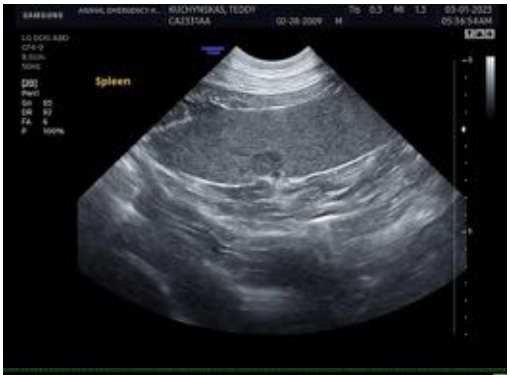

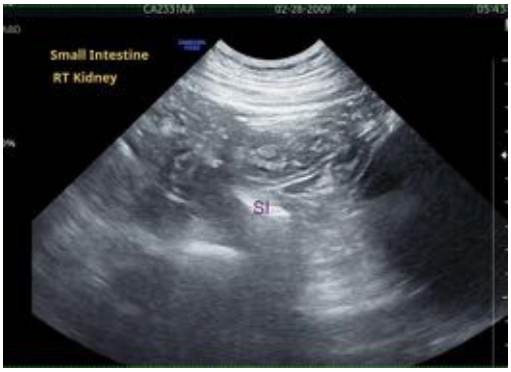

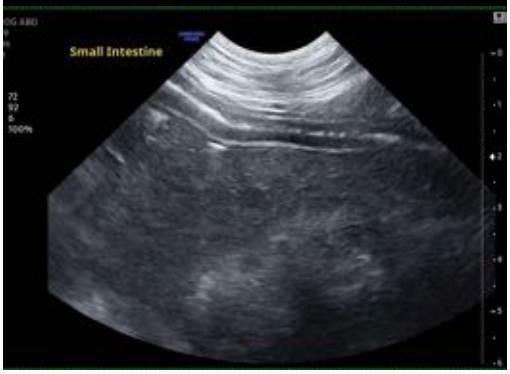

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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