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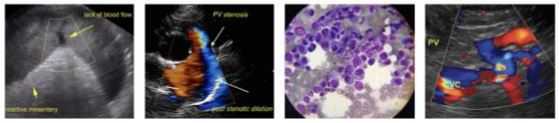

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

**PATIENT**

Cody Heinz

**SPECIES**

Canine

**BREED**

Mini Aussie

**SEX**

Neutered Male

**AGE**

12/3/2011

**WEIGHT**

18.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Southside AH

**REFERRING VET**

Dr. Jaime Carroll DVM

**INVOICE**

10296

**DATE**

2/9/22

## PRESENTING CLINICAL SIGNS

Decreased appetite since O went out of town 2 weeks ago - P stayed with a babysitter at their house - P did not get into anything as far as the babysitter is aware of it - a few days ago quit eating completely and O was able to get P to eat Cheerios, bread and sliced deli turkey - P is also having yellow liquidy BMs

ABNORMAL Labwork Values 2/4/2022 GLU 184 70 - 143 mg/dL HIGH CREA 2.2 0.5 - 1.8 mg/dL HIGH BUN 34 7 - 27 mg/dL HIGH BUN/CREA 15 PHOS 3.9 2.5 - 6.8 mg/dL CA 9.5 7.9 - 12.0 mg/dL TP 8.0 5.2 - 8.2 g/dL ALB 3.3 2.2 - 3.9 g/dL GLOB 4.7 2.5 - 4.5 g/dL HIGH ALB/GLOB 0.7 ALT 65 10 - 125 U/L ALKP 46 23 - 212 U/L GGT 0 0 - 11 U/L TBIL 0.5 0.0 - 0.9 mg/dL CHOL 119 110 - 320 mg/dL AMYL 792 500 - 1500 U/L LIPA 1051 200 - 1800 U/L Na 155 144 - 160 mmol/L K 4.2 3.5 - 5.8 mmol/L Na/K 37 Cl 110 109 - 122 mmol/L Osm Calc 318 mmol/kg RBC 7.83 5.65 - 8.87 M/µL HCT 47.8 37.3 - 61.7 % HGB 17.5 13.1 - 20.5 g/dL MCV 61.0 61.6 - 73.5 fL LOW MCH 22.3 21.2 - 25.9 pg MCHC 36.6 32.0 - 37.9 g/dL RDW 20.6 13.6 - 21.7 % %RETIC 0.4 % RETIC 32.9 10.0 - 110.0 K/µL RETIC-HGB 22.5 22.3 - 29.6 pg WBC * 6.73 5.05 - 16.76 K/µL %NEU * 59.2 % %LYM * 24.8 % %MONO * 11.9 % %EOS * 3.4 % %BASO * 0.7 % NEU * 3.98 2.95 - 11.64 K/µL LYM * 1.67 1.05 - 5.10 K/µL MONO * 0.80 0.16 - 1.12 K/µL EOS * 0.23 0.06 - 1.23 K/µL BASO * 0.05 0.00 - 0.10 K/µL PLT * 372 148 - 484 K/µL MPV * 13.5 8.7 - 13.2 fL HIGHPDW * 20.1 9.1 - 19.4 fL HIGH PCT * 0.50 0.14 - 0.46 % HIGH

Current Medications
Metronidazole - Convenia (given 2/8/2022) - Cerenia (given 2/8/2022)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

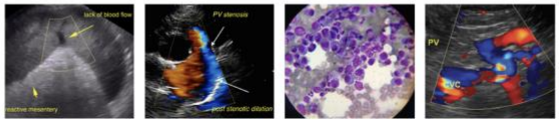
The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal

The prostate is normal in size (0.60 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.39 cm in length); with anormal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.61 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. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*





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The left adrenal gland is normal size (0.49 cm at cranial pole) (0.35 cm at caudal pole) (1.28 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.

The right adrenal gland is normal size (0.86 cm at cranial pole) (0.42 cm at caudal pole) (2.42 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 (1.70 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

***Gastrointestinal***

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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. 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

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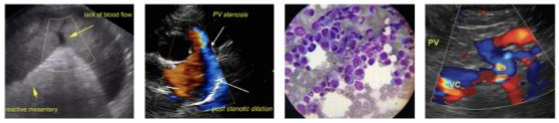

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## Primary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

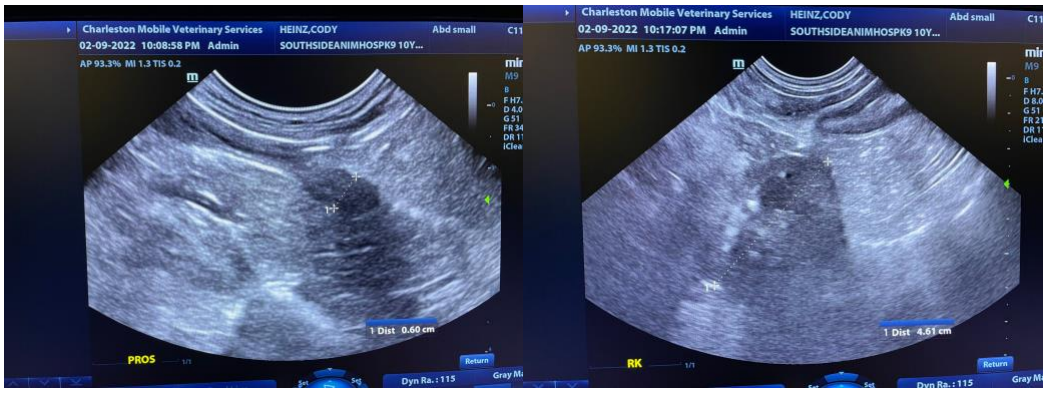
**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include low-grade pancreatitis, microscopic gastrointestinal disease (i.e., food allergy/intolerance, intestinal dysbiosis, infectious/parasitic), underlying metabolic issue, occult neoplasia, other.

## Secondary Findings

- Minor degenerative renal changes with nonobstructive nephrolithiasis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- GI panel including serum cobalamin and Folate TLI and PLI.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Thorough orthopedic and neurologic evaluations to assess for non-metabolic causes of inappetence.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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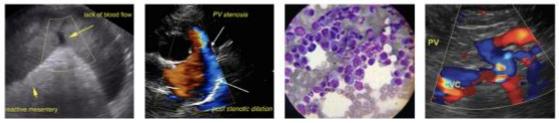

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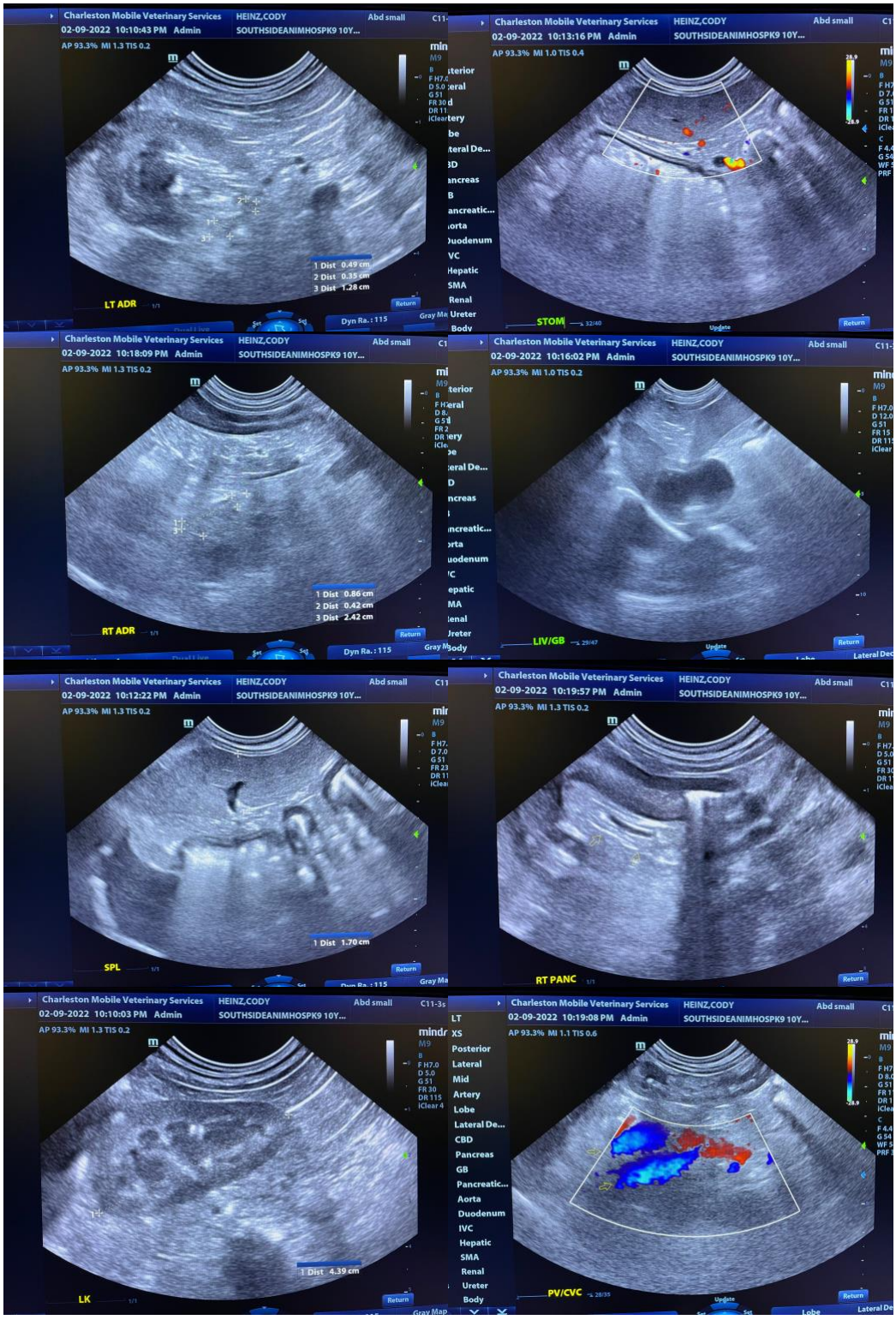

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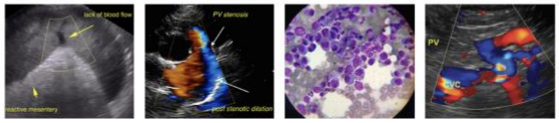

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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