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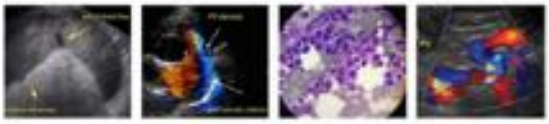


IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

PATIENT

Luke Magnusen

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr Robin Janeway

INVOICE

12181

DATE

2.9.23

PRESENTING CLINICAL SIGNS

History: Vomited multiple times Monday morning. Blood panel revealed BUN 29, create 1.2, glob 1.8 Radiographs: Radiographic Findings Abdominal detail is satisfactory. The stomach contains mild gas and possibly some wispy material such as grass in the fundic region, but otherwise appears contracted and empty. There is mild gastric wall thickening and rugal fold prominence. The small bowel contains scattered disorganized gas with no abnormal distension seen. The cecum contains gas. The colon contains mild gas, scant distal semi- formed feces, and suspected liquid content in the more proximal portion. There is dynamic colonic spasticity. Overtly significant radiopaque G.I. foreign material is not identified. There is no evidence of abdominal organomegaly or detected mass lesions. The kidneys and other visceral features are within normal limits. Conclusion Gastroenteritis and colitis bowel pattern with impending diarrhea suspected. Radiopaque G.I. foreign material is not defined, although a small amount of grass or other similar fiber is possible in the stomach. There are no features of gastric outflow or small intestinal obstruction at this time. Other abdominal viscera are of normal character. Steve Harnagel, DVM, DACVR | Pt was treated with Cerenia inj and sent home with I/D diet and Cerenia oral. Pt still not eating today. Tender with abdominal palpation, fever 103.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi are observed at the cystourethral junction (the largest measuring 1.41 cm in diameter). The region of the trigone and visible portion of the proximal urethra are normal. The penile urethra is also evaluation. No obvious abnormalities are seen.

The prostate is normal in size (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.77 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.18 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

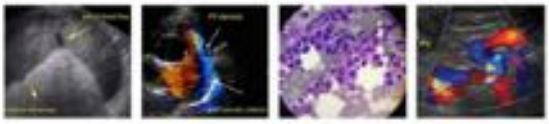
Adrenal Glands

The left adrenal gland is normal in size (0.36 cm at cranial pole) (0.44 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 (0.46 cm at cranial pole) (0.48 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 (0.97 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



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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 moderate amount of echogenic, mostly gravity dependent debris/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 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 left 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

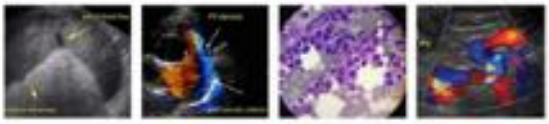
- An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include gastrointestinal disease (i.e., dietary indiscretion, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue,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

Secondary Findings

- Minor age-related pancreatic remodeling in the left limb
- Gall bladder sludge – non-mucocele
- Minor bilateral age-related renal changes with subtle dystrophic mineralization
- Cystic calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia



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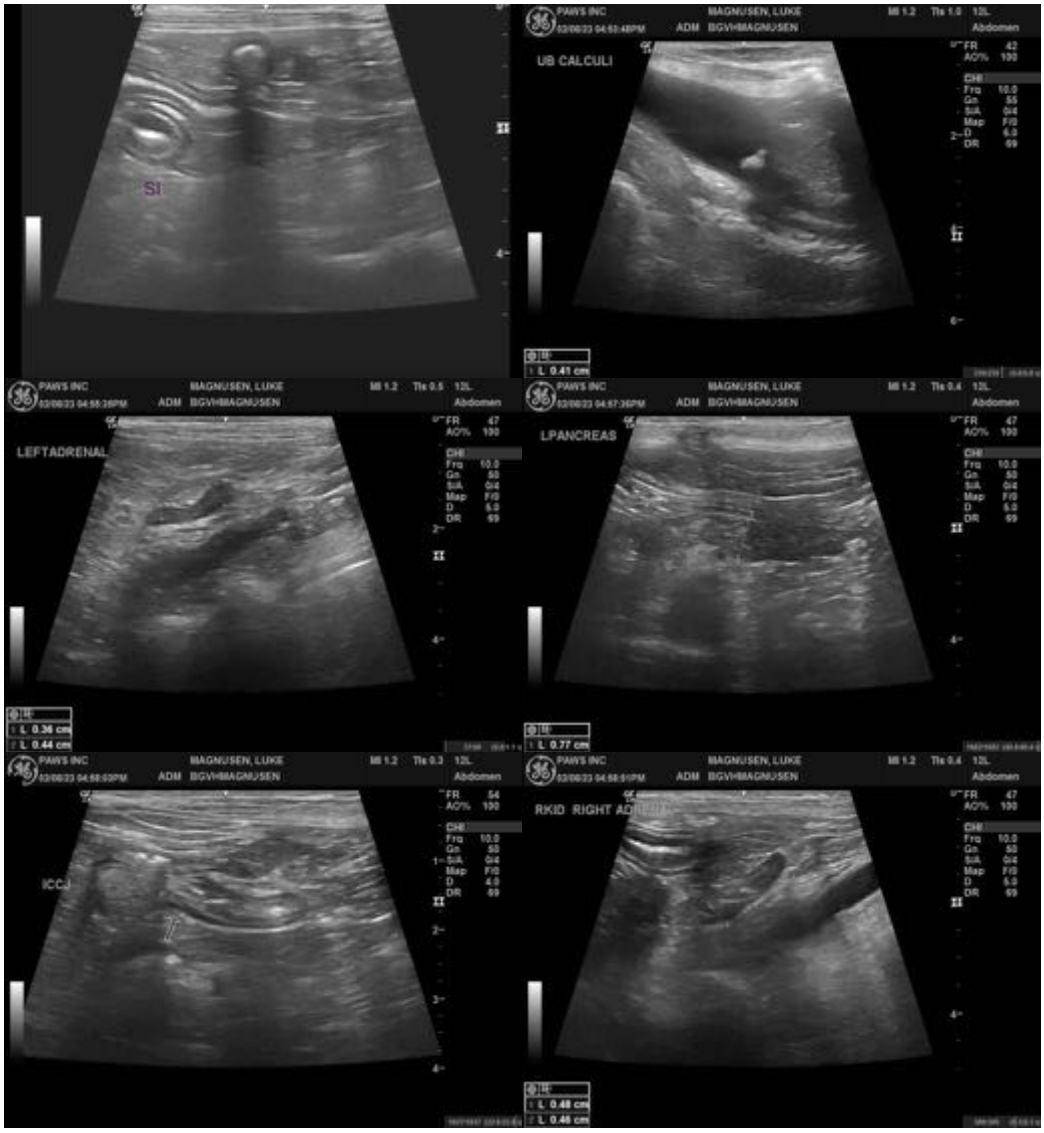
- Continued symptomatic care for acute gastroenteritis is recommended. If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI work-up (i.e., malabsorption panel, resting cortisol level, thoracic radiographs (to assess for occult esophageal disease), +/- GI biopsies) may be warranted).

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.



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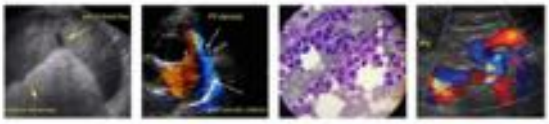

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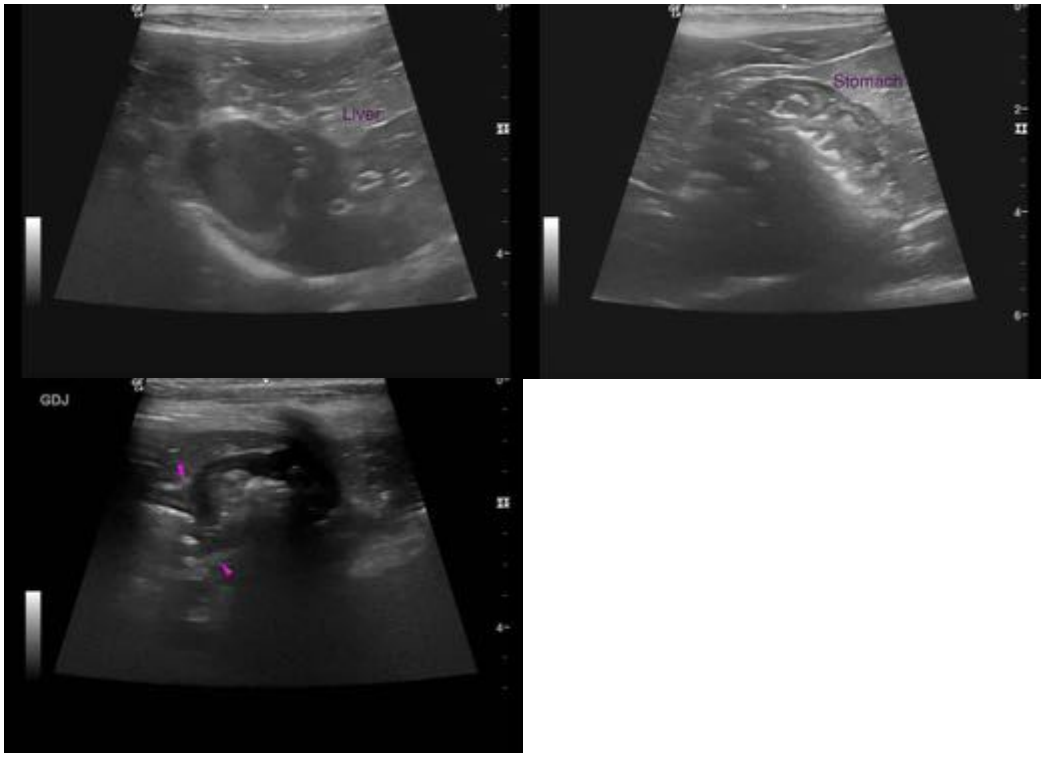

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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