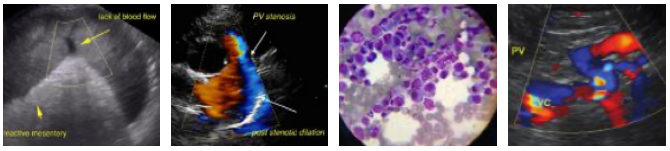

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1-800-838-4268 info@sonopath.com

PATIENT
Sophy Coro

SPECIES
Canine

BREED
Schnauzer

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
27.8 lbs.

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

IMAGING PERFORMED BY
Dr. Rivera

HOSPITAL NAME
DPC VH

REFERRING VET
Dr. Rivera

INVOICE
13059

DATE
3/1/22

PRESENTING CLINICAL SIGNS

History: P IS A 10YR OLD F/S SCHNAUZER PRESENTING TODAY FOR ABDOMINAL ULTRASOUND. O STATES P VERY ANXIOUS GETS VERY SHAKY/TREMBLES HAS HAD BOUTS OF DIARRHEA O CONCERNED ABOUT CUSHINGS. RAVENOUS APPETITE AND DRINKS ALOT. ELEVATED ALK PHOS AND OTHER LIVER ENZYMES ELEVATED. O HAS HAD P SINCE PUPPY ALWAYS HAS SENSITIVE STOMACH AND SKIN. O BEEN ADDING GINGER TO FOOD HELPING WITH DIARRHEA. O STATES P IS SCAVENGER WILL EAT ANYTHING ON FLOOR. P HAD EPISODE OF SHAKING 3-4 DAYS AGO URINATED ON COUCH VERY UNUSUAL FOR PET O DOES NOT BELIEVE SEIZURE.

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 0.48 cm cystic calculous is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.32 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. 1-2 foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (5.70 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.49 cm at caudal pole) (1.86 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 (0.60 cm at cranial pole) (0.37 cm at caudal pole) (2.36 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 (1.30 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 prominent in size with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and mildly heterogeneous in appearance with 1-2 small hyperechoic nodules/areas (the largest measuring 1.01 cm in length). Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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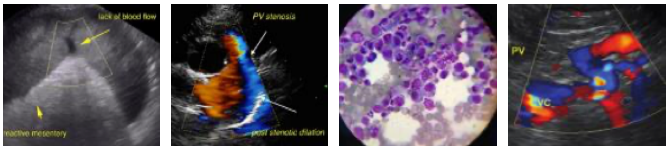

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Gastrointestinal

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. No obstructive disease is noted.

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

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:

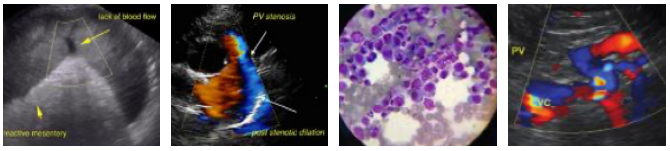
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Cystic calculus.

Secondary Findings:

- Minor, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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. Consider performing a urine culture and sensitivity at this time to assess for a urinary tract infection.
- Regarding the patient's diarrhea, consider the following:
  1. A fecal evaluation for ova/Giardia
  2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
  3. GI panel (send to Texas A&M).
  4. 6-week limited antigen diet trial.



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5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
6. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

- Regarding the patient's current clinical signs, consider the following:

1. Three-view thoracic radiographs to assess for occult disease in the chest.
2. Baseline blood pressure to assess for hypertension.
3. Orthopedic and neurologic evaluations to assess for areas of pain/discomfort.

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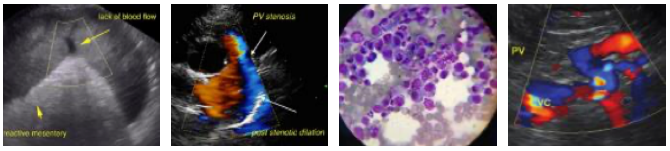

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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