

**DATE PRESENTING CLINICAL SIGNS**

3/21/22

Had 3 masses taken off and a dental two and a half weeks ago; was accidentally overdosed with carprofen at that time. Had bloody diarrhea for a day and a half; that cleared up and he was fine until earlier this week. Was off his food Monday -- unusual. Was off his food for another meal Tuesday. Bloodwork run on Weds came back stable, seemed to be ok. Friday and Saturday was off his food again. Vomited Thurs.

PATIENT

Rupert Oswald

Current Medications: Denamarin, Gabapentin 100 mg BID, Cerenia 12 mg PO SID started Friday.
 Lab Results: CBC: WNL, Chem: Elevated ALP 291 U/L, T4: WNL, Spec cPL: WNL.

SPECIES

Canine

Radiographs: Decreased detail +/- soft tissue bulk in retroperitoneal space.

Date of Previous IntraPet Ultrasound:

Sedation: Patient sedated with Trazodone 50 mg last night, 100 mg this morning for ultrasound.

Stat Report: Not requested.

BREED

Miniature Schnauzer

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

1/18/11

The prostate is prominent in size (1.56 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. No focal lesions are observed. The prostatic urethra is not overtly dilated.

WEIGHT

19.9 lbs.

The left kidney is normal in size (4.64 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (5.24 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Paradise AH

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.53 cm at caudal pole) (1.64 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.

REFERRING VET

Dr. Twardzik

The right adrenal gland is normal size (0.66 cm at cranial pole) (0.56 cm at caudal pole) (1.96 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.

INVOICE

13143

Spleen

The spleen is normal in size (1.45 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall in the region of the fundus is borderline thickened (up to 0.52 cm) with apparent retention of the normal layering pattern. The gastric lumen is gas distended. 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

There is no evidence of free fluid. 2 cystic mesenteric lymph nodes are visualized, the largest measuring 3.74 x 1.43 cm. The smaller one measuring 2.48 x 0.67 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, non-specific, age-related, chronic renal changes with dystrophic mineralization.
- The mild gastric wall thickening may be secondary to inflammation, hypertrophy, normal variation or less likely, emerging neoplasia.
- The significance of the cystic mesenteric lymph nodes is unclear. This may be a benign incidental finding. Alternatively, reactive change may be present with a lower possibility of emerging neoplasia.

Secondary 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.
- The mild prostatomegaly is likely secondary to late-in-life neutering. Alternatively, emerging neoplasia is possible but considered less likely given the patient's clinical history.

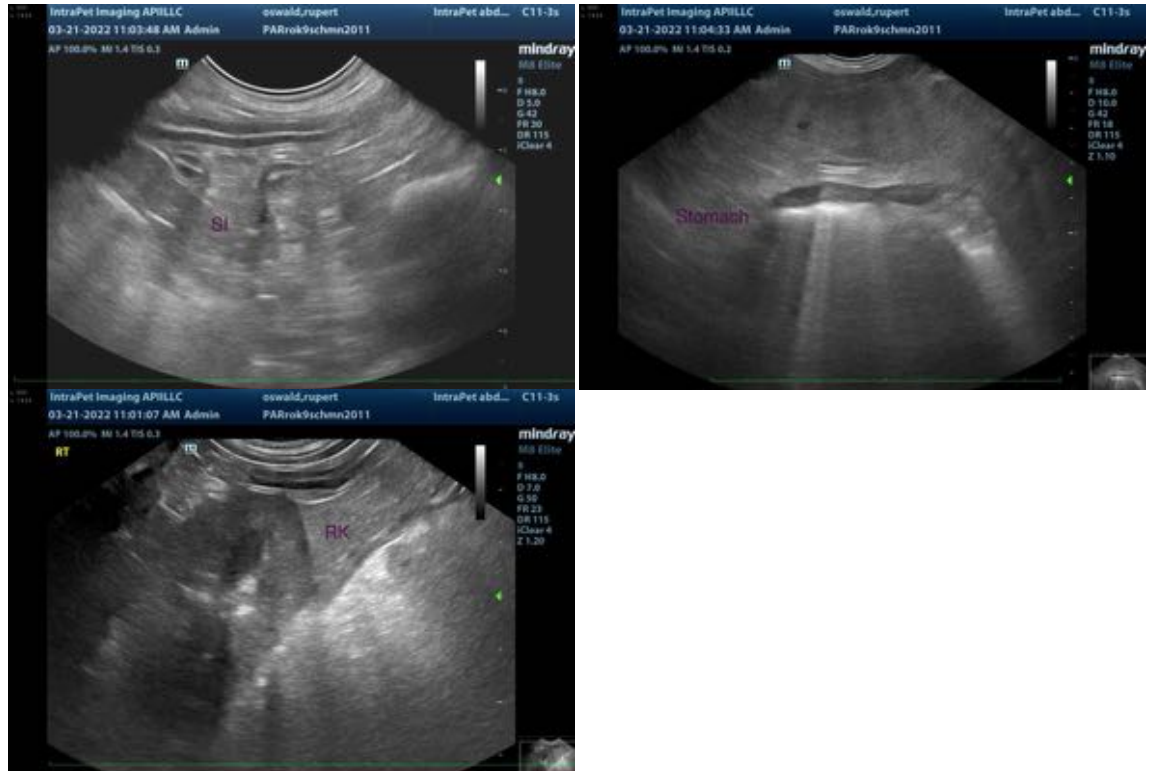
*An obvious cause for the patient's clinical signs is not identified in this study. However, low-grade gastric ulceration and/or gastroenteritis secondary to Carprofen administration is a consideration. Other differentials include dietary indiscretion, acute gastroenteritis (not associated with Carprofen), infectious/parasitic disease, low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.

- Given the Carprofen history, supportive care for acute gastroenteritis/gastric ulceration is recommended, including a proton pump inhibitor, sucralfate, antiemetics and other symptomatic care. If the patient's clinical signs do not improve within 48-72 hours of medical management, a more advanced GI workup (i.e., malabsorption panel, upper/lower GI endoscopy) may be warranted.
- Regarding the cystic mesenteric lymph nodes, consider a repeat ultrasound in 2-3 weeks to assess for potential progression.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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