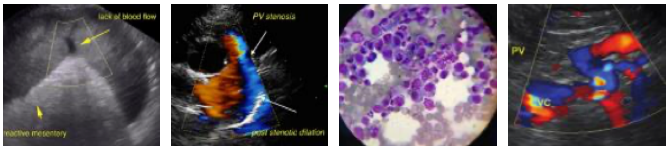
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Nikki Taylor

SPECIES
Canine

BREED
Chihuahua

SEX
Female, spayed

AGE
10 Yrs. 5 months

WEIGHT
4.35 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
14780

DATE
3/22

PRESENTING CLINICAL SIGNS

History: Was seen Mar 18, 2023, as was asking to go outside multiple times. Unsure if went out for BM or urination. Appetite was down a bit. Vomited 2x over the weekend
Abnormal PE/Chem/CBC/UA Results: CBC: normal, Chem Increased liver numbers ALT 142 (N 10-125), ALKP 507 (N 23-212), GGT 15 (N 0-11) Alb 44 (N 22-39) Urine 1.033, Proteinuria, non-hyaline cast, Snap cpl Normal UPCR 1.65 Values >1-<2 Proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.55 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.

The right kidney is normal size (4.20 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.36 cm at cranial pole) (0.55 cm at caudal pole) (1.52 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 borderline enlarged (0.75 cm at cranial pole) (0.51 cm at caudal pole) (1.69 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.

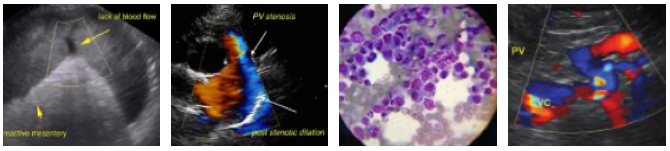
Spleen

The spleen is normal in size (1.04 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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. A moderate amount of aggregated echogenic to mineralized mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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:

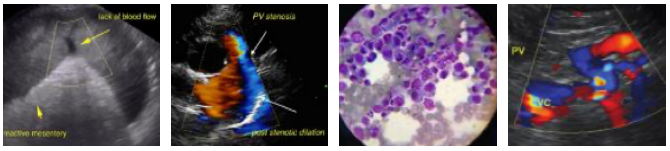
- An obvious structural cause for the patient's clinical signs is not identified in this study. Differentials for the vomiting include dietary indiscretion, food allergy/intolerance, infectious parasitic disease, inflammatory bowel disease (if clinical signs are chronic and/or intermittent), underlying metabolic issue, other.

Secondary Findings:

- Mild bilateral chronic renal changes with subtle dystrophic mineralization.
- Borderline bilateral adrenomegaly.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy. Vacuolar hepatopathy (i.e., idiopathic, endocrine) is considered the top differential. Inflammatory disease and infiltrative neoplasia are possible but considered less likely.
- Gallbladder sludge, non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia
- Symptomatic care for acute gastroenteritis is recommended along with initiation of a probiotic. If clinical signs do not improve with medical management, a more advanced GI workup may be warranted.
- Regarding the elevated liver values and bilateral adrenomegaly, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test) if the patient develops clinical signs.
- Regarding the proteinuria, consider the following:
    1. Baseline blood pressure measurement



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2. Initiation of an angiotensin receptor blocker +/- an ACE inhibitor
3. Initiation of omega 3 fatty acids
4. +/- a prescription renal diet once the GI signs have resolved

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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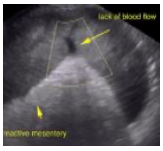
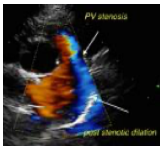
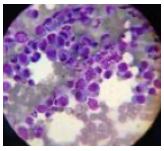
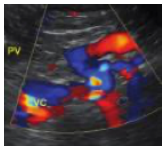

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