PATIENT

Georgia Arnold

SPECIES

Canine

BREED

Dachshund mix

SEX

Female Spayed

AGE

8/1/2012

WEIGHT

13.6

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Ashley Pines AH

REFERRING VET

Dr. Savannah Lavallee

INVOICE

22722

DATE

3-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt presents today for vomiting, lethargy and acting unsettled. Pt was normal until yesterday when she started vomiting. She was not interested in breakfast this morning.

9:31:50am
Rectal temperature: 104.9
Attitude: QAR
Integument: Skin appears normal, no petechiae or ecchymosis. Hair coat in good condition. No evidence of ectoparasites. Elevated skin tent 2-3 seconds.
Oral Cavity: MM light pink and tacky with CRT of 1-2s. Grade 3-4 PD. Significant dental calculus, gingivitis and halitosis.
Ocular: Pupils and globes are symmetrical in size and shape. Normal menace, palpebral response, and PLR. Cornea, lens, scleral vessels all appear normal. No ocular discharge present.
Aural: Clean and free of debris AU, tympanic membranes intact AU
Cardiovascular: Tachycardia. Heart auscultated normal with no murmurs. Strong and synchronous pulses
Respiratory: Tachypnea. Normal pulmonary auscultation. No nasal discharge. No wheezes auscultated within all lung fields.
Abdomen: Pt tense throughout palpation with repeatable whine and head turn on cranial palpation.
Urinary/Reproductive: External genitalia appears normal. Bladder is normal on palpation.
Musculoskeletal: BCS 5/9. Thoracolumbar pain. Resistant and mild reduction ROM bilaterally hindlimbs.
Neurologic: Mentally appropriate. Cranial nerves are normal. No peripheral nerve deficits noted. Full neurological exam not performed.
Peripheral Lymph Nodes: Within normal parameters
Endocrine: Enlarged thyroid not appreciated.
Rectal: Not performed

Problem List
- pyrexia (104.9 rectal temp)
- vomiting
- abdominal pain
- dehydration
- lethargy
- IVDD
- grade 3-4 PD
- weight loss

Assessment
Pt was QAR and dull on presentation. Pt vomited two times yesterday and was not interested in eating breakfast this morning but did eat dinner last night. Pt had elevated skin tent and tacky mm. Pt was tense throughout abdominal palpation with repeatable whine and head turn on cranial palpation. Loss of serosal detail cranial abdomen on radiographs. In house bloodwork revealed: lymphopenia, mild hypophosphatemia, normal PLI, changes in MCV/MCHC, moderately elevated liver values (ALT 554, ALP 333, GGT 12). Discussed differentials and recommended hospitalization with supportive care and recommended ultrasound this afternoon.

Current Medications: Received 1/4 tablet of 500mg methocarbamol at 4am by owner

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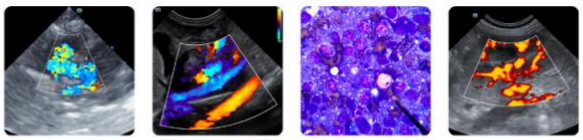

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. 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 (4.02 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.41 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. Several, small, nonobstructive mineralized foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.60 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 normal in size (0.48 cm at cranial pole) (0.50 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 (1.31 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.49 x 0.36 cm ill-defined, hypoechoic nodule is observed approximately mid-body. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. At least one, small, polypoid-like lesions is arising from the mucosal surface. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.29 cm in width).

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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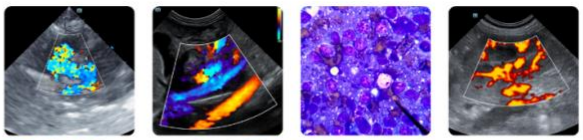

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Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
At least two prominent periportal lymph nodes are visualized (one measuring 0.58 cm in its longest dimension).

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis and trace pyelectasia
- Mild left adrenomegaly
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the clinical suspicion for disease is high.
- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive or if a more aggressive approach is desired, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If

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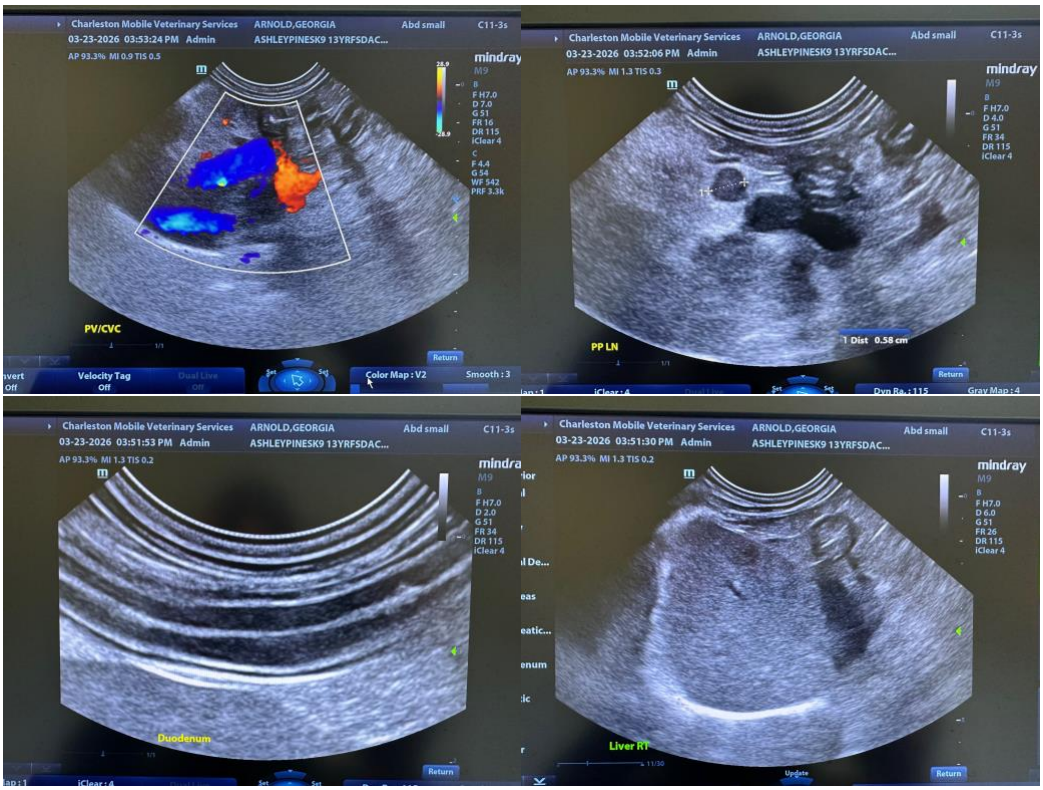
liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.



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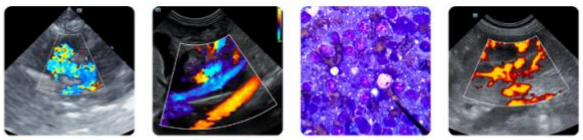

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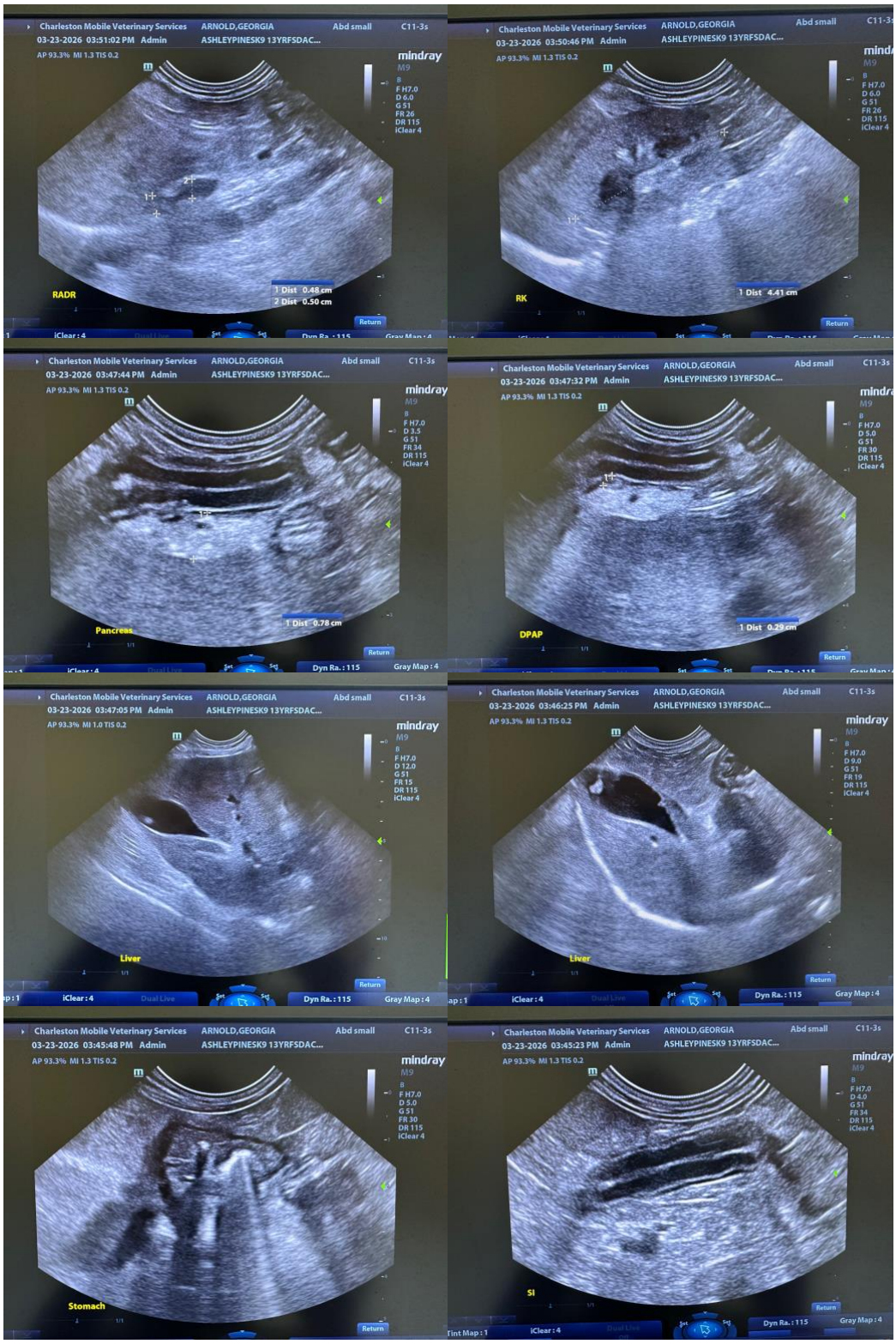

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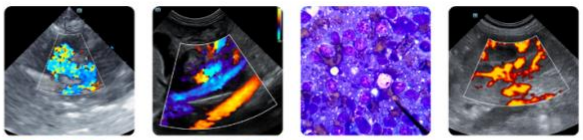

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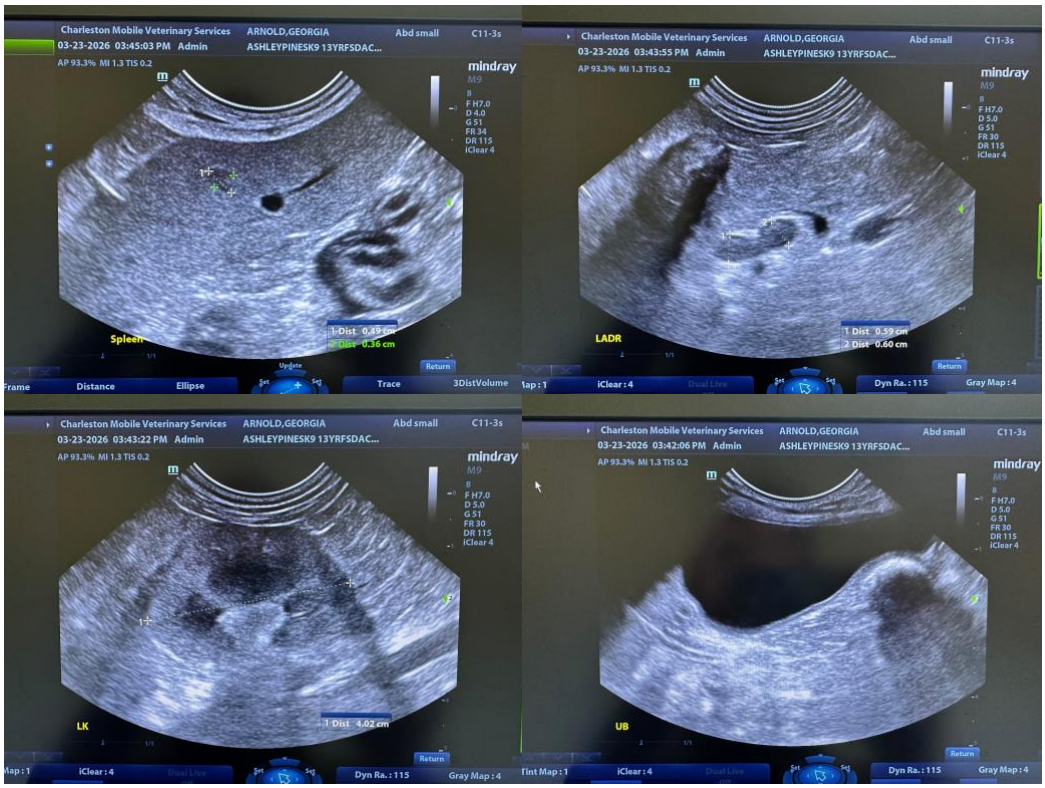

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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