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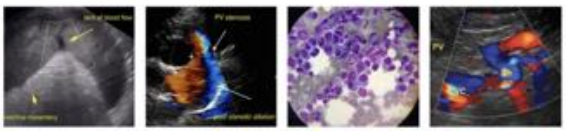


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Bella Harris

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

14 years

WEIGHT

4.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VC

REFERRING VET

Dr. Winney

INVOICE

12549

DATE

3.29.23

PRESENTING CLINICAL SIGNS

Asymptomatic. Is here for a dental today.

Bloodwork shows mild thrombocytosis. Creatinine 1.7. BUN 37. SDMA 15. ALP 538. Lipase 1263. Urinalysis is pending. 4 normal 4dx negative. Fecal negative for ova and Giardia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Three to four tiny cystic calculi are visualized. Luminal contents are otherwise anechoic. The region of the trigone is normal.

The left kidney is normal in size (3.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (2.84 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.89 x 0.85 cm cortical cyst is observed at the cranial pole. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.47 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 upper limits of normal size (0.90 cm at cranial pole) (0.53 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 subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic with pinpoint hyperechoic mineralized foci throughout the organ. One to two ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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. Luminal contents are anechoic. 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 is normal in

thickness 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 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.

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

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 and other hepatopathies are considered less likely.

- Bilateral chronic nonspecific age-related renal changes with nonobstructive nephrolithiasis and a right cortical cyst

- Tiny cystic calculi

Secondary Findings

- Splenic dystrophic mineralization. This is usually a benign incidental finding, often associated with endocrinopathies.

- Borderline right adrenomegaly

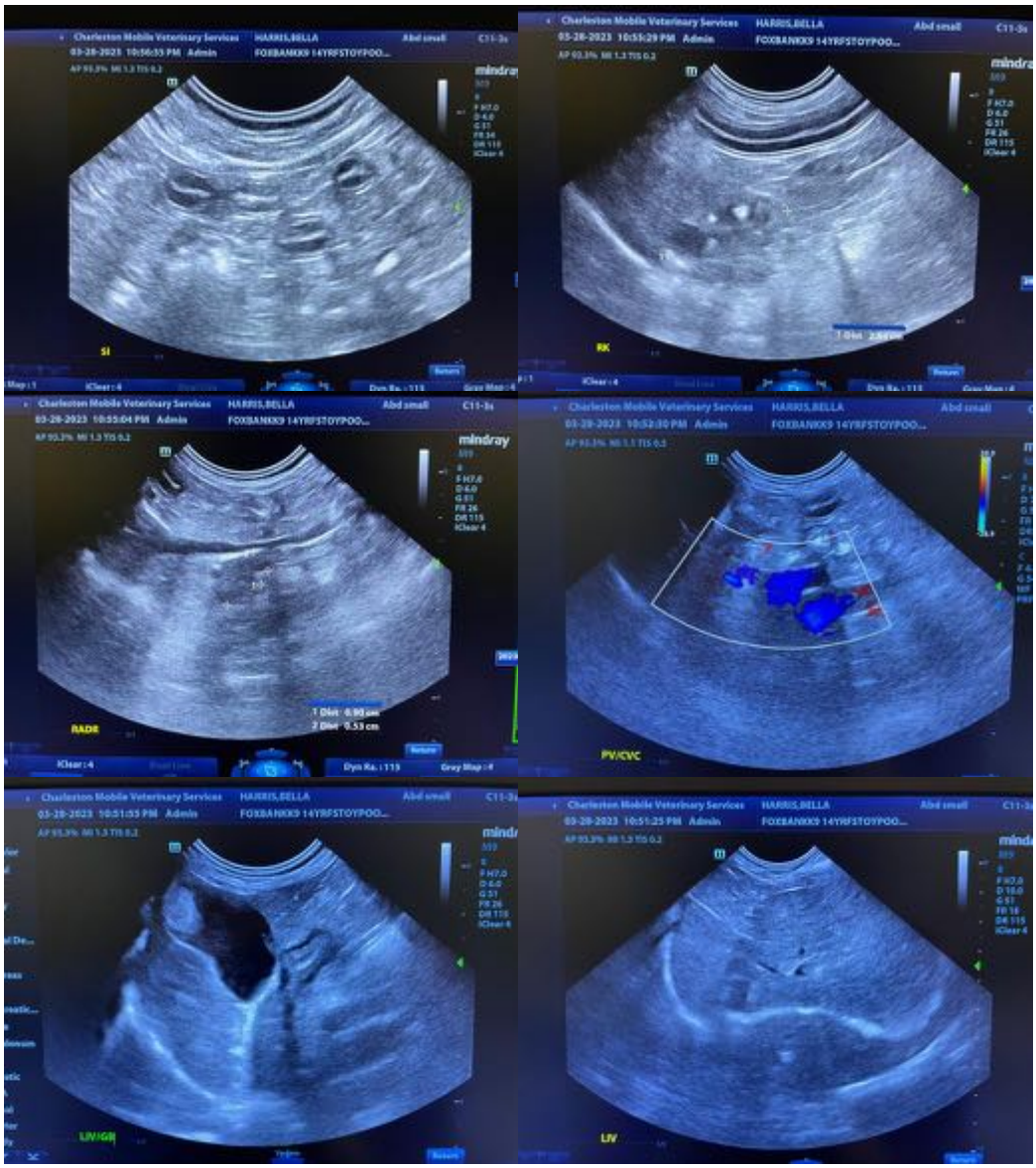
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

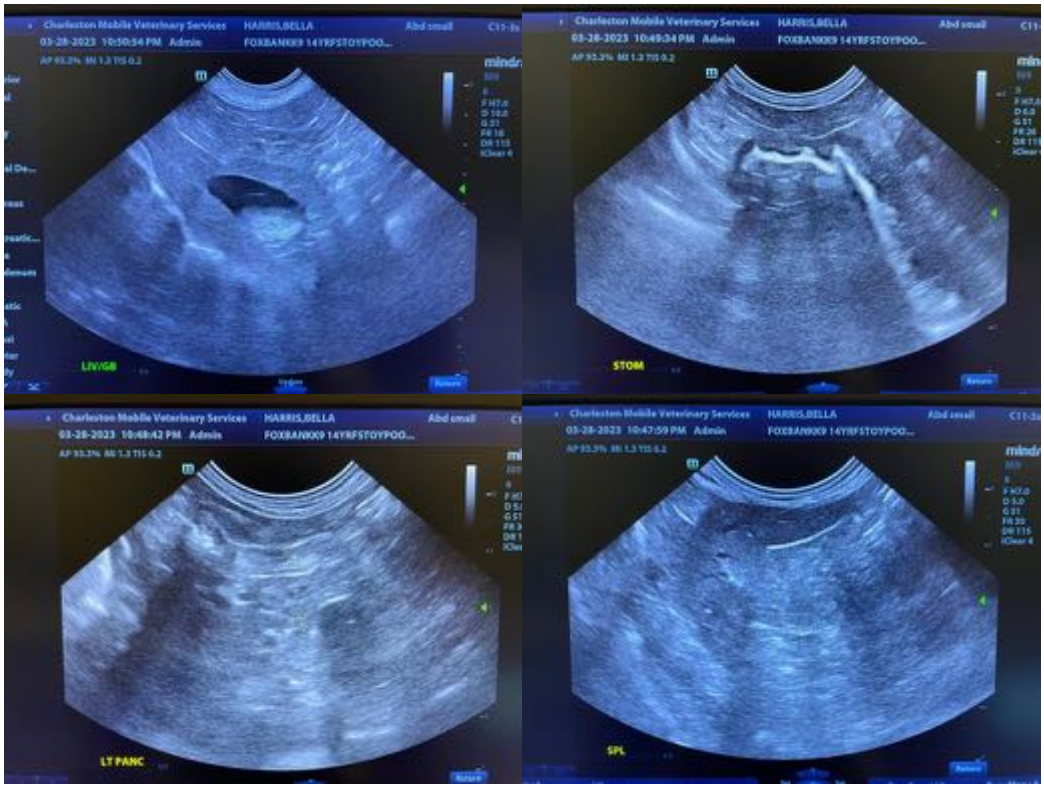
- Regarding the azotemia, consider the following:

    1. Baseline blood pressure measurement
    2. Urine culture and sensitivity
    3. UPC (if proteinuria is present in the absence of infection)
    4. Consider transitioning to a prescription renal diet.
    5. Serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progressive azotemia.

- If the patient is to undergo anesthesia, IV fluid diuresis is recommended for a few hours prior to the procedure, during anesthesia, and for several hours post-anesthesia to help promote renal perfusion. Monitoring of the patient's blood pressure while under anesthesia is also recommended to assess for hypotensive events.

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

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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)
info@SonoPath.com