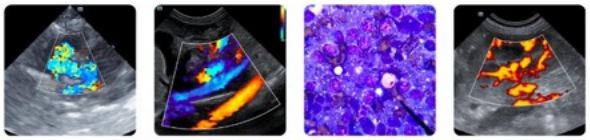


PATIENT

Rocky Castillo

SPECIES

Canine

BREED

Beagle mix

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

42 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13579

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History:

- Presented for coughing, vomiting , bloody diarrhea , evaluating liver

Abnormal PE/Chem/CBC/UA Results: Creat 2.1 BUN 72 ALB 4.1 ALT 313 ALP 1622 GGT 24

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (6.03 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 1.67 x 1.66 cm slightly expansile cortical cyst is observed at the medial aspect. Mild pyelectasia is present (0.26 cm in the longitudinal plane). A few small non-obstructive mineralized foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland enlarged (1.46 cm at cranial pole) (1.32 cm at caudal pole) with swollen peripheral contours. The parenchyma is slightly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is enlarged (1.90 cm at cranial pole) (1.23 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Pinpoint hyperechoic foci are observed throughout the organ. Splenic vasculature is normal.

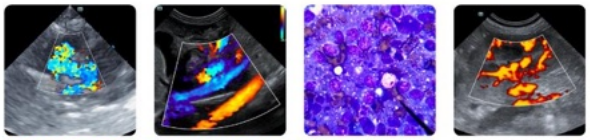
Liver

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 mildly distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and irregular shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow



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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 base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at the time of this study.
- Bilateral nonspecific, age-related renal changes with left dystrophic mineralization and a cortical cyst.
- 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:

- Bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's GI signs is not identified in this study. Considerations include dietary indiscretion, toxicity, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for internal parasites is recommended along with prophylactic deworming with fenbendazole. Consider a recheck fasted ultrasound in 12 hours to assess for movement of the gastric contents into the small intestine. Supportive care for gastroenteritis is recommended. If clinical signs persist, further workup may be indicated.

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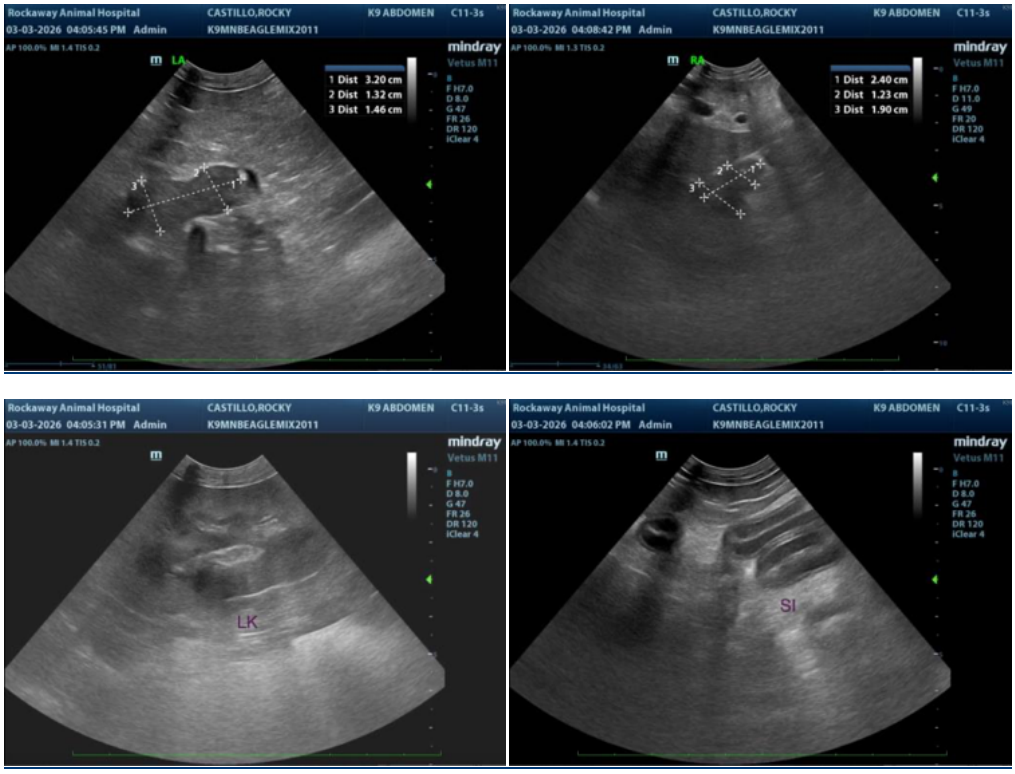
- Also consider three-view thoracic radiographs to assess for aspiration pneumonia particularly in light of the history of coughing.
- Regarding the azotemia, consider the following:
  1. Urinalysis
  2. Urine culture and sensitivity
  3. UPC (if proteinuria is present in the absence of infection)
  4. Baseline blood pressure measurement
  5. Serial monitoring of the patient's renal values to assess progression of the azotemia
- Regarding the elevated liver values, hepatic tissue sampling (i.e., aspirates or biopsies) can be considered assuming normal clotting status. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. If tissue sampling is not pursued at this time, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.



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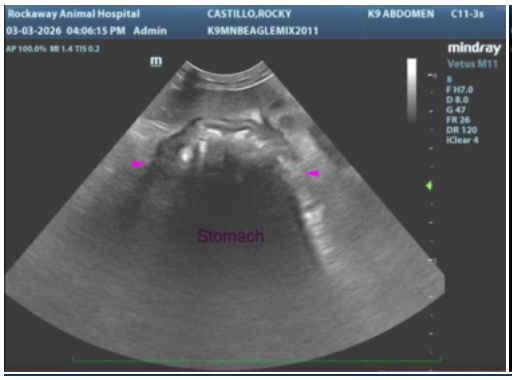

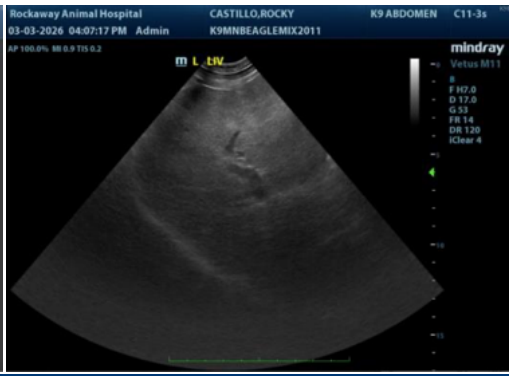

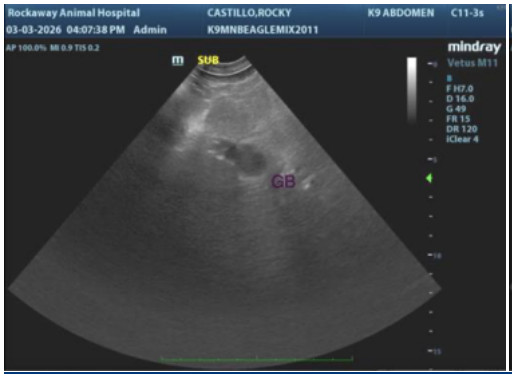

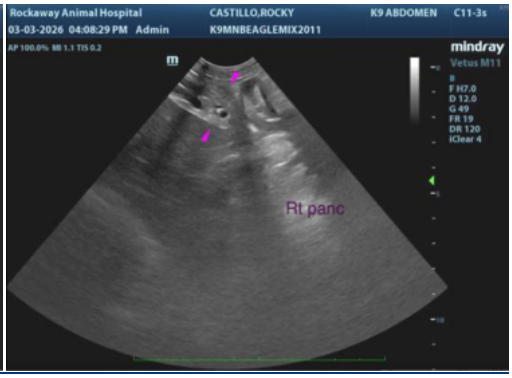

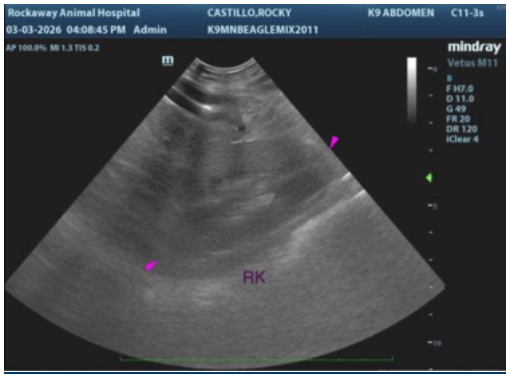

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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