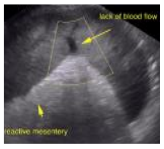
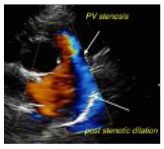
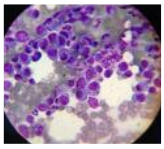
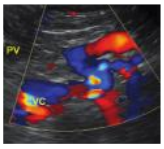

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1-800-838-4268 info@sonopath.com

PATIENT

Watson Amato

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lynette Reyes

HOSPITAL NAME

Chain of Lakes AC

REFERRING VET

Dr. Lynette Reyes

INVOICE

10513

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3/7/22

PRESENTING CLINICAL SIGNS

History: Pet presented on Wednesday for lethargy and dark stools. Owner has also noticed some changes in his behavior, aggression and get startle easily. Pet does have decrease menace response and got aggressive during exam. Currently on Sucralfate
Abnormal PE/Chem/CBC/UA Results: BUN: 33 Creat: 1.8 Rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is slightly irregular in the region of the apex. 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.

The prostate is normal in size (1.15 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is subjectively normal size, with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is not definitively visualized in the available images. However, no obvious pathology is observed in this region.

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.52 cm at caudal pole) (1.84 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.

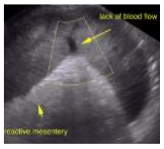
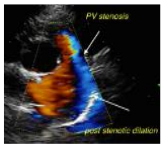
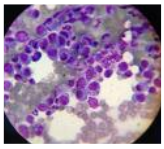
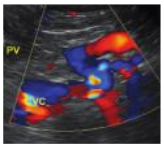
Spleen

The spleen is normal in size (1.36 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 normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A polypoid-like lesion

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is arising from the luminal surface. A small amount of gravity dependent echogenic debris is also seen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is mildly distended with ingesta and a small amount of shadowing material. 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 or overt infiltrative 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

- Bilateral nonspecific age-related renal changes with pyelectasia

Secondary Findings

- Suspected benign hepatopathy (i.e., vacuolar hepatopathy or regenerative nodular hyperplasia)
- The shadowing material in the gastric lumen may represent medication, foreign material and/or normal ingesta. There is no obvious evidence of an obstructive pattern at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of azotemia, a urine culture and sensitivity, UPC (if proteinuria is present), and baseline blood pressure measurement are recommended, along with transitioning into a prescription renal diet when the patient is stabilized.
- Given the suspicion for possible neurologic signs, consultation with a board-certified neurologist is recommended.
- Also consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Due to the concern for possible melena, continuation of sucralfate plus the addition of a proton pump inhibitor should be considered.

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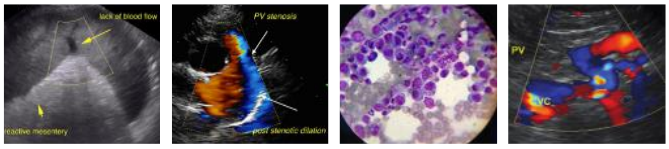

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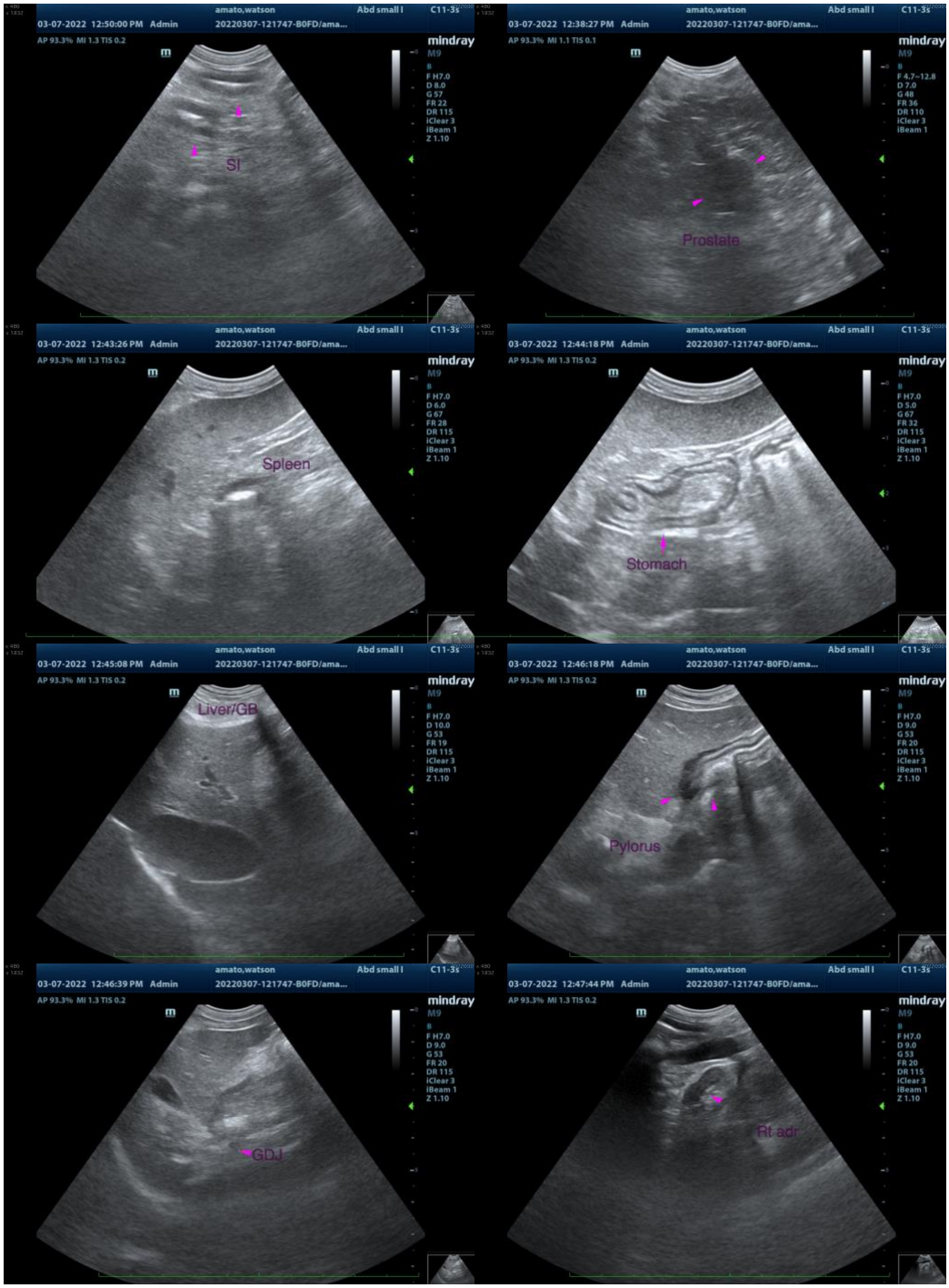
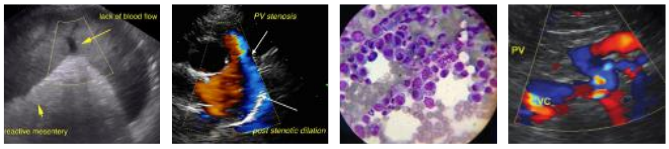


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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