Animal Sounds NW
FUELED BY SONOPATH VETERINARY ULTRASOUND

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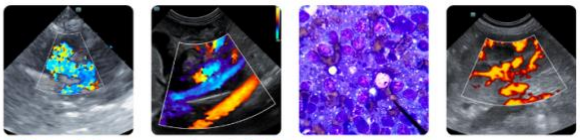

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Quinlan Romsos

SPECIES

Canine

BREED

Wirehaired Fox Terrier

SEX

Neutered Male

AGE

14

WEIGHT

25.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

Dr Gross

INVOICE

22864

DATE

4-15-26

PRESENTING CLINICAL SIGNS

Findings: Pet has a history of mitral valve insufficiency and has had two previous ultrasounds with Animal Sounds. Pet is on Pinobendan 2.5 mg po BID, furosemide 25 mg BID, prednisolone eyedrops for lens induced uveitis. Pet presented for intermittent vomiting and diarrhea of 6-7 days duration. Pet has lost a little over one pound. Owner gave Imodium.

Abnormal lab-work values: Pet had an elevated creatinine of 1.6, a BUN of 48, and an amylase of 1253
CBC showed thrombocytopenia 99,000, NRBC's of 4/100 WBC, Bands increased at 414/IU, and a lymphopenia at 598/UL
UA shows isosthenuria at 1.013 and an elevated pH of 7.5

Current Medications: Pimobendan 2.5 mg po bid, furosemide 25 mg po bid, pred acetate eye drops, maropitant 24 mg po once daily, metronidazole 250 mg po bid, provable forte paste and probiotics
Radiographic Findings
none recently

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. 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 prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.30 cm in length) with a normal shape, and smooth peripheral contours. The cortex is isoechoic relative to the spleen, and mildly-thickened, with a few cortical cysts. There is a moderate loss of distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.27 cm in length) with a normal shape, and smooth peripheral contours. The cortex is isoechoic relative to the spleen, and mildly-thickened, with numerous cortical cysts. There is a moderate loss of distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.99 cm at cranial pole) (1.00 cm at caudal pole) swollen peripheral contours. The parenchyma is mildly heterogenous, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.80 cm at cranial pole) (0.58 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 enlarged with swollen peripheral contours. Numerous, varying-sized, coalescing, hyperechoic areas are observed throughout the organ, creating a possible mass effect in at least one area of the spleen. Splenic vasculature is normal with no evidence of thrombosis.

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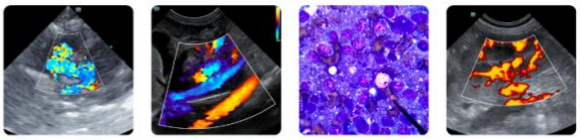

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal- to borderline thickened (up to 0.35 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in. 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease, or less likely, emerging lymphoma.
- Bilateral nonspecific age-related renal changes with cortical cysts
- The splenic lesions could be consistent with benign myelolipomas. However, emerging neoplasia cannot be excluded.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.

Secondary Findings

- Left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic changes, consider fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. Alternatively, consider a splenectomy with submission of the spleen for histopathology. Three-view thoracic radiographs are recommended prior to any anesthetic event.
- Regarding the GI signs, consider the following diagnostics/treatment recommendations:
  1. Texas GI panel including serum cobalamin, folate, PLI, TLI and resting cortisol level
  2. A fecal evaluation for ova/Giardia

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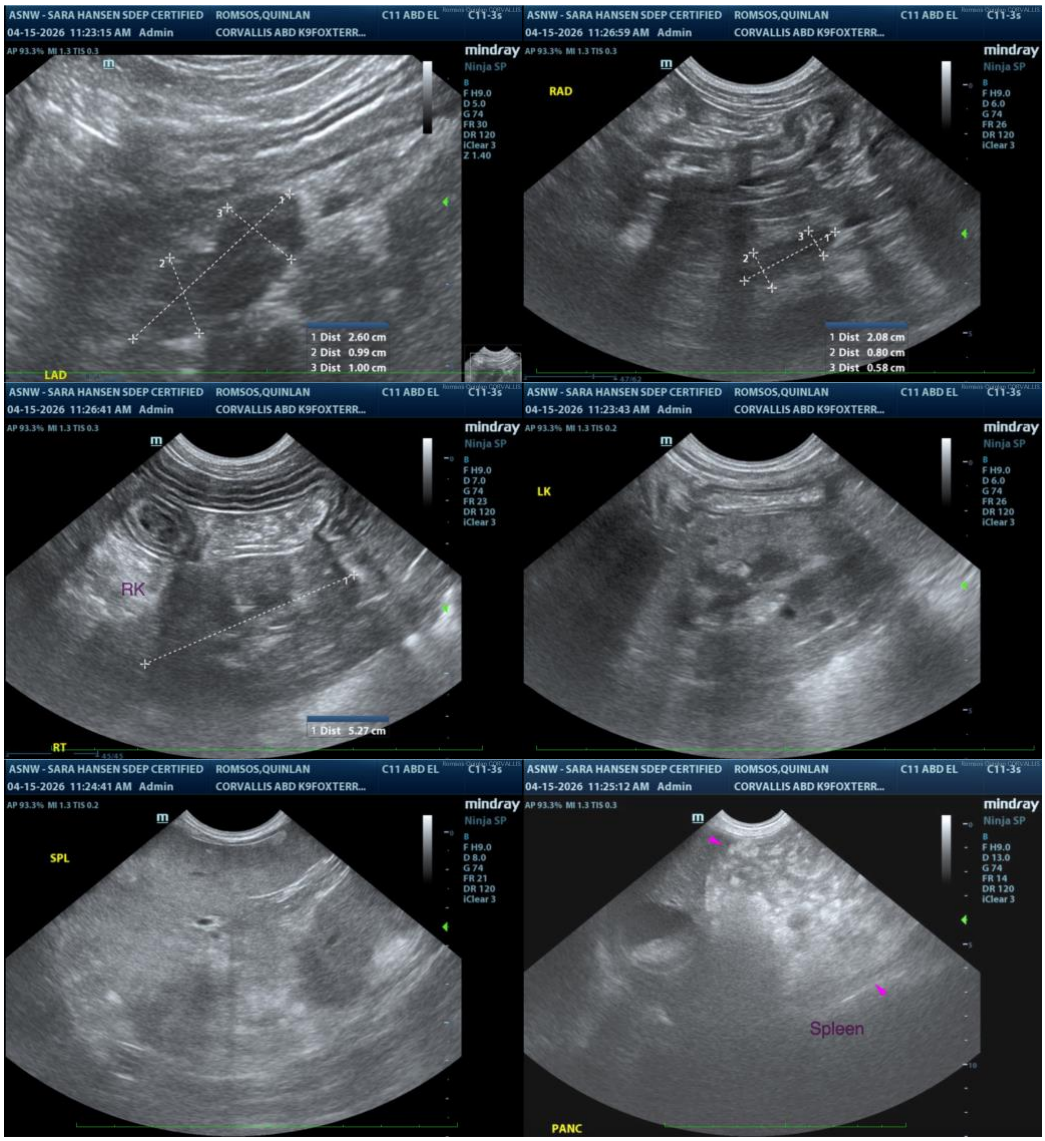
3. Prophylactic deworming with fenbendazole.
4. A 3-4-week hypoallergenic or hydrolyzed protein diet trial
5. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

- Regarding the left adrenomegaly, consider testing for Cushing's disease if the patient develops clinical signs in the future.
- Regarding the CBC changes, a clinical pathology review should be considered.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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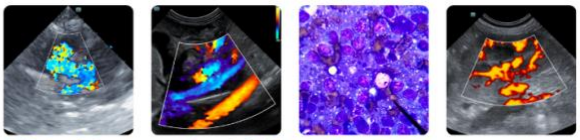

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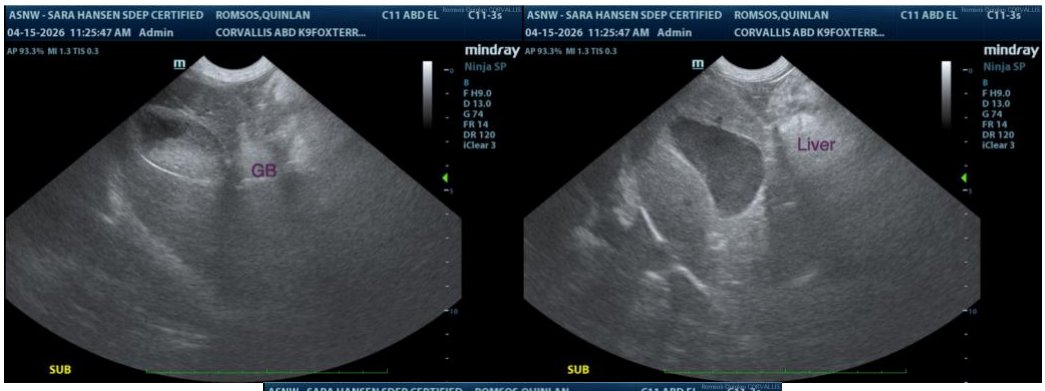

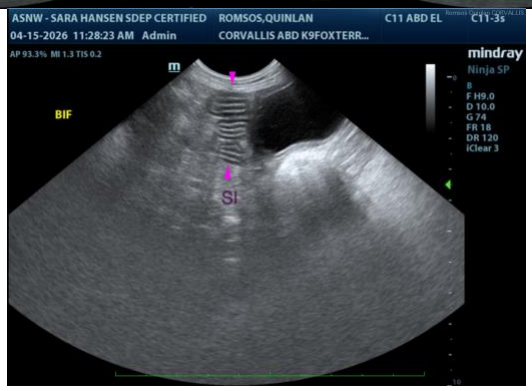

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com