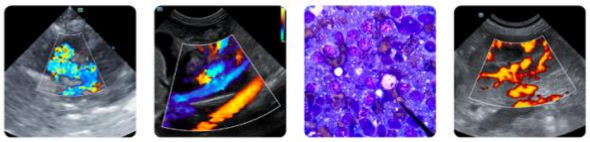


PATIENT

Chief Smith

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

7 years 6 mos

WEIGHT

124

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Jen Redus, DVM

INVOICE

22874

DATE

4-16-26

PRESENTING CLINICAL SIGNS

-Started out throwing up his food.
-He was on one pain med and anti-inflammatory and switched to rimadyl because Galliprant made him throw up.
-After about a week of rimadyl he would vomit mid-day.
-Tuesday, he ate his breakfast and he was keeping them up all night, every 30 mins having to go out.
-Hasn't eaten since Tuesday. Vomiting stopped two days ago and diarrhea last two nights, going out every 15 - 30 mins.
-Energy was fine until the past three days, the thyroid medication really seemed to turn him around.
-He has lost more weight

Abnormal PE/Chem/CBC/UA Results: PE: A little pale Just started Thyroid meds Just seems lethargic. CBC: RBC 5.45M/uL, Hematocrit 35.2%, Hemoglobin 12.6g/dL CHEM: IDEXX SDMA 15ug/dL, Creatinine 1.6mg/dL,Sodium 136mmol/L, Potassium 5.5mmol/L, Na: K Ratio 25, Chloride 102mmol.L, Total Protein 7.6g/dL, Globulin 4.6g/dL, Cholesterol 1,395mg/dL, Triglyceride 970mg/dL, Spec cPL 303ug/L, Cardiopet proBNP (Canine) 3,245pmol/L,Total T4 <0.4ug/dL, Free T4 (ng/dL) <0.3ng/dL,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Mineralized sand +/- distinict calculi are observed within the lumen. The region of the trigone is normal.

The left kidney is normal in size (7.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

Adrenal Glands

The left adrenal gland is normal in size (0.61 cm at cranial pole) (0.72 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

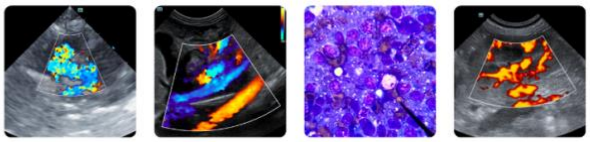
Spleen

A portion of the spleen is visualized, and appears subjectively normal-in-size, with smooth peripheral contours. The parenchyma is subtly mottled in appearance.

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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is minimally fluid-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 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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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

- Mild bilateral nonspecific age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Gallbladder debris, non-mucocele
- Urinary bladder sand +/- cystic calculi

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., dietary indiscretion, toxicity, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, drug reaction, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended (if not already performed).
- Consider prophylactic deworming with fenbendazole.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Supportive care for acute gastroenteritis is recommended.
- If clinical signs persist despite medical management, further GI work-up (i.e., repeat abdominal ultrasound, GI panel, endoscopic or surgical GI biopsies) may be indicated.
- Regarding the urinary bladder sand +/- calculi, consider a cystotomy with stone removal, analysis and culture when the patient's current clinical condition is stablized. Alternatively, an attempt at medical dissolution can be considered.
- Regarding the borderline azotemia, also consider the following:
  1. Urinalysis with culture and sensitivity
  2. Leptospirosis testing (i.e., blood and urine PCR, serology)
  3. Discontinuation of NSAID
  4. Baseline blood pressure measurement

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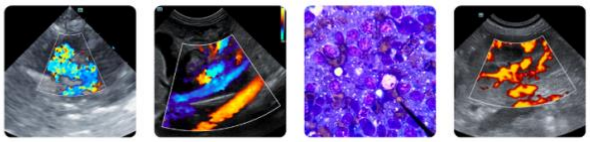

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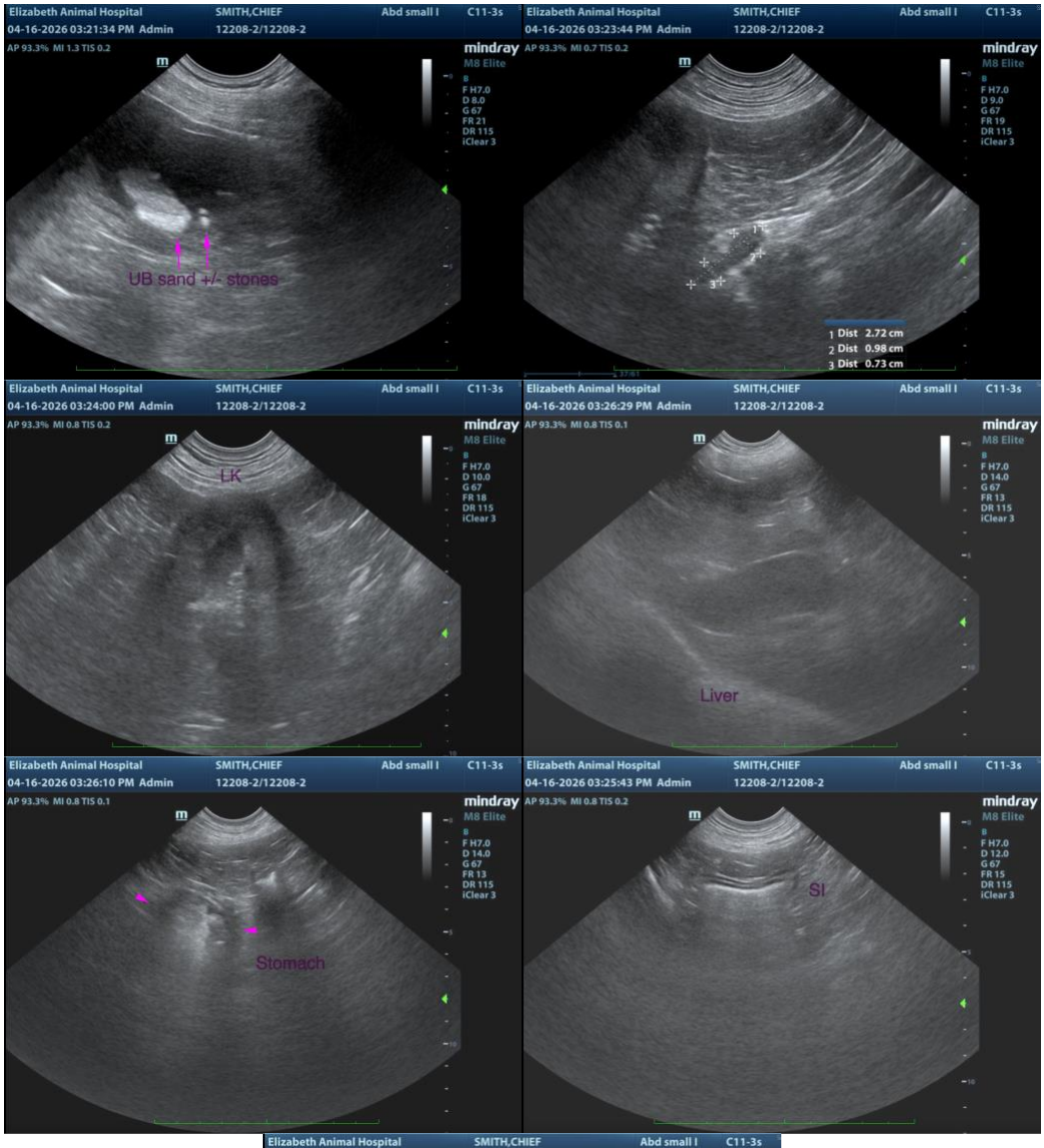

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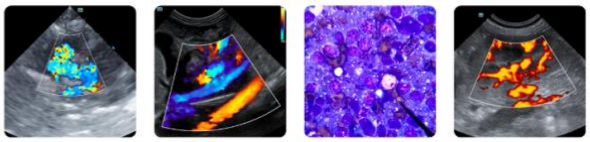

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com