



PATIENT PRESENTING CLINICAL SIGNS

CHUCK HUNT
History: Weight in LBS: 46.5 Breed: McNab mix History: Chronic hypersalivation persistent after anesthetic dental cleaning and extractions where necessary (last dental in 2020). Acute diarrhea as of 4/6/2022, treated with Fortiflora and Metronidazole. Diarrhea has improved after beginning medications. Vomited once on 4/16/2022 abruptly after waking up from nap. Mild weight and muscle loss. Physical Exam Findings/Reason for Ultrasound: Kidney values were elevate as such: SDMA: 20ug/dL Creatinine: 2.2mg/dL BUN: 42mg/d However, phosphorus and USG (1.041) are normal. Abdominal ultrasound to help consider degree of early kidney dysfunction and any other abnormalities related to GI system. Blood pressure recommended.

SPECIES

Canine

BREED

McNabb Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

46.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of
Nevada

REFERRING VET

Dr. Behrens

INVOICE

13230

DATE

4/18/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. 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 (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.00 cm in length); 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.23 cm in length); 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

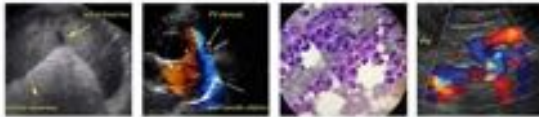
The right adrenal gland is borderline enlarged (1.12 cm at cranial pole) (0.89 cm at caudal pole) (2.65 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.77 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 prominent in size with slightly swollen peripheral contours. The parenchyma is largely isoechoic relative to the spleen and mildly heterogeneous in appearance with a few ill-defined



PATIENT

Chuck Hunt

hypoechoic nodules/areas, the largest measuring 2.09 cm in diameter on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

BREED

McNabb Mix

SEX

Neutered Male

Pancreas

The right limb 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.

AGE

13 Years

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

46.5 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings:

- The hypoechoic hepatic nodules could be consistent with a benign process (i.e., regenerative nodular hyperplasia). Alternatively, emerging neoplasia cannot be completely excluded. The diffuse hepatic parenchymal changes are non-specific and likely secondary to a benign hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia).

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Secondary Findings:

- Minor non-specific, age-related renal changes.
- Gallbladder sludge, non-mucocele.
- Age-related pancreatic remodeling +/- fibrosis. Mild pancreatitis may be present, particularly if the patient is painful on cranial abdominal palpation.
- Mild right adrenomegaly.

HOSPITAL NAME

Advanced PetCare of
Nevada

REFERRING VET

Dr. Behrens

*An obvious cause for the patient's gastrointestinal signs is not identified in this study.

INVOICE

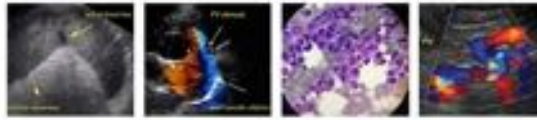
13230

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult esophageal disease.
- Other diagnostic considerations include the following:

DATE

4/18/22



PATIENT

Chuck Hunt

SPECIES

Canine

BREED

McNabb Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

46.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of
 Nevada

REFERRING VET

Dr. Behrens

INVOICE

13230

DATE

4/18/22

1. GI panel (send to Texas A&M).
 2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 3. A 6-week limited antigen diet trial to assess for food allergies
 4. A fecal evaluation for ova/Giardia
 5. Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. An upper GI endoscopy would be useful in evaluating the patient for esophagitis and strictures, which can occur post anesthesia due to gastroesophageal reflux.
- Regarding the patient's azotemia, consider a urine culture and sensitivity, baseline blood pressure measurement +/- UPC (if proteinuria is present).





PATIENT

Chuck Hunt

SPECIES

Canine

BREED

McNabb Mix

SEX

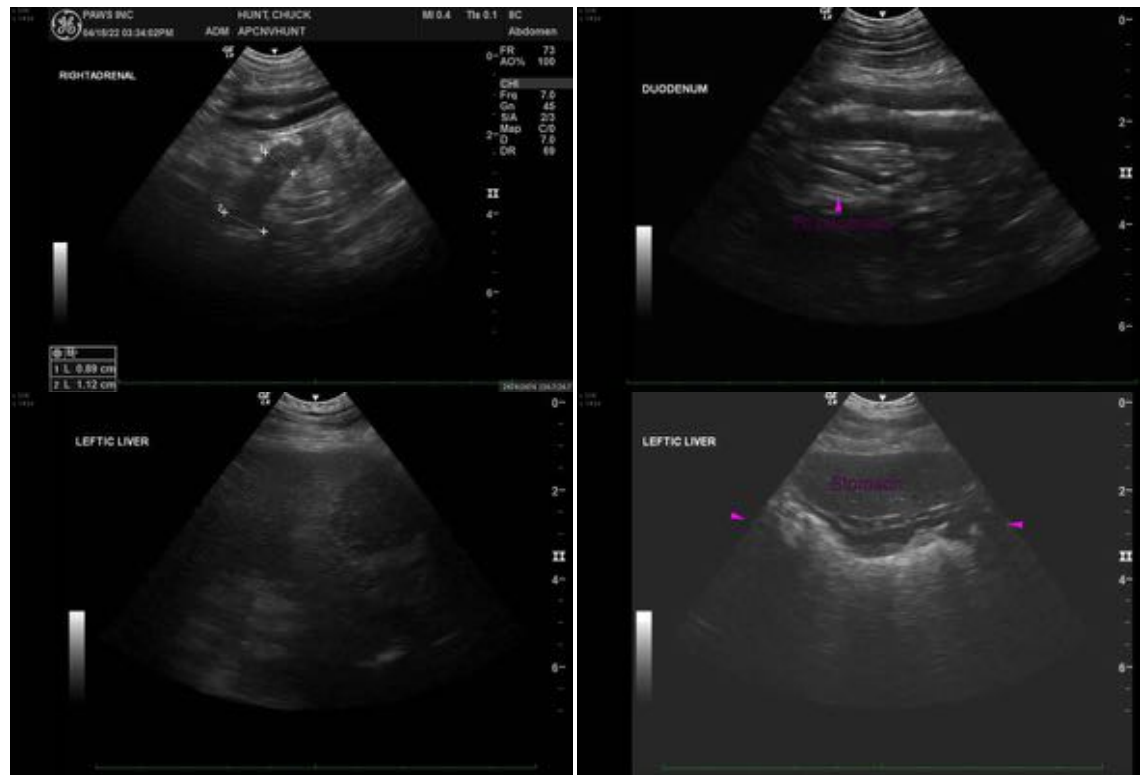
Neutered Male

AGE

13 Years

WEIGHT

46.5 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of
Nevada

REFERRING VET

Dr. Behrens

INVOICE

13230

DATE

4/18/22

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

andrea.nicastro@sonopath.com