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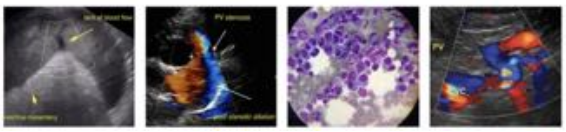


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Obi Hill

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

12.1.16

WEIGHT

75.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Christi Wiles

INVOICE

12671

DATE

4.6.23

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting and diarrhea for the past few weeks. Also has a history of bilateral ACL tears. Was going to have surgery but is waiting due to recent GI issues. Was previously on NSAIDS but they were discontinued. Just on Gabapentin now. Recent baseline lab-work unremarkable.
Been dealing with Gi upset (V/D) since 3/14/2023

Clinical Exam Findings: BCS 6/9
EENT: Ears/eyes clean & clear. Periodontal disease stage 2/4. MMs pink & moist, crt <2s. No nasal discharge noted.
Integumentary: No external parasites noted.
Cardiovascular: No heart murmur ausculted, normal heart rate & rhythm. Lungs clear, normal respiratory rate.
Abdomen: Soft, nonpainful. No masses palpated.
Musculoskeletal: Ambulatory x 4. Help em up harness in place. Hx bilateral CCL tears.
Neuro: Appropriate mentation.
Genitourinary: WNL.

Abnormal lab-work values: recommendation of the duel ACL sx in March 2023 diagnosed after seeing ortho at CVRC

Current Medications: 75mg Carprovet BID (Stopped 3/14/2023 when first round of GI issues started). Metro 500mg 1 tab BID, Gaba 100mg give 400-500mg 3x daily. Purina EN wet and dry food, Pepcid BID (O unsure of mg)

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 proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.52 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 (6.25 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.

The right kidney is normal in size (7.35 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 is slightly small in size (0.50 cm at cranial pole) (0.52 cm at caudal pole) with a mildly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in slightly small in size (0.86 cm at cranial pole) (0.52 cm at caudal pole) (xxx cm in length) with a normal shape and smooth peripheral contours. 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 (1.90 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 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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with soft, shadowing material/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 segmentally dilated with chyme. 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 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

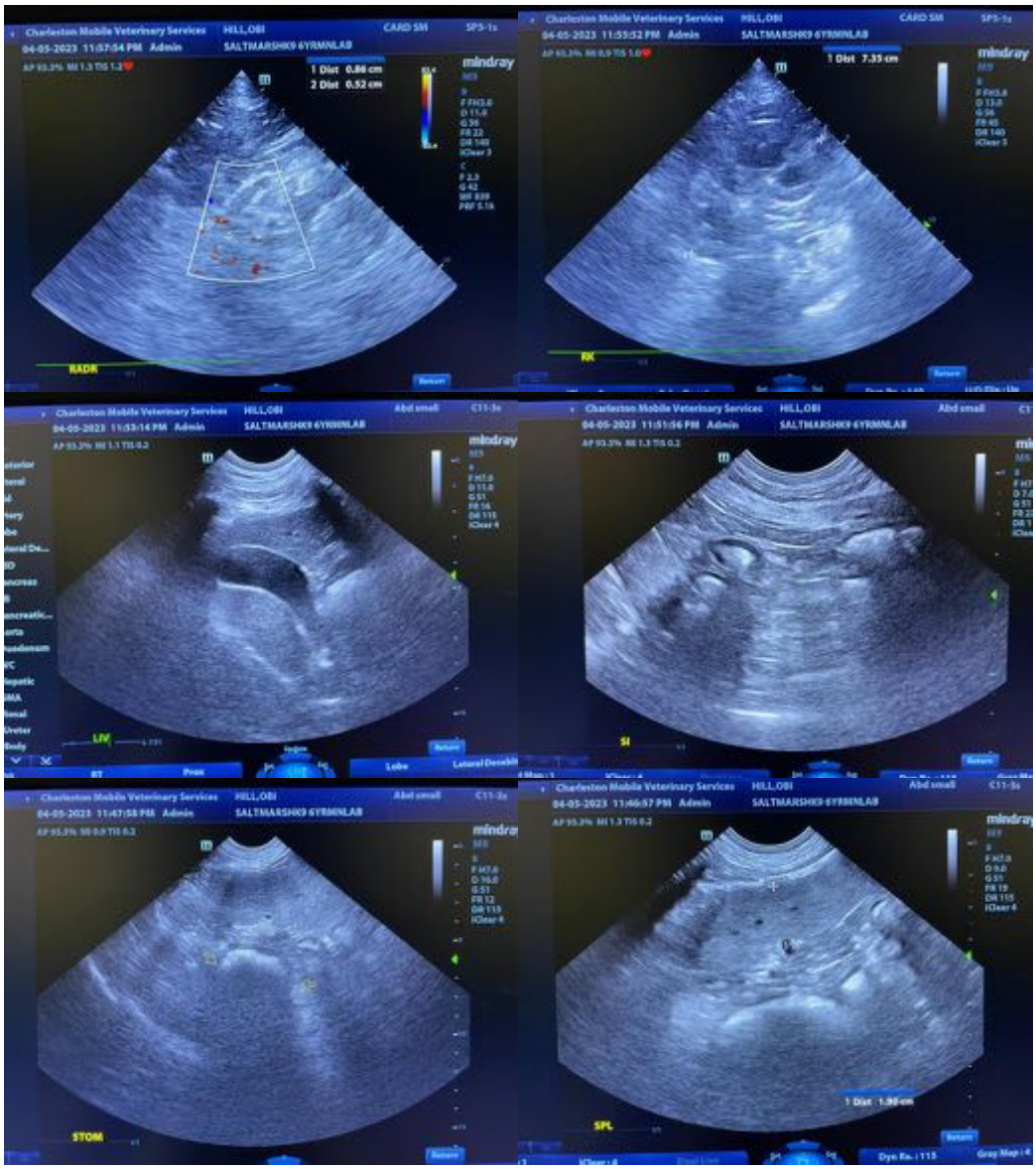
Findings

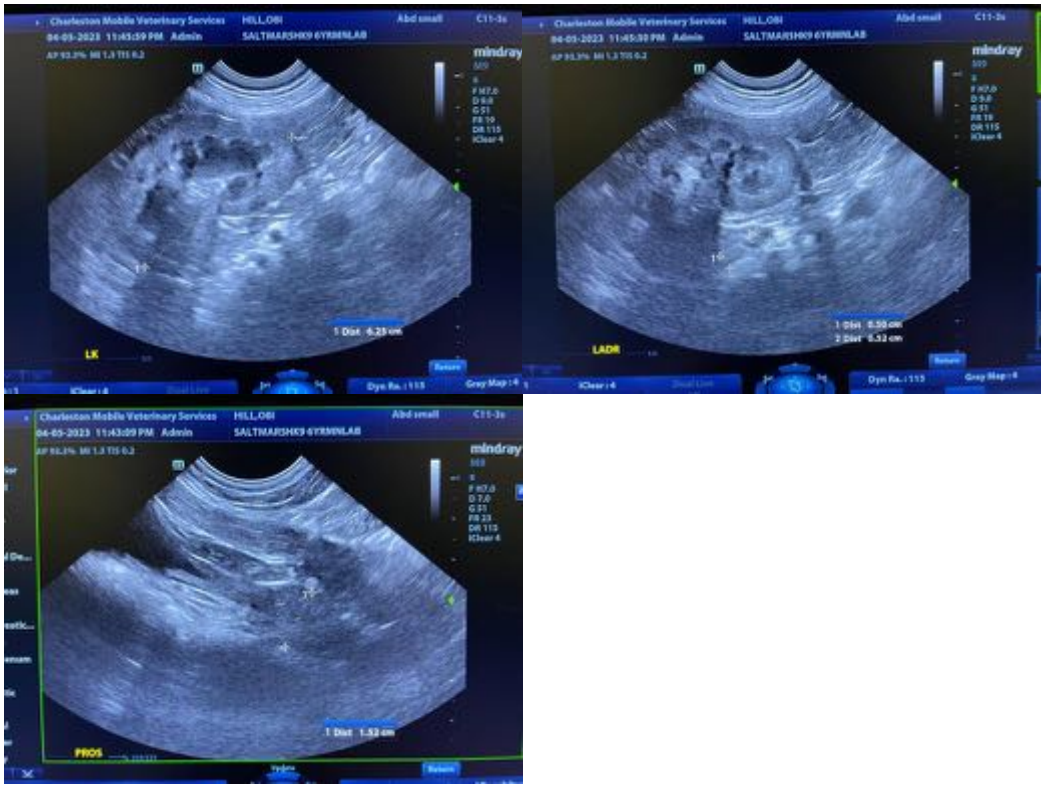
- The bilaterally small adrenals may be a normal variant for this patient or may represent early atrophy (i.e., secondary to atypical hypoadrenocorticism). The remainder of the abdomen is unremarkable. Differentials for this patient include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia (if not already performed)
- Prophylactic deworming with Fenbendazole
- GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level (send to Texas A&M).
- 2-4-week limited antigen or hydrolyzed protein diet trial
- Consider initiation of a probiotic with a high colony count as well as a fiber supplement (Metamucil or Konsyl).

- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.





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)
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