Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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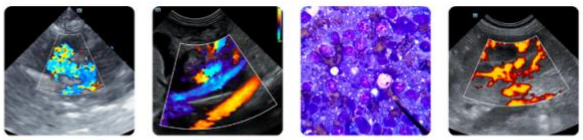

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Coozie Cooper

SPECIES

Canine

BREED

Lab mix

SEX

Male Neutered

AGE

1/12/17

WEIGHT

54.30

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Eliza Roland

INVOICE

23020

DATE

5-15-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has been lethargic for about a week. Slight inappetence.
Abnormal lab-work values: Albumin 2.4, A/G Ratio 0.7, ALT (SGPT) 217, ALK PHOS 148, CALCIUM 8.8, PrecisionPSL 225, Neu 82, Lymp 7, ABN 12218, ABM 1043. UPC 3.4.
Current Medications: None Radiographic Findings: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.5-4.0 cm, are normal.

The prostate is normal in size (0.98 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 (7.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 subjectively normal in length with a flattened contour (0.49 cm at cranial pole) (0.47 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.00 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 normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.7 x 1.3 cm ill-defined hypoechoic nodule is observed approximately mid-body. 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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

Gastrointestinal

The gastric lumen is not distended. 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

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intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to hypoadrenocorticism.
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor cannot be completely excluded. A benign process is favored.

* Given the elevated UPC, a protein-losing nephropathy is suspected. Most protein-losing nephropathies are idiopathic. However, they can be secondary to infectious, inflammatory, immune-mediated, or neoplastic diseases, and if possible, an underlying cause should be sought.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the flattened left adrenal gland, a resting cortisol level is recommended to screen for hypoadrenocorticism.
- Although the hypoalbuminemia is likely secondary to proteinuria, other causes (i.e., hepatic dysfunction, GI disease) are also possible. Therefore, other diagnostic considerations could include serum bile acids (pre- and post-) and a fecal evaluation).
- Given the elevated UPC, consider the following:

1. Angiotensin II receptor blocker (e.g., telmisartan)
2. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
4. Prescription renal diet
5. Baseline blood pressure measurement with serial monitoring thereafter
6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

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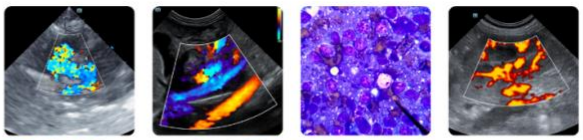

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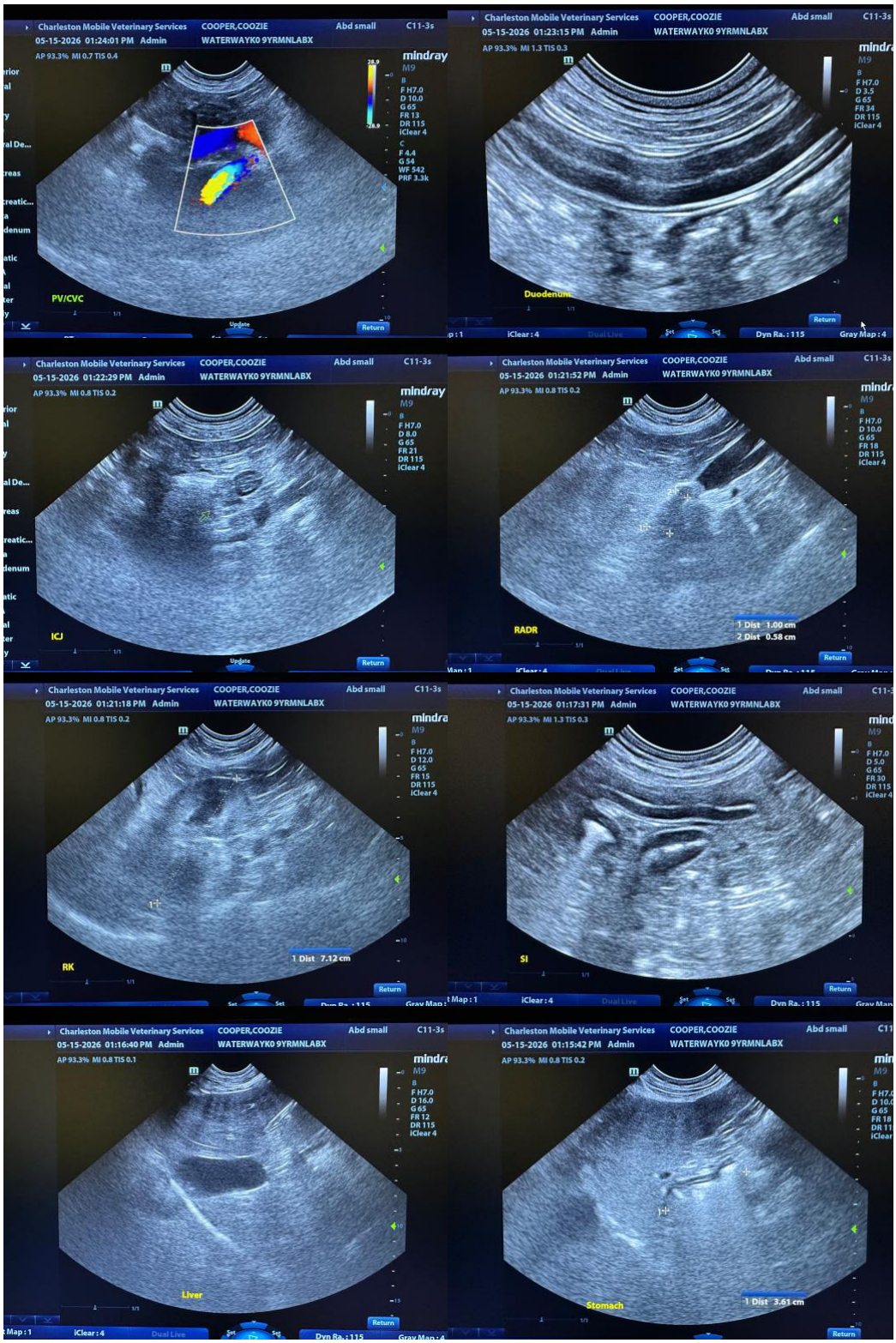

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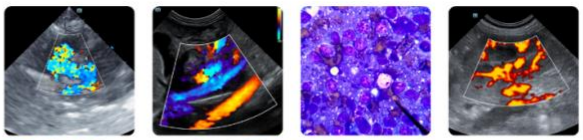

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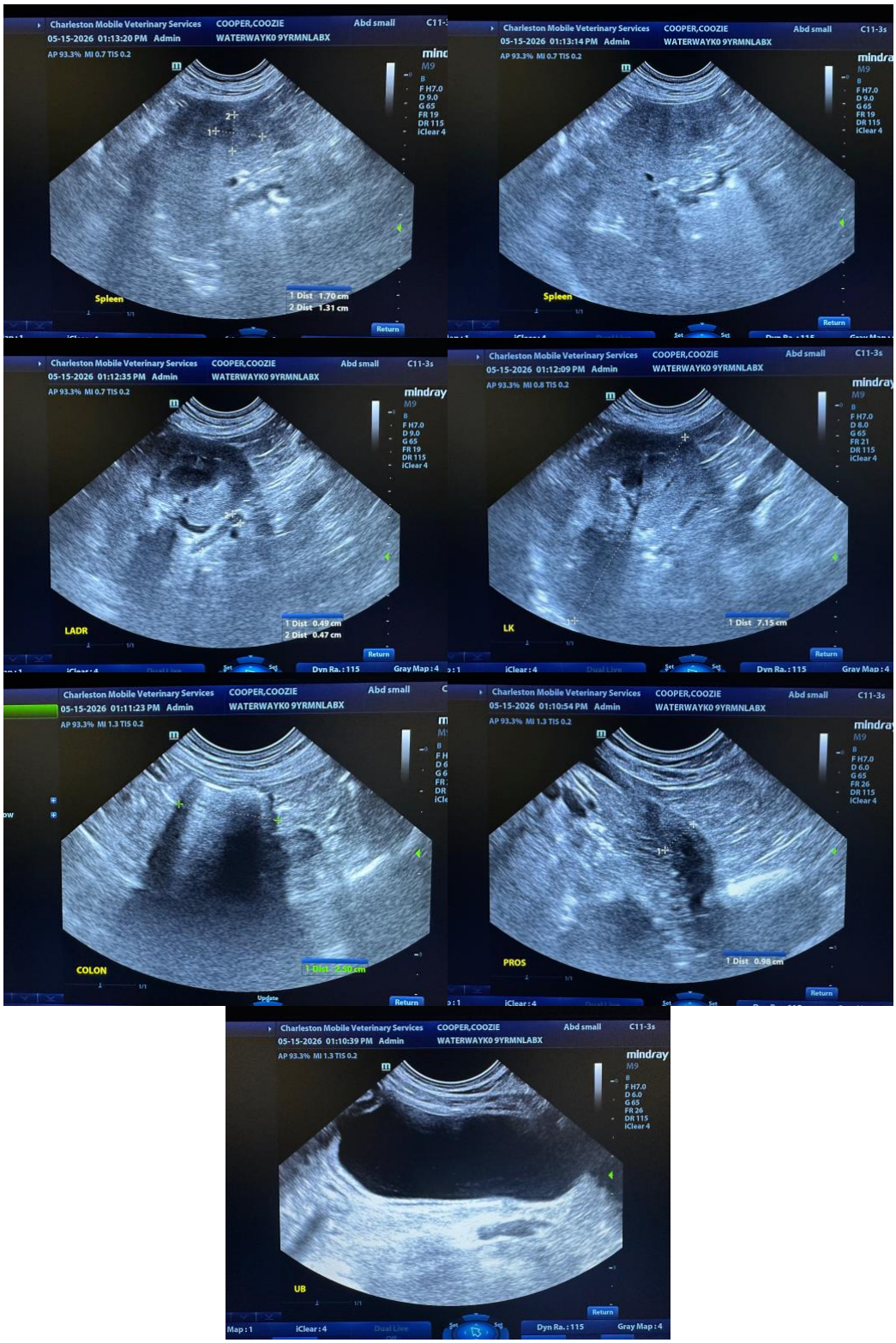

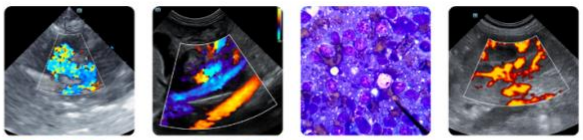

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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