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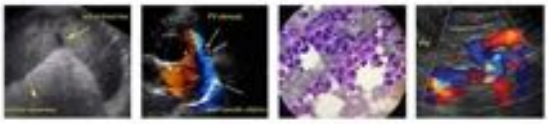

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Drew Carter

SPECIES

Canine

BREED

Jack Russell terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountainview AH

REFERRING VET

Dr. Kalivoda

INVOICE

13413

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: BodyScore9 4 - Ideal - 4 Temp 100.4 Pulse 120 Resp 30 CRT <2 sec Dental 3 - Moderate Pain 1 - No Visible Pain Alert BAR Chief Concern / Provisional Diagnosis: Polphagia and polydipsia. Relevant Medical History and Physical Exam findings: Drew has started eating everything he possibly can, including toys, etc. He is surfing the counters, getting into the pantry and stealing food off of plates. He has a history of having loose stool and occ vomiting. Physical exam was unremarkable. Patient has been dewormed with Panacur despite negative fecal. Concern for atypical Cushings or intestinal disease. Recent Diagnostics: Relevant Labratory Results / Abnormalities: Thrombocytosis 627; hypocalcemia 8.2; hypochloremia 104; elevated lpase 263; elevated CK 347; USG 1.015; total T4 wnl; fecal negative Current medications (include full name, dosage and frequency): Galliprant 20 mg q 24 hours; Gabapentin 100 mg q 8-24 hours; Amantadine 25 to 50 mg every 24 hours

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 (1.01 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 (4.70 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (4.79 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.72 cm at caudal pole) (2.15 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.

The right adrenal gland is normal size (1.14 cm at the cranial pole)(0.59 cm at caudal pole) (2.49 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 subjectively normal in size (1.08 cm in width at the level of the hilus) with a slightly undulating medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

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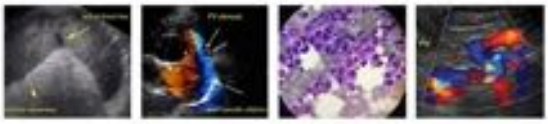

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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts 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. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with chyme. 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. A segment of descending colonic wall is mildly thickened (up to 0.39 cm) with retention of the normal layering pattern. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.52 cm in length. The nodes are normal in shape and echogenicity.

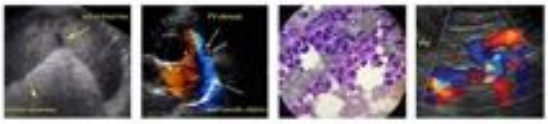
Other

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

ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The focal colonic wall thickening is most consistent with an inflammatory process with a lower possibility of emerging neoplasia.
- Bilateral, minor, age-related renal changes with a left cortical infarct.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include maldigestion/malabsorption, behavioral issue, Cushing's disease (unlikely due to normal ALP and adrenal size), other.



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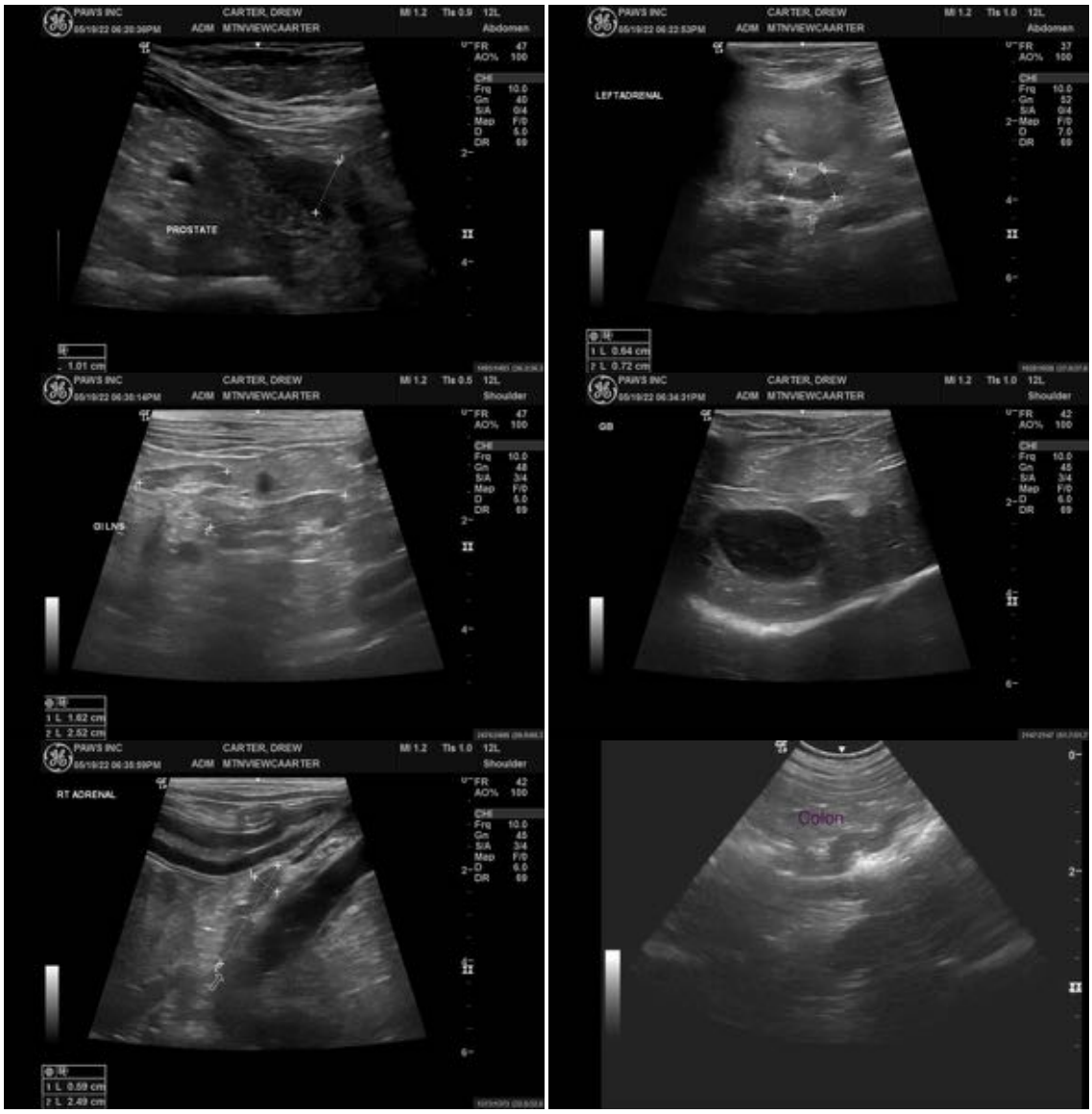
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a malabsorption panel (send to Texas A&M) +/- endoscopic or surgical gastrointestinal biopsies. Given the patient's age, thoracic radiographs are recommended prior to any anesthetic event.
- Given the patient's hypocalcemia, an ionized calcium +/- PTH level should be considered to further assess for primary hypoparathyroidism.



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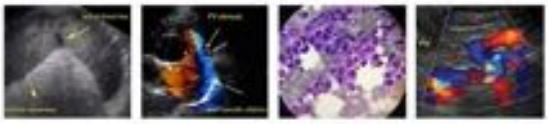

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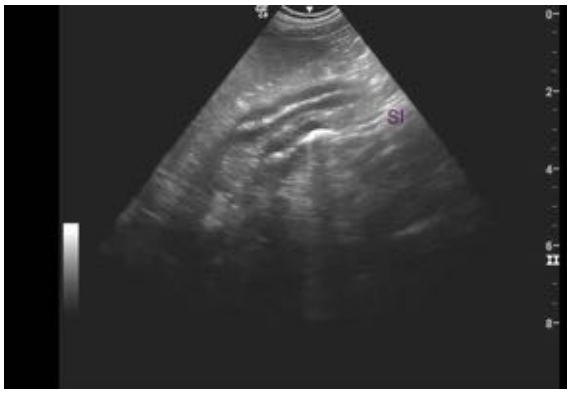

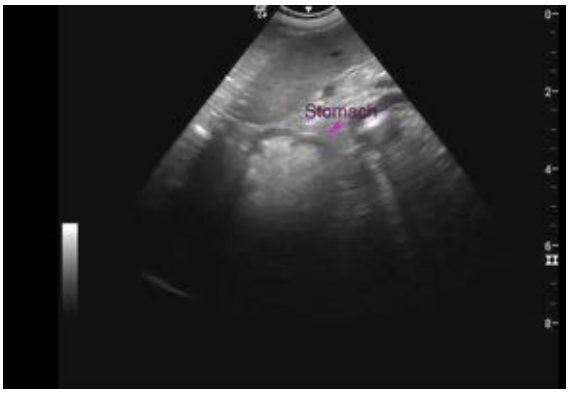

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea.nicastro@sonopath.com