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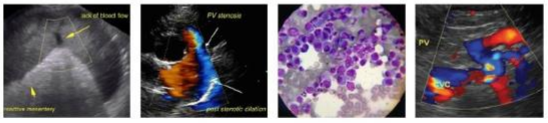


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rowdy Sammies Friends Shelter

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

10 years

WEIGHT

6.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

10877

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: Shelter animal. Dental with almost FME July 2020. Since 2020 pt has been slowly losing weight. Weight loss of 1 lbs total in the past 1.5 years. Pt is in foster care, foster states decreased appetite, vomiting since 4/27. Annual exam 4/21/22- Pt doing well at that time. Full wellness panel

CBC/Chem/UA/T4/Fecal/accuplex to the lab- ALT 250, BUN 71, Cr 1.6, BUN/Cr ratio 44, Chol 330, CBC WNL, T4 WNL, UA USG 1.025, 2+ proteinuria, fecal negative, accuplex negative x 4. Tx with panacur x 5 days Exam 4/27/22- grade 3/6 systolic murmur noted. Pt was uncomfortable with abdominal palpation. Snap CPL in house abnormal, chem 12/lytes CBC- ALT 145, BUN 35, (Creat WNL 1.0), glob 2.0. Admin fluids, cerenia, no signif improvement. 5/3/22 Continued vague symptoms and decreased appetite. Repeated sc fluids/cerenia. Scheduled rads and u/s. Radiograph whole body-

Radiographic Findings Whole body radiographs are supplied. There is the impression of mild cardiomegaly with mild left atrial enlargement. Pulmonary vascular and parenchymal character is normal. Abdominal detail is satisfactory. The stomach appears empty except for mild gas. The small bowel contains mild scattered gas with no abnormal distention. The colon contains mild gas and a small volume of formed feces. Radiopaque G.I. foreign material is not identified. There is no evidence of abdominal organomegaly. The kidneys and other visceral features are within normal limits. There is LS disc degeneration with narrowing and spondylosis. There is disc space narrowing at the TL junction and at L5-L6. Conclusion Impression of mild cardiomegaly with mild left atrial enlargement. Empty gastric and small intestinal character, negative for radiopaque foreign material or features of bowel obstruction. Other abdominal viscera are of normal character. Steve Harnagel, DVM, DACVR Rx sucralfate and entyce.

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 1 cm, are normal.

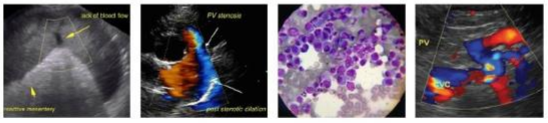
The left kidney is normal size (2.95 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The right kidney is normal size (3.19 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.46 cm at caudal pole; 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 (0.42 cm at cranial pole) (0.38 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex,



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and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.10 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 curvilinear peripheral contour. The parenchyma is hypoechoic relative to the spleen. A 2.32 cm ill-defined, hypoechoic to slightly heterogenous area is observed at the caudal aspect. In addition, a smaller hypoechoic nodule/area is also seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal to mildly thickened (up to 0.59 cm) with retention of the 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. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

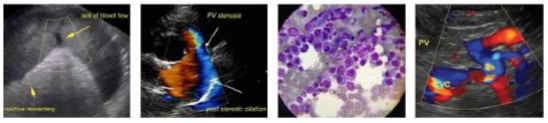
Free Abdomen

There is no evidence of free fluid. A 0.83 cm medial ileac lymph node is visualized. A 0.76 cm colic lymph node is also seen. One to two lymph nodes are also visible in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall changes are most consistent with gastritis with a lower possibility of emerging neoplasia
- Bowel pattern suggestive of inflammatory bowel disease. Correlation with clinical history is recommended
- Bilateral, chronic age-related renal changes



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Secondary Findings

- Gall bladder debris/sludge, non-mucocele
- The hepatic parenchymal changes are nonspecific and could be consistent with inflammatory changes, hepatotoxicosis (i.e., copper), reactive hepatopathy or emerging neoplasia, (particularly the caudal lesion). Concurrent age-related changes (i.e., regenerative nodular hyperplasia) may also be present.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the azotemia, consider the following:

1. UPC
2. Urine culture and sensitivity
3. Baseline blood pressure measurement

Regarding the elevated ALT, consider the following:

1. Pre-and postprandial serum bile acids
2. Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the liver enzyme elevation is acute in nature.

Given the patient's age and vague clinical signs, thoracic radiographs are recommended to assess for occult neoplasia in the chest.

Other diagnostic considerations include a malabsorption panel (i.e., serum cobalamin and folate, TLI and PLI), resting cortisol level, +/- GI biopsies (endoscopic or surgical)

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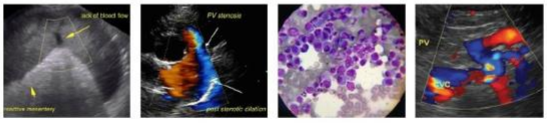

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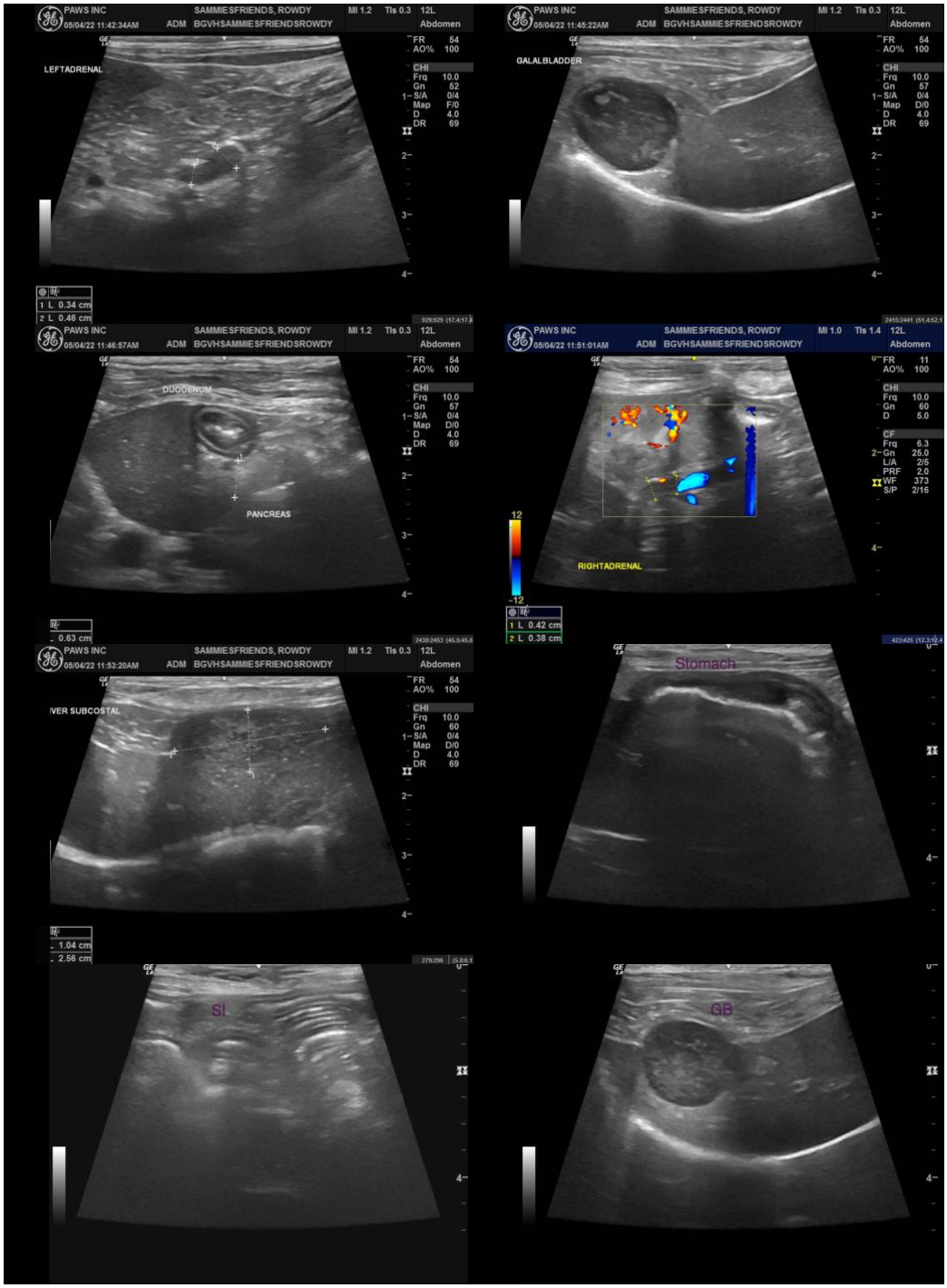
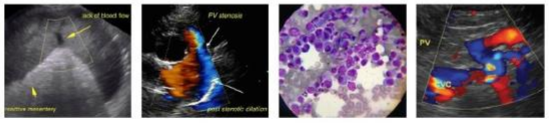


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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