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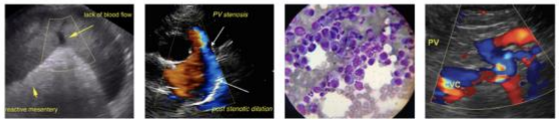


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Hunter Brush

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

4/15/2008

WEIGHT

13 kg

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Frasier/Marcario

INVOICE

11109

DATE

6/19/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: HE is QARH. EENT mmb pink <2. CV/R no murmur/arrhythmia lungs clear Abd palp relaxed today. rectal-bloody diarrhea. Integ nsf. PLNs wnl. UG nsf

Abnormal lab-work values: BUN 44 Creat 2.2 . WBC 11K Neutrophils 0.99, lymphocytes 6.74, monocytes 3.53. UA - 1.014, Cocci, rods, WBCs. Coags normal
Current Medications: trilostane and norvasc at home. Cerenia/Famotidine/Metro/IVF
Radiographic Findings. 3 radiographs of the abdomen are available for interpretation.
The serosal detail is normal. The stomach contains a mild amount of gas. The gastric outflow tract is normally gas-filled in the LLR. The small intestine is non-distended. The large intestine has a mild amount of gas. The kidneys are on the lower normal limit in size. Only in the LLR, there is an oval-shaped 5 mm mineral opaque structure summating with the caudal aspect of the urinary bladder and the musculature of the hind limbs. The liver, spleen, and remaining abdominal structures look normal. There are multiple narrowed disc spaces and spondylosis.

Assessment: Lower normal limit in size of the kidneys, might be within normal variation or indicate chronic degeneration. Equivocal mineral opaque structures summating with the urinary bladder only in one image, might indicate a summation effect from the adjacent soft tissues or a true finding (even if not consistent, e.g., urolith). Consider ultrasound of the urinary tract for further assessment.
Multifocal IVDD. Notes to Specialist (if any). Pt. Has a history of Cushing's Disease, hypertension, and CKD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. A small amount of gravity dependent, echogenic debris is observed within the lumen. 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 (1.32 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

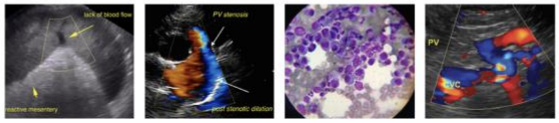
The left kidney is normal size (5.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.55 cm in the longitudinal plane). One to two small, cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is slightly small in size (4.68 cm in length); with a mildly irregular 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 left adrenal gland is normal size (0.47 cm at cranial pole) (0.56 cm at caudal pole) (1.59 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 (0.78 cm at cranial pole) (0.42cm at caudal pole) (2.14 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.52 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. A small amount of gravity dependent, 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 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 intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.37 cm) with retention of the normal layering pattern. 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral, chronic, age-related renal changes with left pyelectasia.
- The colonic wall changes are most consistent with an inflammatory process, with a lower possibility of emerging neoplasia.

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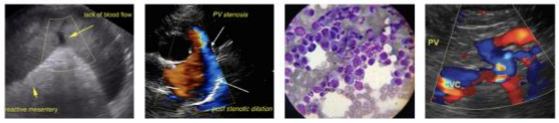

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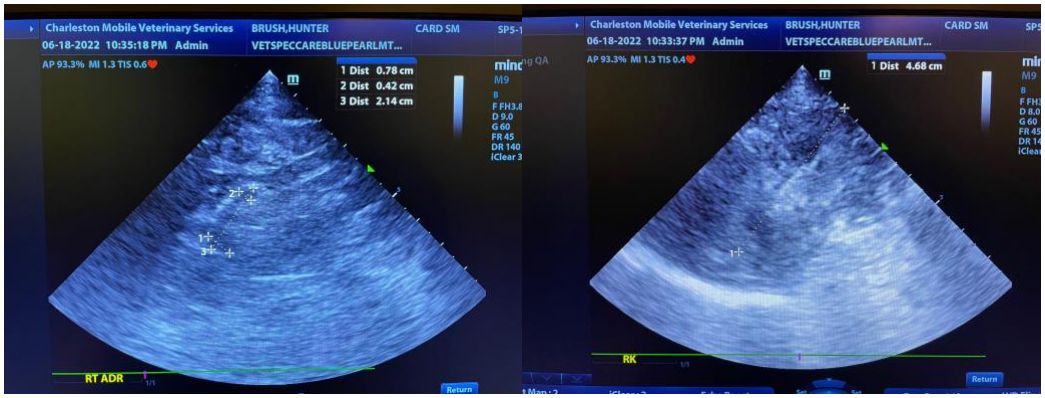
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

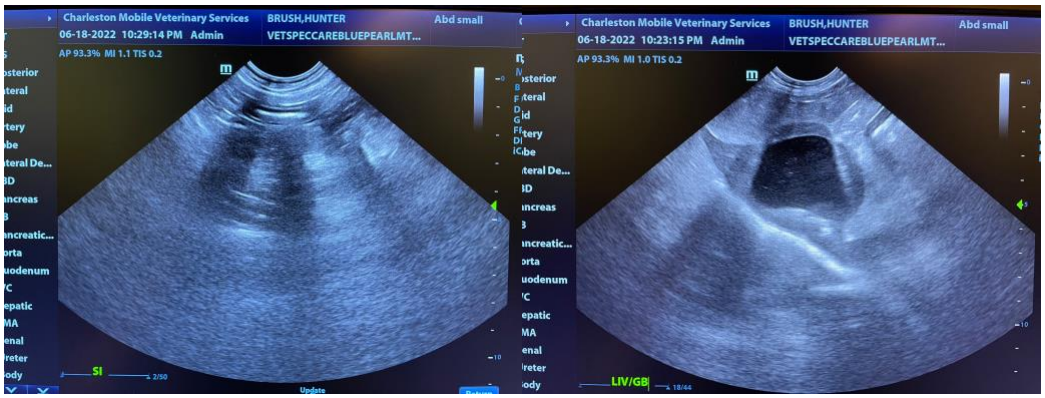
Given the azotemia and sonographic renal changes, consider a urine culture and sensitivity, UPC (if proteinuria is present), and baseline blood pressure measurement.

Given the gastrointestinal signs, consider the following:

1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. Fecal PCR panel for infectious diseases
4. Resting cortisol level
5. Supportive care for acute hemorrhagic gastroenteritis.

If the patient's clinical signs do not improve within 48-72 hours of supportive care, a more advanced GI workup may be warranted.





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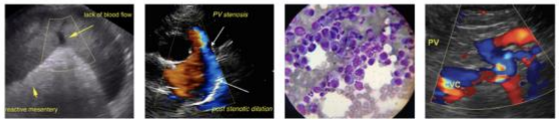

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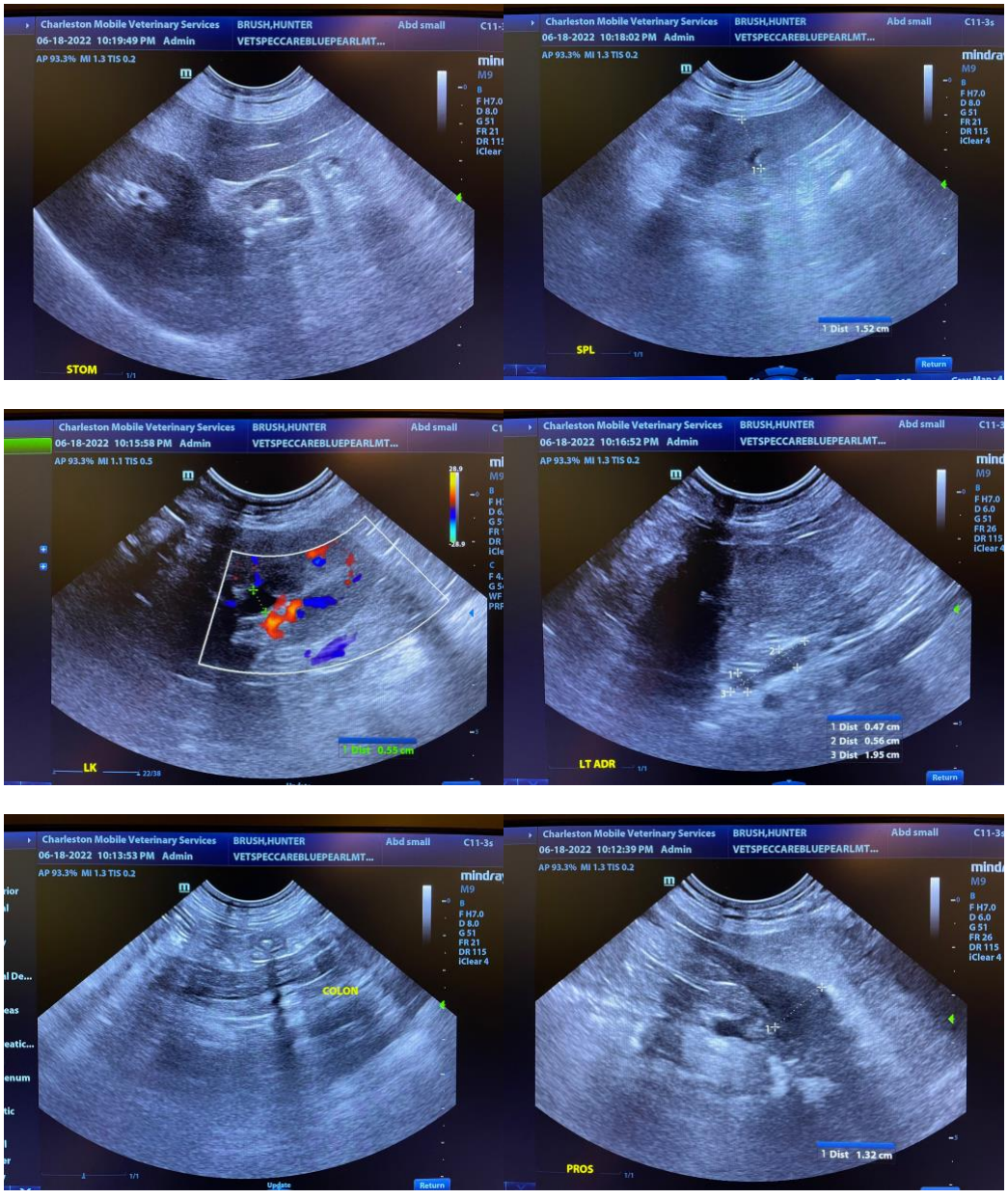

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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