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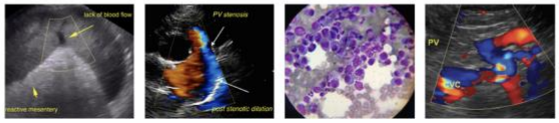


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Paisley Ritter

SPECIES

Canine

BREED

Chow Mix

SEX

Spayed Female

AGE

6/14/2013

WEIGHT

80 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

Flowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

11130

DATE

6/21/22

PRESENTING CLINICAL SIGNS

Paisley is a 9yo spayed Mixed Breed presenting for chronic, intermittent, mixed bowel, soft stool/diarrhea with occasional blood or mucus. Owner first noticed the issue approximately 1-2 months ago. Owner notes that patient is very anxious and is not sure if it is related to that. Patient had a normal bm last night, but this morning it was soft served followed by liquid. Appetite and water consumption is normal. No v/c/s. activity level is normal. No other medical issues or concerns reported at this time. Chronic diarrhea. Occasional blood or mucus. Vomiting. Eating, drinking fine.
ALP 709. ALT 312. Normal albumen. Questionable, mild thrombocytopenia.

Current Medications: Heartgard Q 30 days (per owner)
Joint Supplement Daily

Current Diet: All-natural dehydrated dry food (unsure of name)

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 left kidney is normal size (6.90 cm in length); normal shape and architecture with 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 size (7.13 cm in length); normal shape and architecture with 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 enlarged (0.73 cm at cranial pole) (1.75 cm at caudal pole) (3.66 cm in length); with an irregular shape. A 2.31 x 1.94 cm hyperechoic to slightly heterogenous mass is observed at the caudal pole. Glandular echogenicity and detail at the cranial pole appear normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

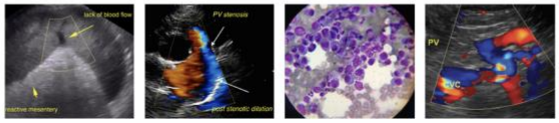
The right adrenal gland is enlarged (1.78 cm at cranial pole) (1.08 cm at caudal pole) (2.89 cm in length); with a slightly irregular shape. The parenchyma is heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (2.19 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 prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled, bordering on nodular in appearance. Ill-



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defined hypoechoic areas are also noted. An approximately 5 cm isoechoic swelling/mass is observed in the region of the right, medial lobe. 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. Luminal contents are mostly anechoic. 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. Occasional mucosal speckling is noted. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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. A 1.44 cm medial iliac lymph node is visualized.

Other

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

ULTRASONOGRAPHIC FINDINGS

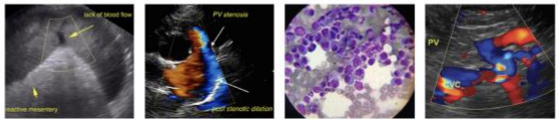
Primary Findings

- Liver swelling/mass in the region of the right medial lobe. Differentials include adenoma, adenocarcinoma, benign nodular hyperplasia, inflammatory focus, other. The diffuse hepatic parenchymal changes are nonspecific and could be associated with a benign process (i.e., regenerative nodular hyperplasia). Alternatively, metastatic disease, an inflammatory process or other hepatopathy may be present.

- Bilateral adrenomegaly. The left adrenal mass may be neoplastic in origin (i.e., adenoma, adenocarcinoma, pheochromocytoma). Alternatively, a benign process (i.e., benign nodular hyperplasia) may be present.

*An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, infectious/parasitic), low-grade pancreatitis, or underlying metabolic issues.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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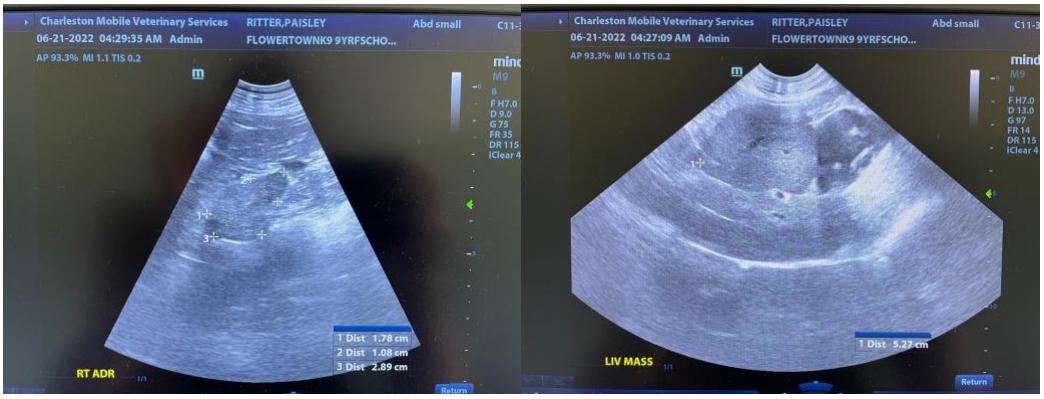
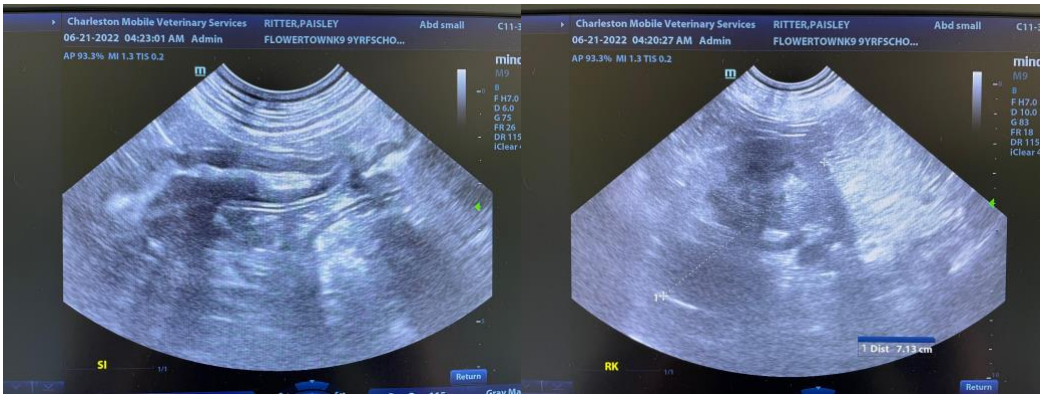
Given the hepatic and renal changes, thoracic radiographs (three-view) are recommended to assess for pulmonary metastatic disease. Further evaluation of the hepatic changes would require hepatic tissue sampling. Surgical biopsies are preferred in that they are more likely to provide a definitive diagnosis. Clotting times should be assessed prior to any hepatic tissue sampling. If biopsies are pursued, gastrointestinal biopsies are also recommended at the time of surgery.

Regarding the left adrenal mass/bilateral adrenomegaly, consider a low-dose dexamethasone suppression test +/- urine/blood catecholamine levels, as well as a baseline blood pressure measurement. If proteinuria is present, also consider a UPC.

Regarding the gastrointestinal signs, consider the following diagnostics/treatments:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. A 6-week limited antigen diet trial to assess for food allergies.
5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.





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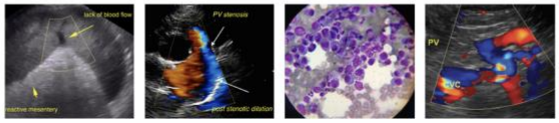

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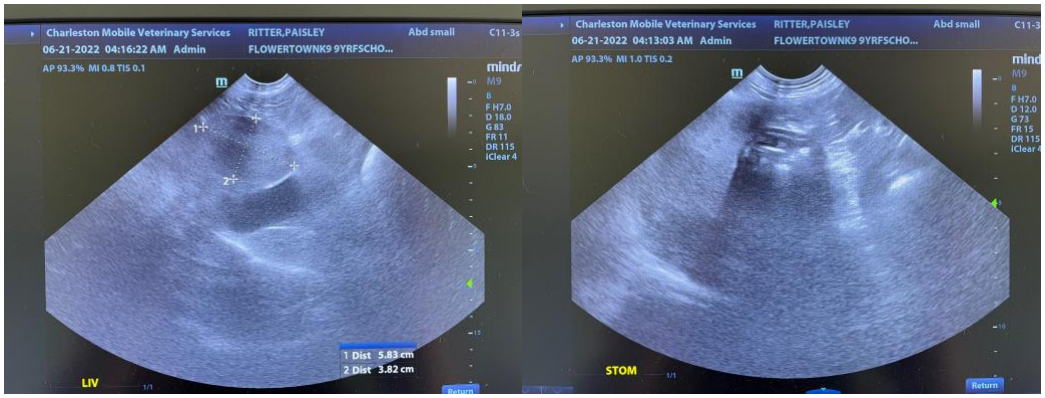

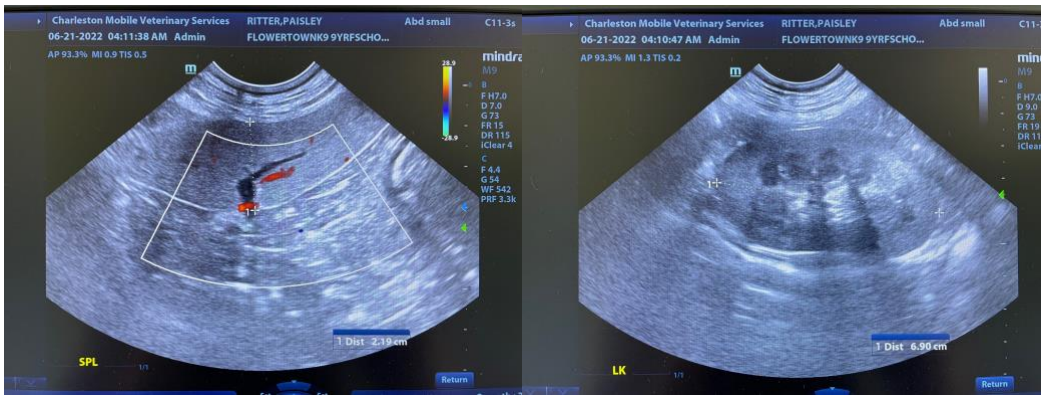

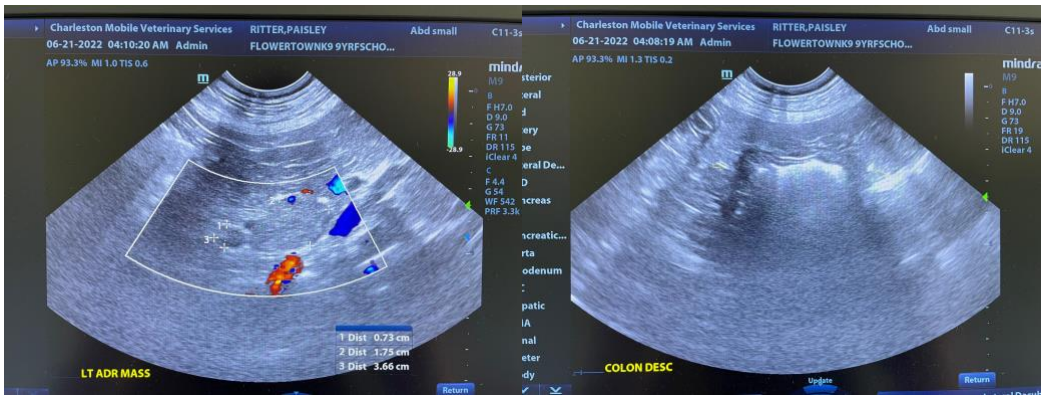

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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