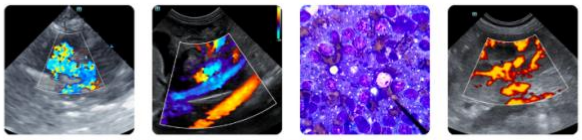


DATE

6-4-26

PATIENT

Bodhi Hannah

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

1/14/2018

WEIGHT

9lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Falls Road
Animal Hospital

REFERRING VET

Dr. Hayward

INVOICE

23120

PRESENTING CLINICAL SIGNS

Patient History: P originally experiencing loss of appetite and lethargy. No murmur. P received echo on 5/12 following discovery of pleural and pericardial effusion. Follow-up echo and abd. Ultrasound recommended by cardiologist.

Current Medications: Yunnan baiyao BID long-term. Started 5/13
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: 5/12/26. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed by: Stephanie Wagra RDCS, RVT.

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 2 cm, are normal.

The prostate is normal in size 0.54 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 (3.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.51 cm at cranial pole) (0.56 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.

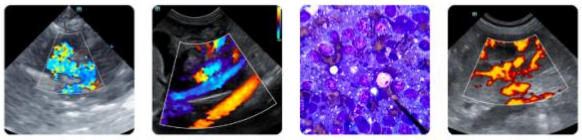
The right adrenal gland is borderline enlarged (0.51 cm at cranial pole) (0.57 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.62 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 normal- to prominent-in-size, with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature appears subjectively dilated.



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The gallbladder 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 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 is normal- to mildly-thickened (up to 0.44 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a 1:1 ratio in at least one segment. In this particular segment, there is a questionable trend toward a loss of the normal layering pattern. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is normal-in-size, with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
The caudal vena cava is subjectively dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. Histopathology would be necessary to get a definitive diagnosis.
- The dilation of the hepatic vessels and caudal vena cava are consistent with increased hydrostatic pressure (i.e., secondary to pericardial effusion).

Secondary Findings

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis
- Mild bilateral adrenomegaly
- Minor pancreatic parenchymal remodeling in the right limb
- The hepatic changes could be consistent with inflammatory disease, hepatic congestion, vacuolar hepatopathy, and/or other hepatopathy. Correlation with the patient's liver values is recommended.

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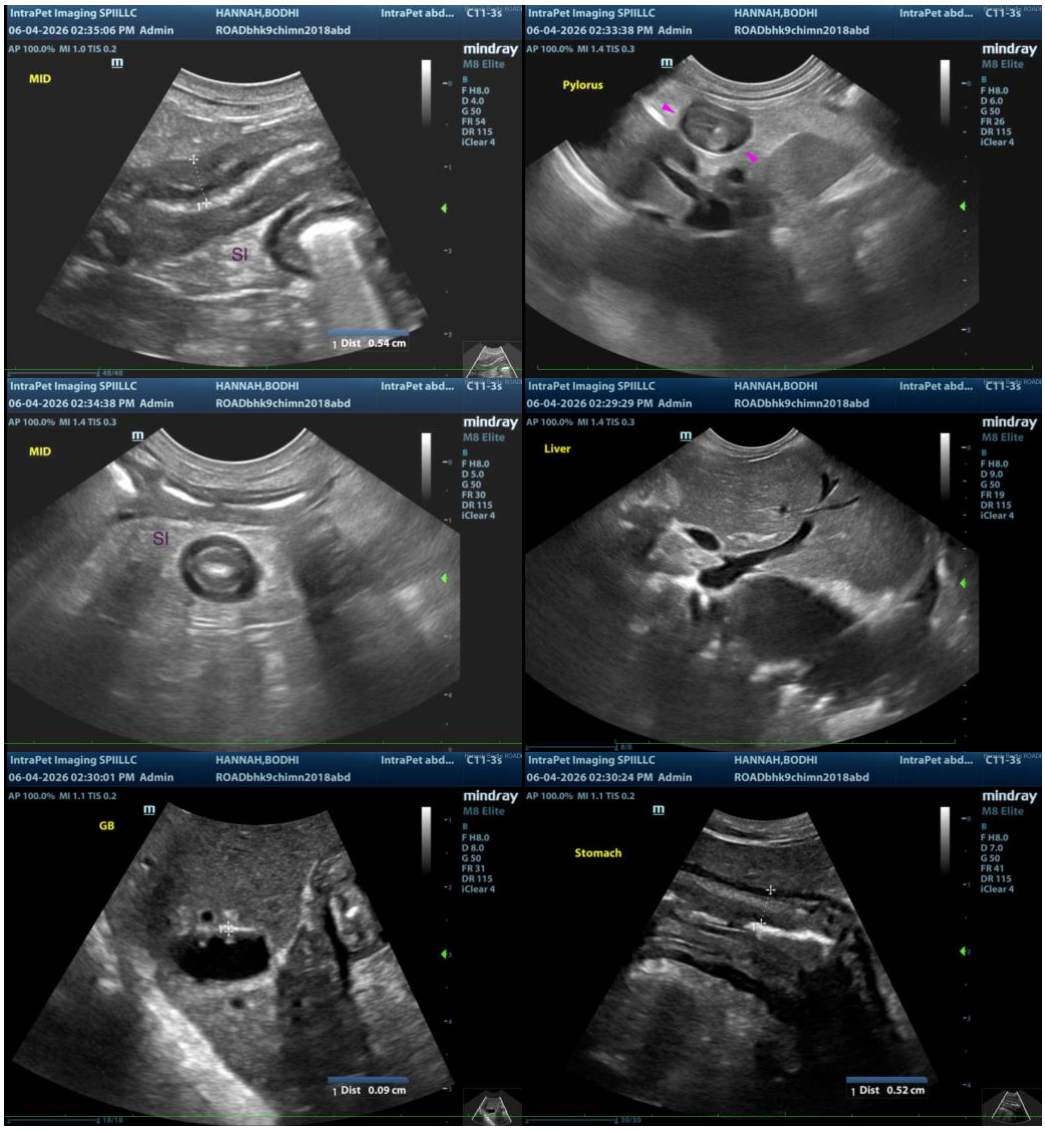
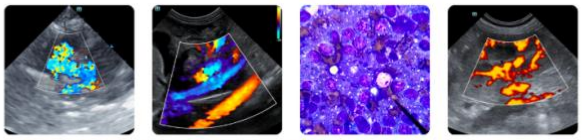
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on the echocardiogram report, consider obtaining gastrointestinal biopsies. Surgical biopsies are preferred in that full-thickness samples can be obtained. Jejunum can also be sampled via surgery whereas it is unlikely to be reached endoscopically.



Imaging performed by IntraPet Imaging

IntraPet.com



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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