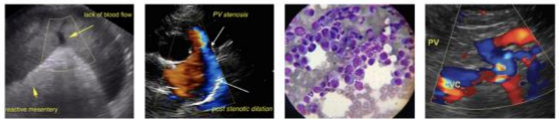

PATIENT

Sammy Nichols

SPECIES

Canine

BREED

Coton de Tulear Mix

SEX

Neutered Male

AGE

4.23.2025

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

11284

DATE

7.29.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: History of elevating ALP and polydipsia. On exam P tender on abdominal palpation. P did not urinate for 12 hours until this am. Urine unremarkable in volume and appearance.

Abnormal lab-work values: ALP- 1114 U/L (March 2022)
Current Medications: Heartgard, Seresto collar
Radiographic Findings: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 (0.68 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 (4.18 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** normal size (5.40 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate 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 mildly enlarged (0.52 cm at cranial pole) (0.73 cm at caudal pole) (2.14 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 (1.25 cm at cranial pole) (0.70 cm at caudal pole) (2.12 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 normal in size (1.39 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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.

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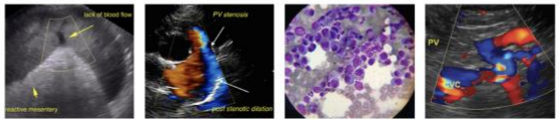

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Gastrointestinal

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 colonic wall is normal. 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

There is no obvious evidence of free fluid. The mesentery in the cranial to midabdominal cavity is mildly hyperechoic. 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

- Mild cranial to midabdominal peritonitis, the cause of which is unclear. Differentials include mild/early pancreatitis, gastroenteritis, emerging panniculitis, other.
- The mild bilateral adrenomegaly may be a normal variant for this patient or may be secondary to early hyperplastic change (i.e., due to pituitary-dependent hyperadrenocorticism).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- *It is unclear whether the patient's discomfort is secondary to abdominal pain, orthopedic/neurologic pain, other.

Secondary Findings

- Bilateral, chronic, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Orthopedic/neurologic examinations are recommended to assess for nonmetabolic causes of pain.

Consider supportive/symptomatic care for mild pancreatitis/gastroenteritis.

Consider a cPLI +/- a full GI panel (Send to Texas A&M) to further assess for pancreatitis and small intestinal disease.

Consider whole-body radiographs +/- a urine culture and sensitivity to assess for bony lesions and occult pyelonephritis as possible sources of pain.

A urinalysis/USG is recommended to determine if the patient is isosthenuric. If so, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test) once the patient's current issues have stabilized/resolved.

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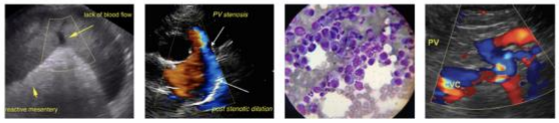

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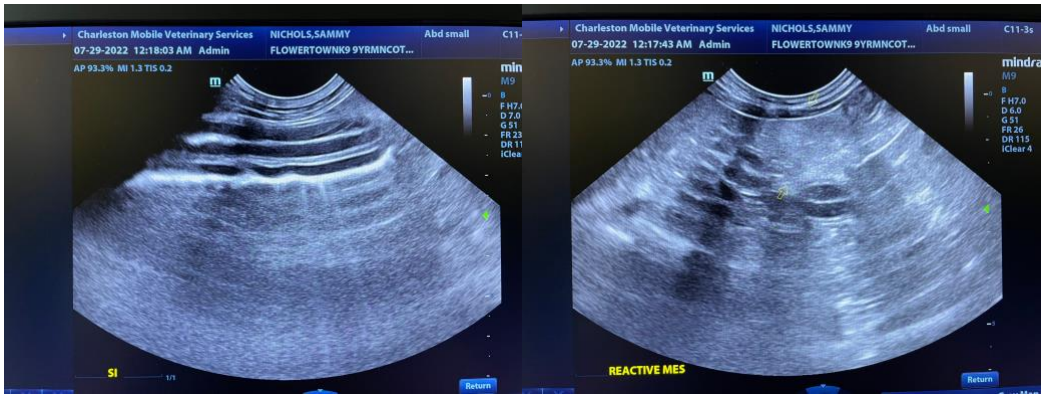

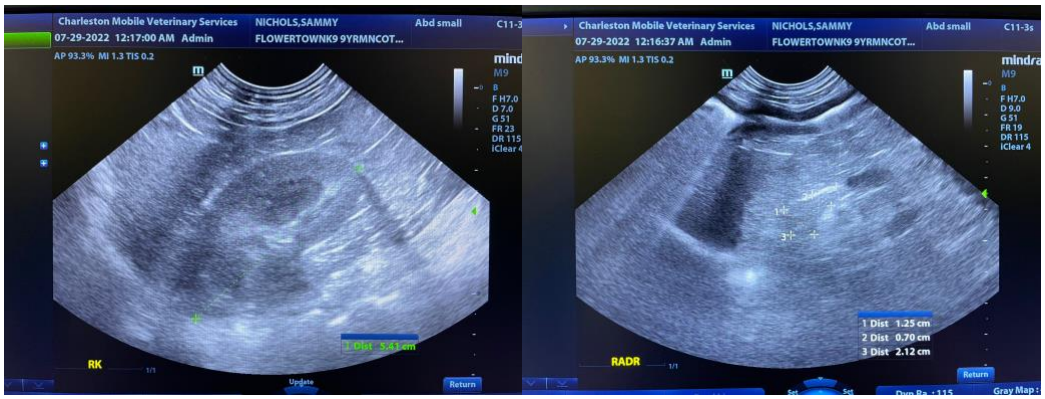

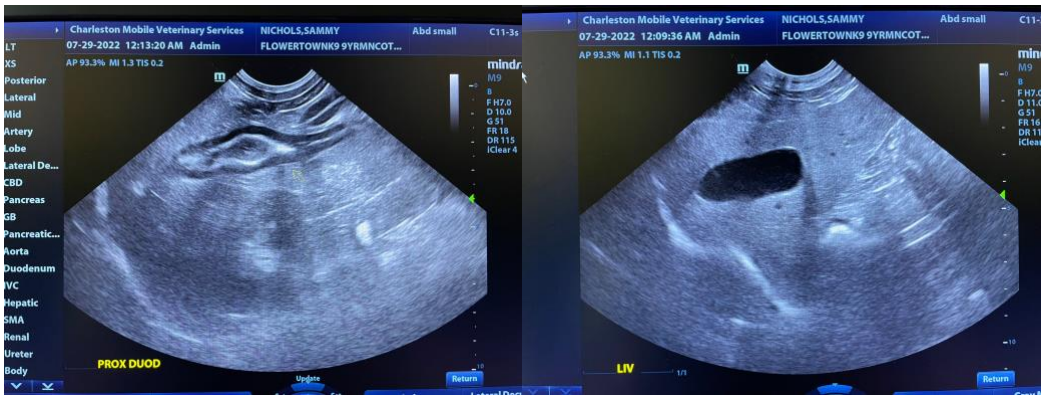

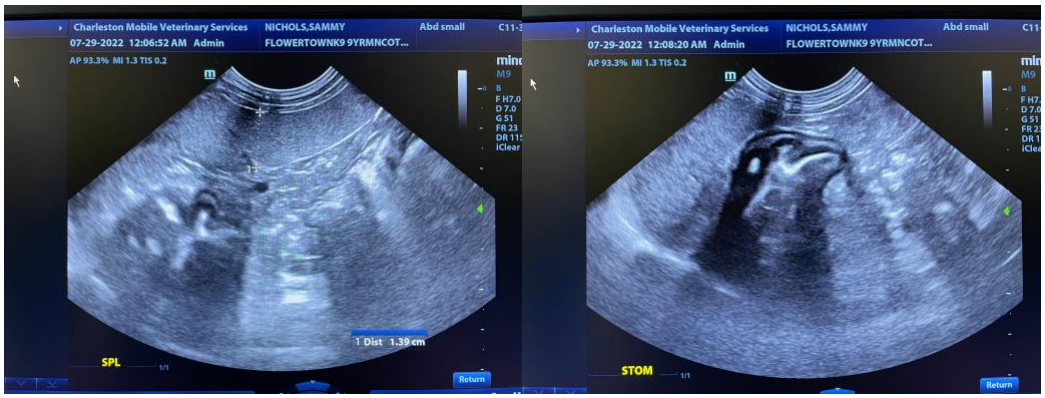

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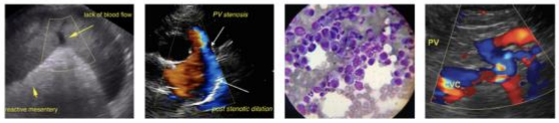

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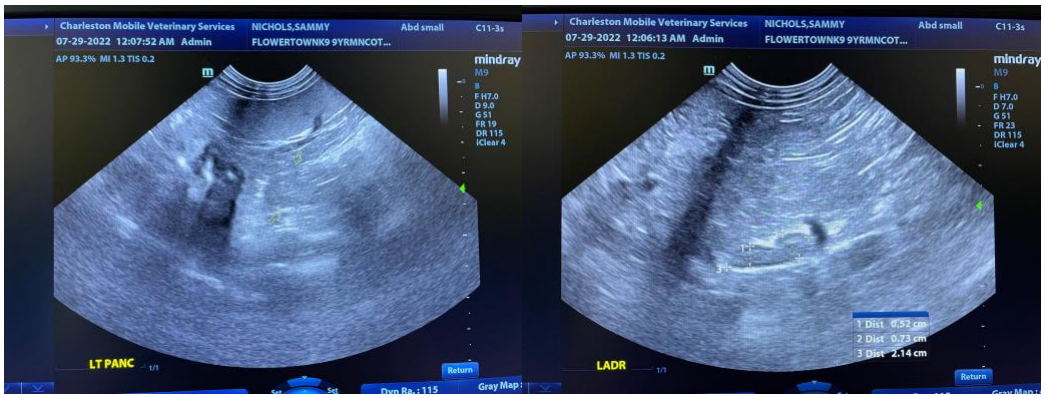

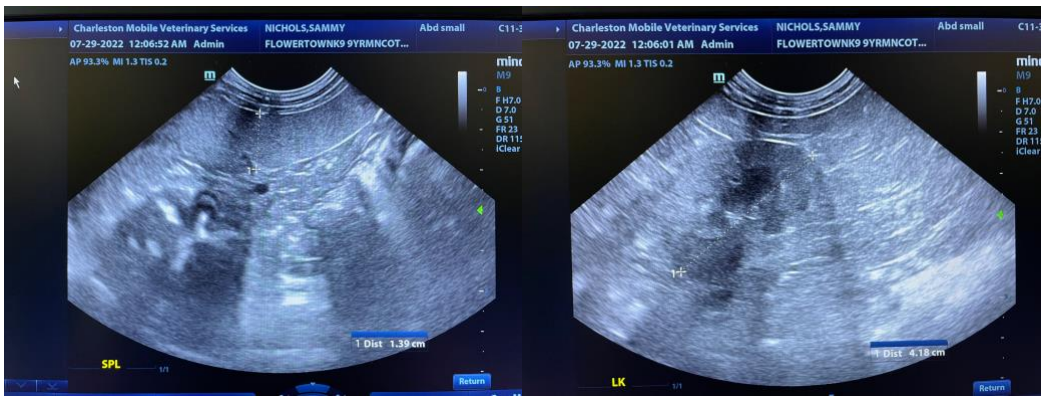

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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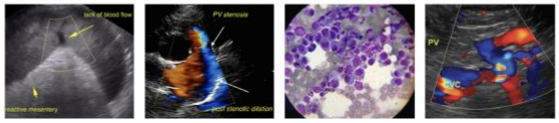

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