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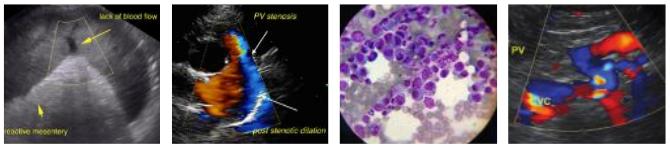

PATIENT

Bowie Graney

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

11 years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Reyes

HOSPITAL NAME

Graceful Paws PC

REFERRING VET

Dr Reyes

INVOICE

14090

DATE

8.14.23

PRESENTING CLINICAL SIGNS

History: Presented on Friday for vomiting and decreased appetite. Snap CPL was abnormal. P has a history of elevated Triglycerides and ALP. Currently on hepatic diet. Pet is responding to supportive care. Will be transitioning to low fat diet now.

Abnormal PE/Chem/CBC/UA Results: CBC Hct: 36.9 % MCH: 32.6 MCHC: 48.5 Neut: 14.16 Chem ALT: 145 ALP: 4,010 Chol: 401 Trig: 3,334 Amyl: 2126 Lip: 1571 Spec Cpl: > 2,000 T4: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.30 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is mildly enlarged (0.89 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized in the available images.

Spleen

The spleen is subjectively normal in size (2.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

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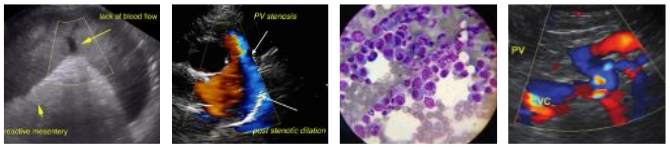

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Pancreas

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 mesentery in the cranial abdomen is mildly hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

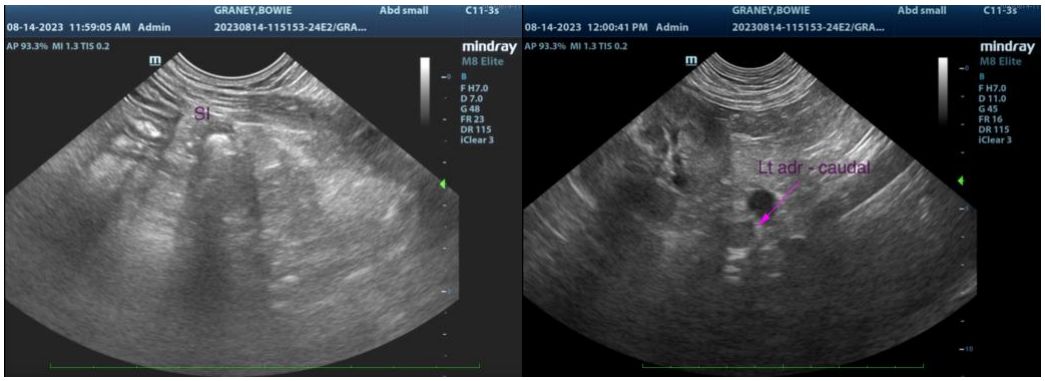
- Mild cranial abdominal peritonitis, the cause of which is unclear. It may be secondary gastroenteritis, mild pancreatitis, other.

Secondary Findings

- Mild bilateral chronic renal changes
- Left adrenomegaly (The right adrenal gland is not visualized).
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for internal parasites is recommended.
- Continued supportive care for acute gastroenteritis/pancreatitis is also recommended. If the patient's clinical signs do not begin to improve with medical management, a more advanced GI work-up may be warranted.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.



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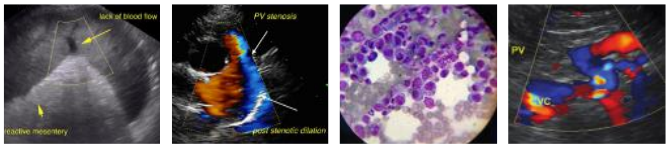

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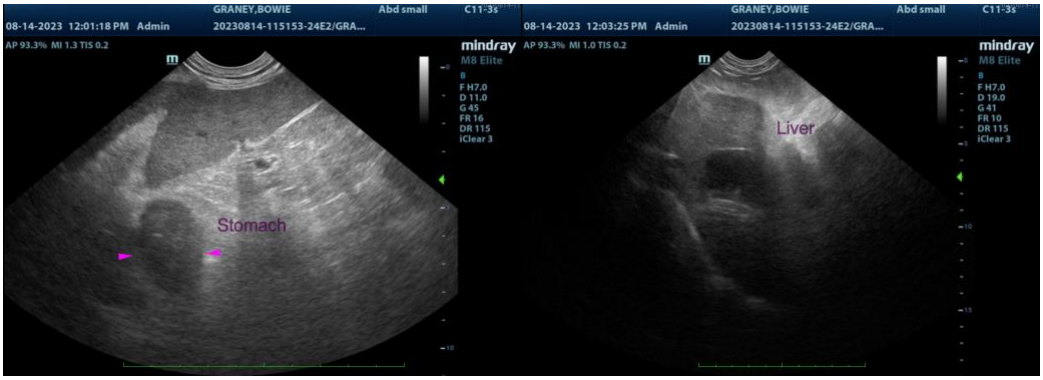

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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