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Clinical Sonography & Telecytology
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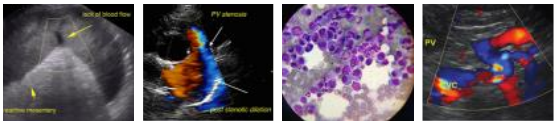

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Roomba Van Cleave

SPECIES

Canine

BREED

Toy Poodle

SEX

NEUTERED MALE

AGE

13 years

WEIGHT

4.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

14162

DATE

8.17.23

PRESENTING CLINICAL SIGNS

History: Anorexia and cyclic diarrhea Recent HX of Ringworm

Abnormal lab-work values: GI profile on the same day Hypothyroid - treated with levothyroxine. Need more updated recheck. Current Medications Levothyroxine Terbinafine Cerenia PRN Entyce PRN Optimune OU Galliprant Gabapentin Radiographic Findings Rads of chest on the same day.

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 trigone and visible portion of the proximal urethra are normal.

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

The left kidney is normal in size (2.65 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (2.65 cm in length) with a normal shape, architecture and 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.67 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 hyperechoic 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 distended. The wall is normal in thickness. A moderate amount of aggregated, suspended sludge 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 is normal in thickness 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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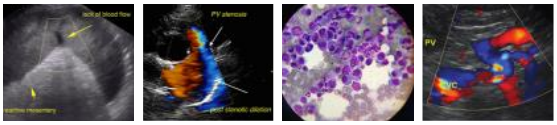

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Pancreas

The right limb of the pancreas is visible 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with and emerging mucocele.
- The hepatic parenchymal changes are nonspecific and may be secondary to vacuolar hepatopathy. Inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), emerging neoplasia (i.e., lymphoma) or other hepatopathy.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild bilateral chronic age-related renal changes

*It is unclear whether the patient's gallbladder changes are responsible for the clinical signs, as mucoceles can occasionally get infected and result in GI symptoms. It is also possible that a microscopic gastrointestinal issue or other underlying metabolic problem may be causing the clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat bloodwork including a CBC chemistry panel, analysis and TLI is recommended, along with a fecal evaluation for internal parasites.
- Consider prophylactic deworming with Fenbendazole.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- Further recommendations should be based on the above diagnostics and therapeutics as well as the pending GI panel and thoracic radiographs.

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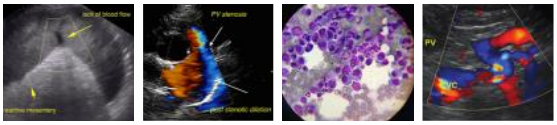

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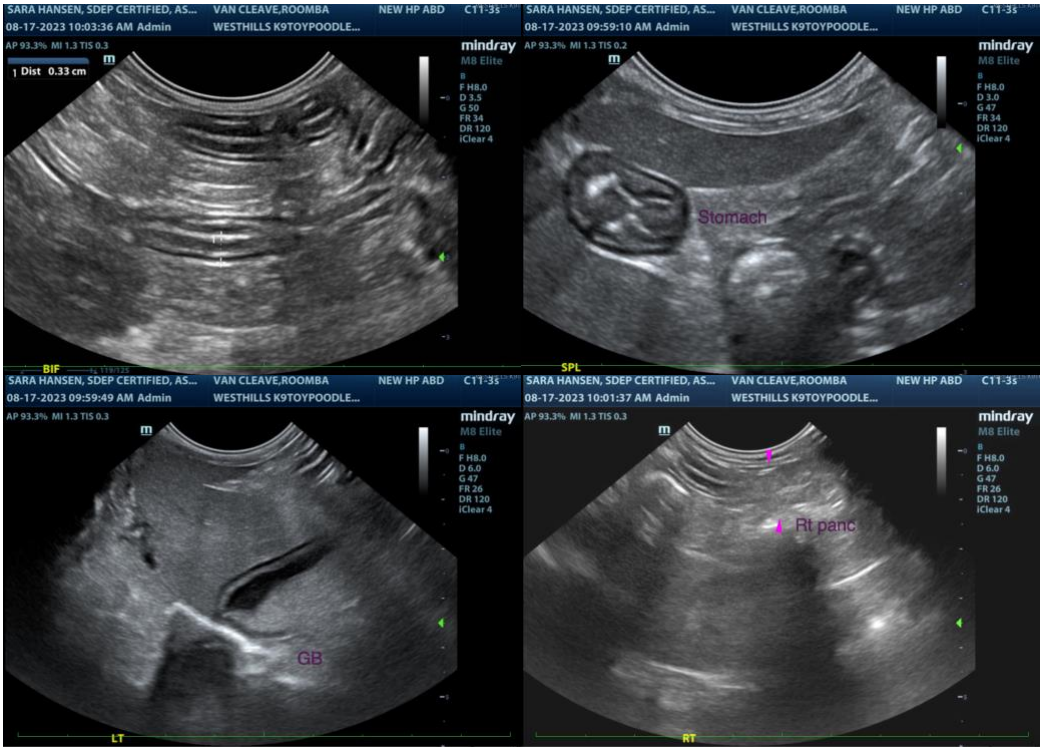

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com