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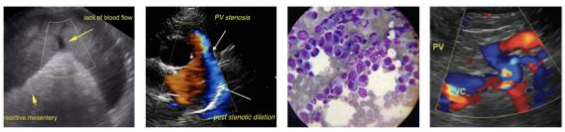


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Rayna Netzley

SPECIES
Canine

BREED
WHW Terrier

SEX
Spayed Female

AGE
08/21/2009

WEIGHT
14 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
Ashley Pines AH

REFERRING VET
Winney

INVOICE
14200

DATE
8.24.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Abdomen soft on palpation with slightly ropey palpable intestines
no overt pain on abdominal palpation. 5% dehydrated. Bradycardia - r/o visceral pain vs other.
Long history of chronic intermittent GI signs, which usually resolve within 24 hours, but has had vomiting and diarrhea for the past week.

Abnormal lab-work values: increased liver values in IL ~ 1 year ago
diagnosed with hepatitis, started Denamarin. Has been on Cerenia, omeprazole, Proviable and metronidazole recently.
4/19/23: ALKP 338. BUN 32. K 5.6.
Most recent bloodwork: normal CBC. ALP 681.
Current Medications: Denamarin, vitamin D, hepatic support, Simparica Trio

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

The left kidney is normal in size (4.45 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (5.07 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm at cranial pole) (0.44 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 appear normal.

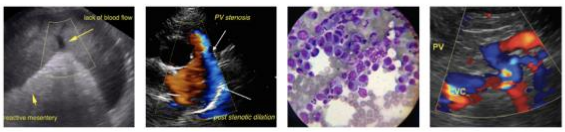
The right adrenal gland is in normal size (0.63 cm at cranial pole) (0.38 cm at caudal pole) with a slightly irregular shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.16 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 appears normal.

Liver

The liver is prominent in size with normal 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 portal vein to caudal vena cava ratio is approximately 1: 1.



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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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. a
At least one small intestinal segment is slightly corrugated in appearance. The walls are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. ileocecocolic junction and colonic wall are normal. The wall of the descending colon is slightly corrugated in appearance. There is no obvious evidence of an obstructive pattern.

Pancreas
The base and limbs of the pancreas are 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.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastrointestinal changes are most consistent with nonspecific gastroenteritis/colitis. Possible etiologies include inflammatory bowel disease, food allergy/intolerance, dietary indiscretion, other.

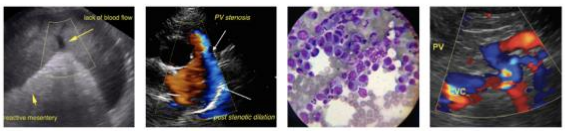
Secondary Findings

- 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.
- Bilateral chronic age-related renal changes with nonobstructive nephrolithiasis
- Gall bladder debris, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the chronicity of the GI signs, consider the following:

    1. Fecal evaluation for internal parasites



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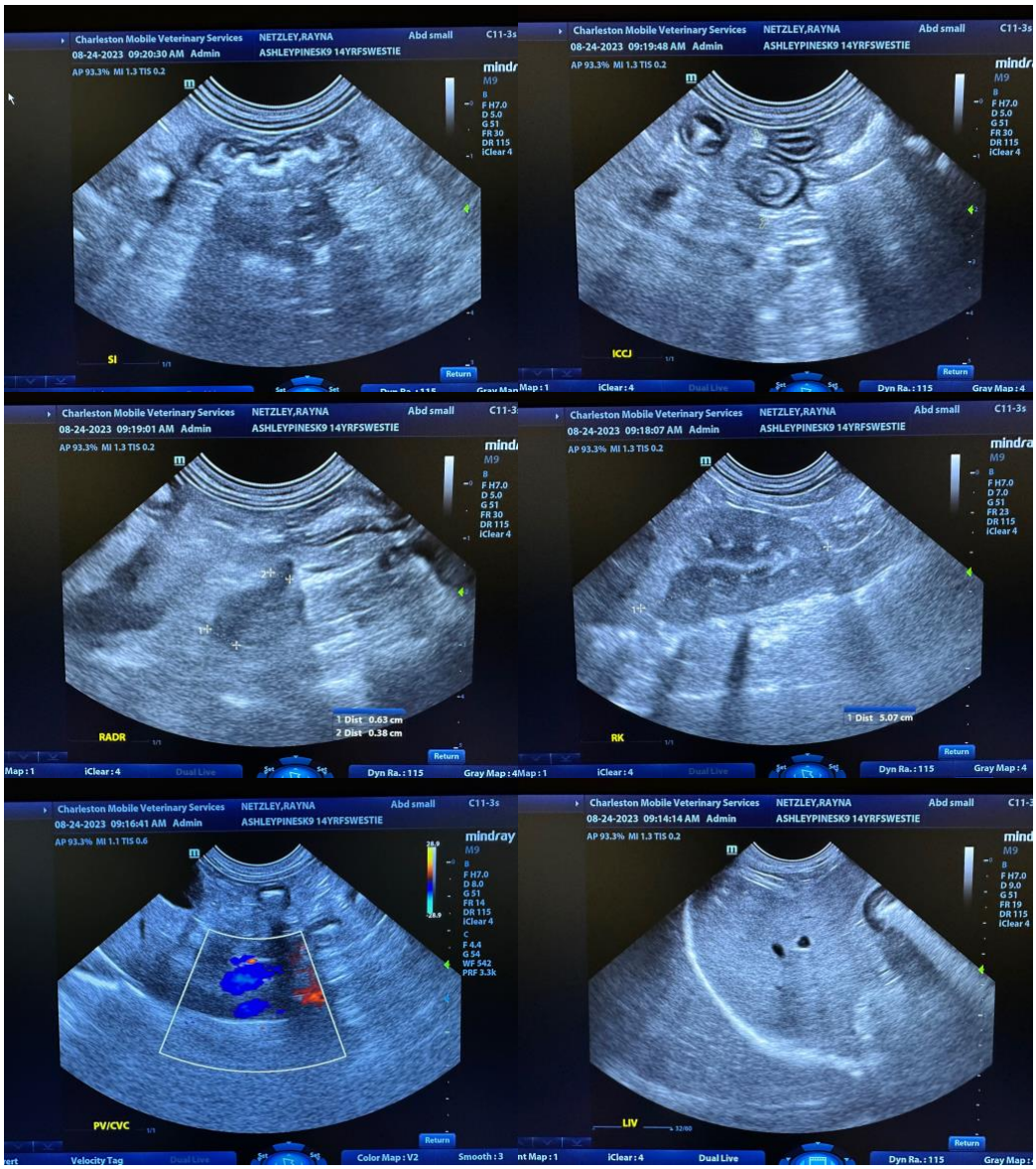
2. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. Hypoallergenic or hydrolyzed protein diet trial
4. +/- endoscopic or surgical GI biopsies

- 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.



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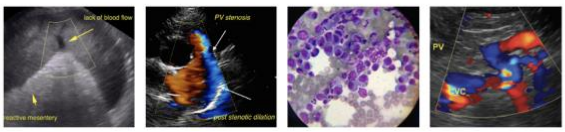

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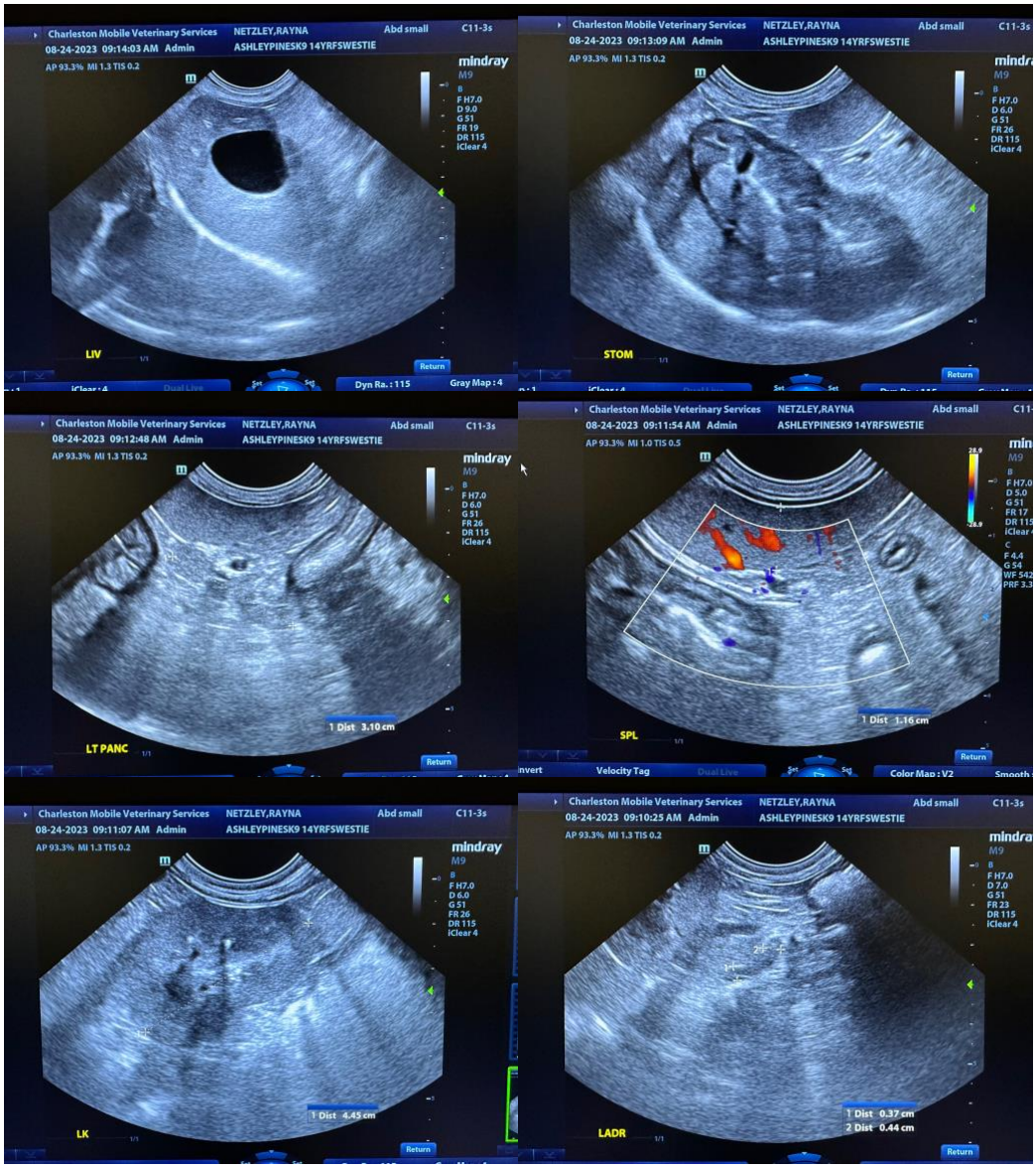

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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