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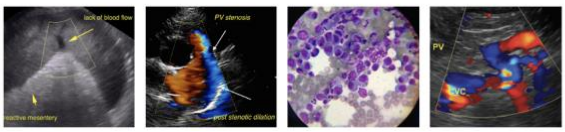


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Pierre Hrabik

SPECIES
Canine

BREED
Papillon

SEX
Neutered Male

AGE
8/17/2012

WEIGHT
6 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
Dr. Winney

INVOICE
13920

DATE
8.3.23

PRESENTING CLINICAL SIGNS

Abnormal lab-work values: Baseline lab work shows a minimal elevation in ALT. Otherwise fairly unremarkable.

Current Medications: Cerenia, trazadone and gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The ventral wall is thickened (up to 0.50 cm) and slightly irregular. A 0.88 cm cystic calculus is observed within the lumen, along with a moderate amount of echogenic-to-mineralized debris. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.60 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 (3.87 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several small, cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. Mineralized foci are observed within the cortex. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.17 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several small, cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. Mineralized foci are observed within the cortex. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.39 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.

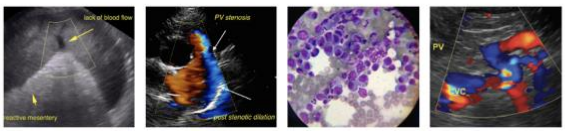
The right adrenal gland is in normal size (0.40 cm at cranial pole) (0.35 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (0.76 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 subjectively normal in size with normal curvilinear 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized gravity-dependent debris/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 moderately distended with ingesta. A 0.55 cm hyperechoic shadowing structure is observed within the ingesta and likely represents medication. 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 segmentally dilated with chyme. 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.

Pancreas

The base and right limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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

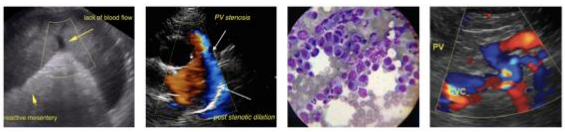
Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying/motility disorder. The hyperechoic shadowing structure within the gastric lumen likely represents medication given this morning or last night, with a lower possibility of foreign material.
- Cystic calculus with suspended debris. The urinary bladder wall changes are most consistent with cystitis.

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.
- Bilateral chronic age-related renal changes with nonobstructive nephrolithiasis
- Gallbladder debris/sludge – non-mucocele
- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar hepatopathy, reactive, or less likely, inflammatory disease, other).

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., primary motility disorder, food



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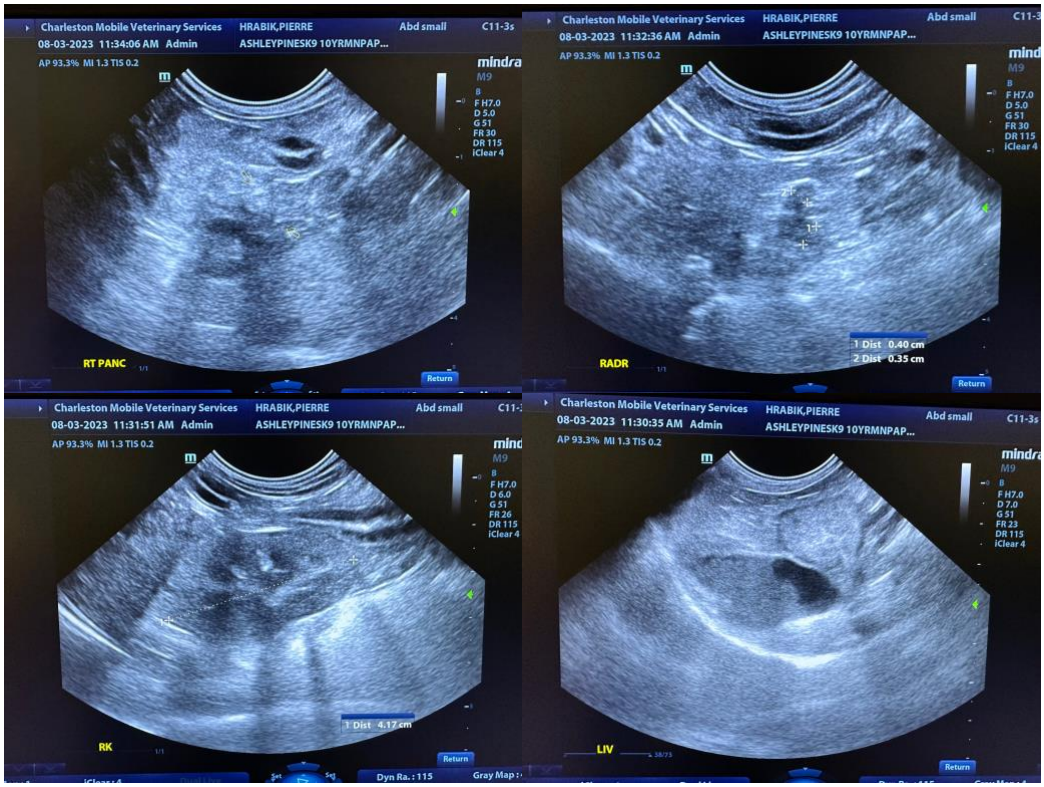
allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider the following further GI work-up:

  1. Fecal evaluation for internal parasites
  2. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
  3. Limited antigen or hydrolyzed protein diet trial to evaluate for food allergies
  4. Initiation of a probiotic
  5. Empirical treatment for motility disorder (i.e., metoclopramide). The drug should be given 30 minutes prior to meals. If the drug is ineffective over a 5–7-day period, it should be discontinued.
  6. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

- Regarding the urinary bladder stone, a urinalysis, cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.



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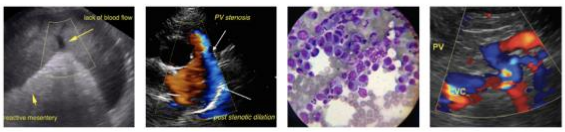

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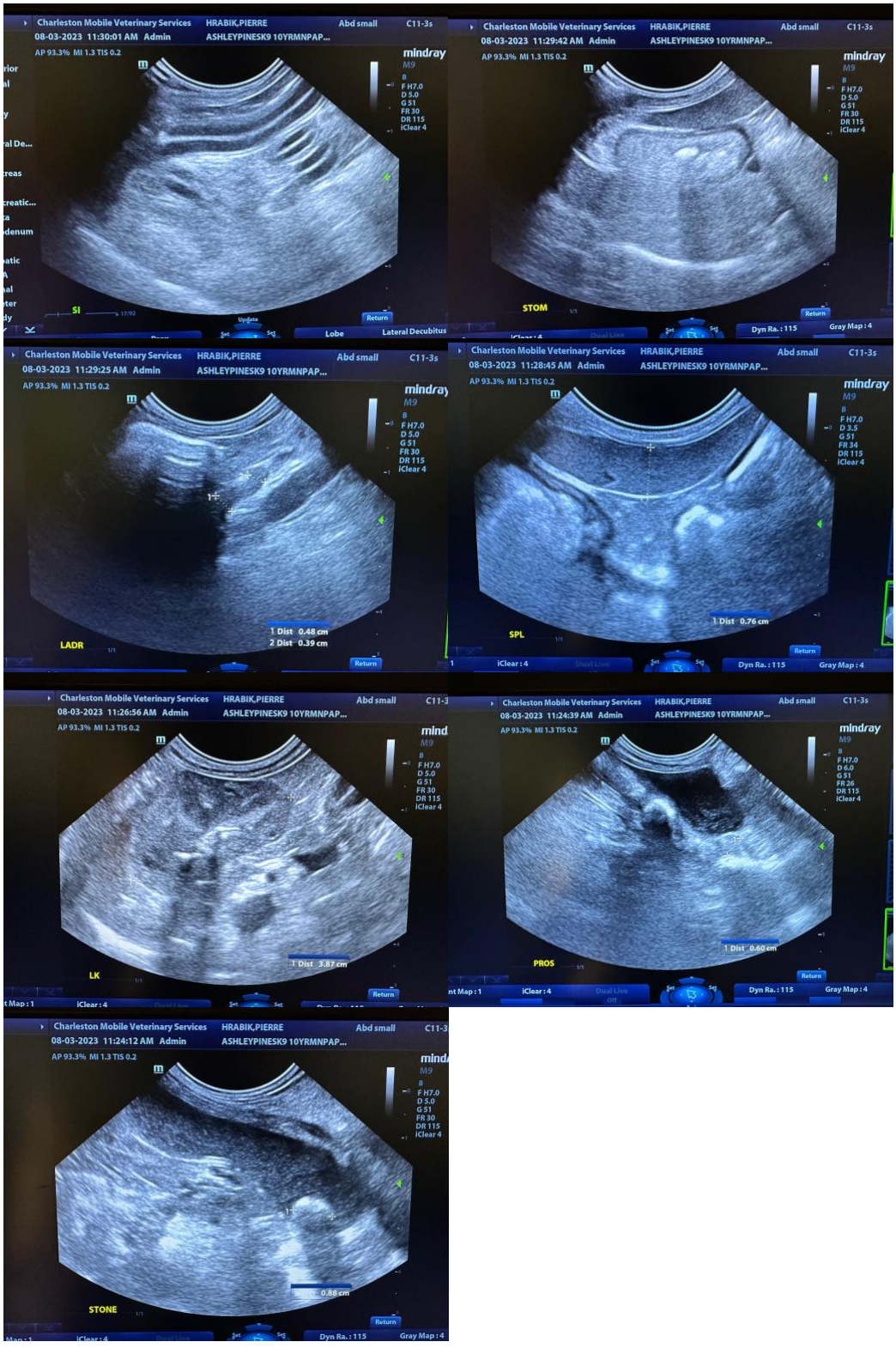

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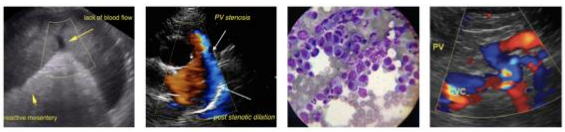

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com