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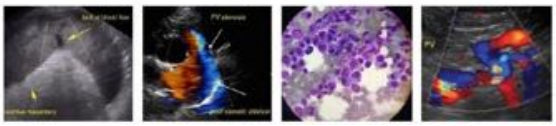

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Oreo Hardy

SPECIES
Canine

BREED
Schnauzer

SEX
Neutered Male

AGE
10 years

WEIGHT
11.7 kg

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Hillview Vet Clinic

REFERRING VET
Dr. Stevenson

INVOICE
11578

DATE
9.1.22

PRESENTING CLINICAL SIGNS

History: hit head on pavement split lip in parking lot not eating. lethargic started around thursday not eaten properly Friday Saturday ate a little no vomiting or D+ laying on kitchen floor recently - seeking cold has a/c on has calming spray not on any meds no vom or D+ etc BAR HR 100 - grade 3 heart murmur RR 32 TEMp 105F mm pink, moist CRT <2sec puncture lip bleeding little from bottom R premolar 4 lymph normal nothing felt abd. tense fever of unknown origin started on IV. gave 58mg baytril IM temp stayed between 100.4F - 100.5F for day down to 103F next day when xrays taken and gave Cerenia inj wednesday fever broke to 101F. still not eating and lethargic. areas of gums still minor bleeding 100mg gabapentin every 8 hours, 1.2mls Cerenia SQ, 1.5 125 mg Clavamox (187.5mg), , 58mg baytril IM cause of the persistent fever , if another antibiotic should be added depending on findings possible coagulopathy associated with pancreatitis?

Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork and rads.
Bloodwork shows neutropenia. Mild anemia. ALP 383. Spec cPL 925. Low T4. Infectious disease panel negative.

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 mostly 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 (1.15 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 (5.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. One to two small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.52 cm at cranial pole) (0.43 cm at caudal pole) (1.64 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 (0.92 cm at cranial pole) (0.49 cm at caudal pole) (2.06 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 with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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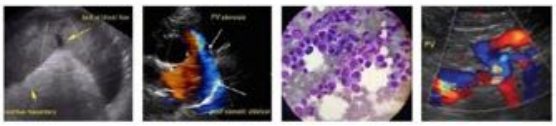

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Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic partially dependent debris/sludge is adhered to the luminal surface. 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 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
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 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 nonobstructive nephrolithiasis

*An obvious cause for the patient's fever is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to assess for occult pyelonephritis. A pre-antibiotic sample would be ideal.

Given the history of a heart murmur, consider an echocardiogram to assess for valvular endocarditis.

If the patient's fever does not resolve with antibiotic therapy, a more-advanced work-up (i.e., arthrocentesis +/- CSF tap) may be warranted to further evaluate for immune-mediated polyarthritis and meningitis, respectively. A head CT scan or MRI may also be beneficial in evaluating for brain, bony and other soft tissue injuries.

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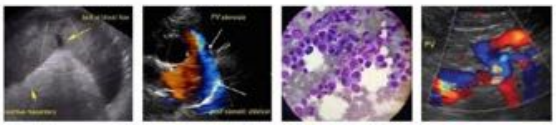

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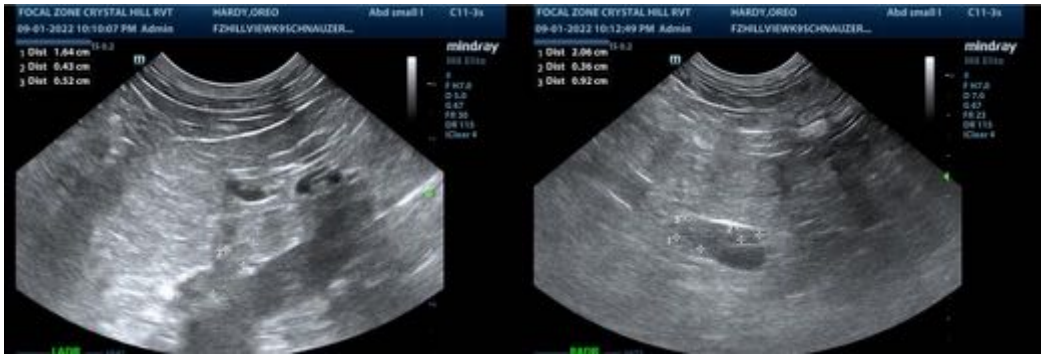

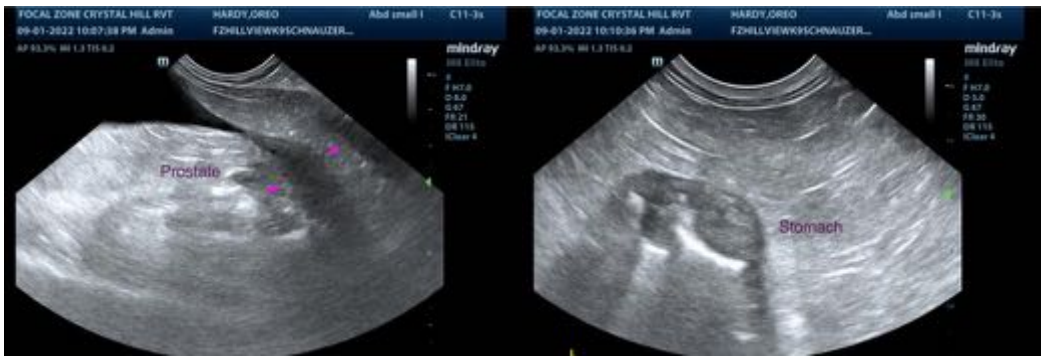

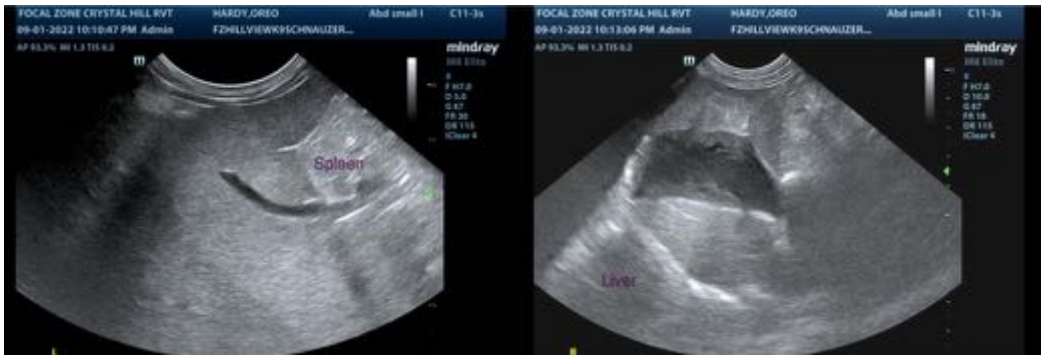

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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