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Clinical Sonography & Telecytology
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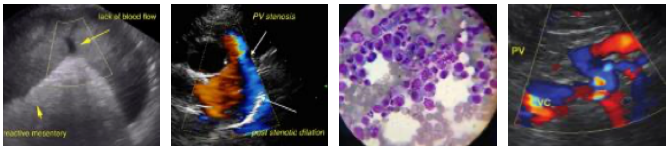

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maxwell Sedoskey

SPECIES
Canine

BREED
Dachshund

SEX
Male, intact

AGE
11 Yrs.

WEIGHT
18.6 lbs.

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
14014

DATE
9/26/22

PRESENTING CLINICAL SIGNS

History: Pet has chronic on and off diarrhea. On GI low fat and proviable forte. On 9/20 he presented with uveitits and coughing. Currently on doxycycline and pred acetate O/S. Pet has grade 3 heart murmur, Mitral regurg, last cardiology apt about 6 months ago, not on cardiac meds. Pet has had episode of pancreatitis in the past.
Abnormal PE/Chem/CBC/UA Results: Diagnostics: Thoracic rads: 1. Equivocal left atrial enlargement. There is no evidence of left-sided heart failure. 2. The mild bronchial pulmonary changes could represent a component of age related change or lower airway disease. 3. Hepatomegaly. This is nonspecific CBC/Chem/UA/T4: 15-20 WBC/hpf, RBC 6-10/hpf, 2+ protein. IOP: OD 10, OS 8 Uveitits panel pending, GI panel pending.

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 enlarged (2.52 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance with a few small, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal size (5.89 cm in length); normal shape and architecture with 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 size (5.75 cm in length); normal shape and architecture with 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 left adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (1.94 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 (0.60 cm at cranial pole) (0.48 cm at caudal pole) (1.80 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 (1.47 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.

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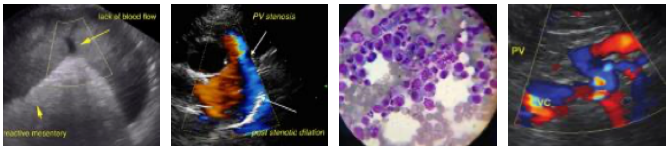

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. On the left side, a 1.52 cm ill-defined, hypoechoic nodule/area is visualized. The remaining parenchyma is homogeneous. 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 gravity-dependent echogenic to mineralized debris 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 mildly distended with ingesta and small shadowing strutures. 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. No obstructive disease is noted.

Pancreas

The left 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:

- An obvious cause for the patient's chronic intermittent diarrhea is not identified in this study. Considerations include primary gastrointestinal disease (i.e., infectious/parasitic, food allergy, inflammatory bowel disease), underlying metabolic issue, mild chronic pancreatitis, other.

Secondary Findings:

- Suspected benign, diffuse hepatopathy. Vacuolar hepatopathy is a top differential. The hypoechoic hepatic nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor cannot be completely excluded.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prostate changes are most consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is also a consideration in light of the active urine sediment.
- Minor, bilateral, age-related renal changes.
- The shadowing structures within the gastric lumen may represent normal ingesta, foreign material and/or pills (if applicable). They appear nonobstructive at this time.

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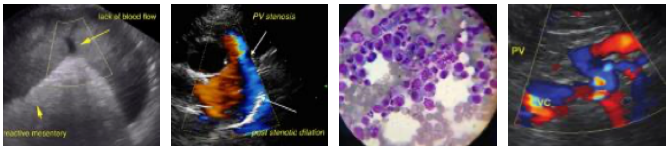

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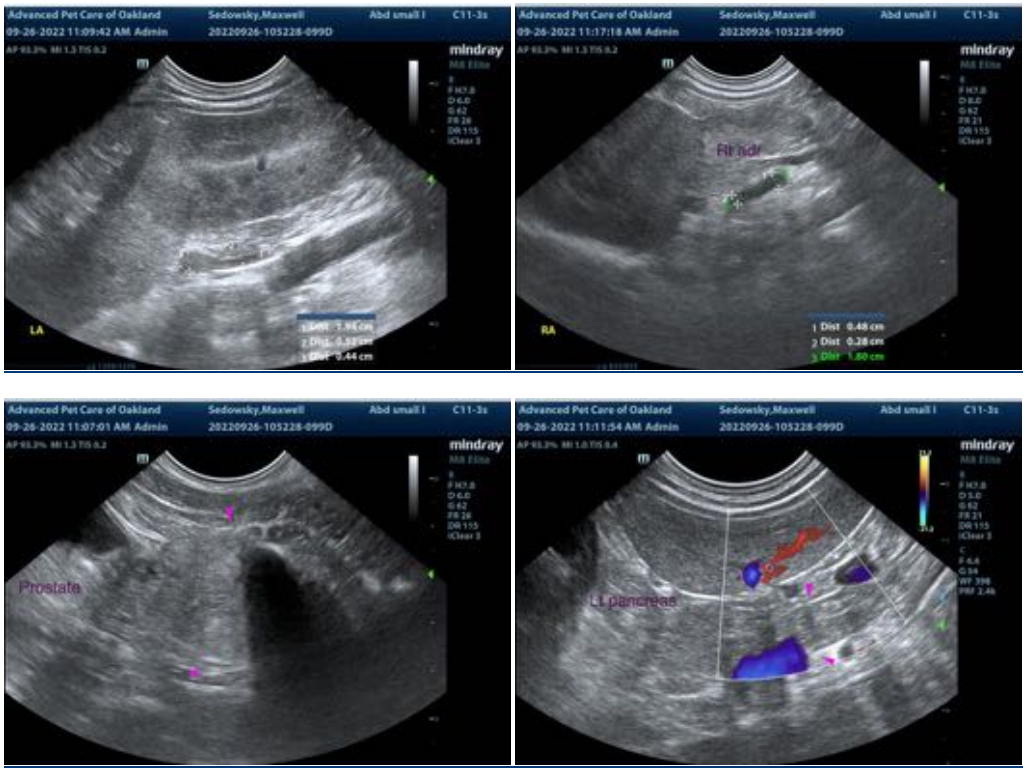
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia, if not already performed.
- Prophylactic deworming with Fenbendazole is also recommended.
- Consider a 6-week limited antigen or hydrolyzed protein diet trial.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Depending on the results of the above diagnostics as well as the pending GI panel, endoscopic or surgical gastrointestinal biopsies may be warranted.
- Given the urinalysis findings, a urine culture and sensitivity is recommended.
- Castration should be considered, particularly if the patient is to undergo anesthesia for GI biopsies.



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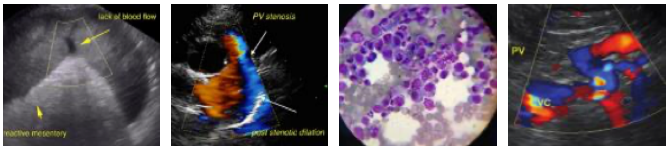

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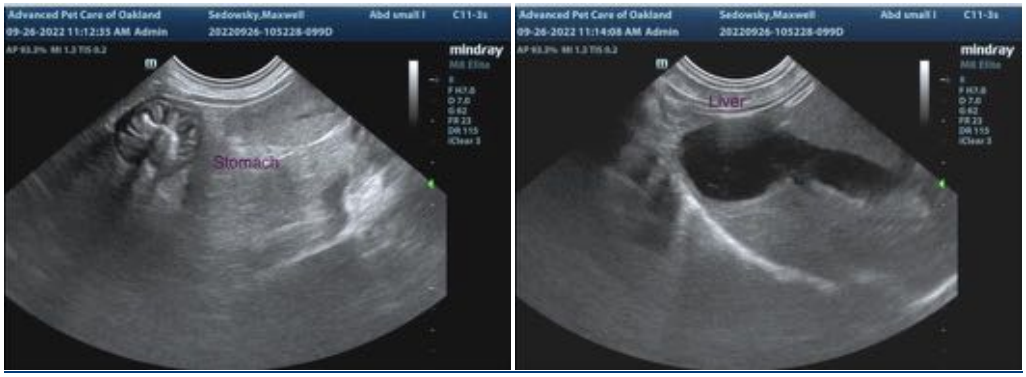

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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