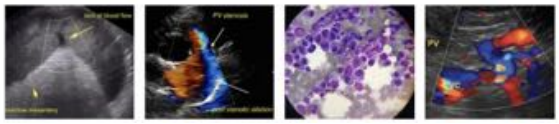


PATIENT

Finnegan Mack

SPECIES

Canine

BREED

Soft-coated Wheaten terrier

SEX

Male, neutered

AGE

12/28/2008

WEIGHT

36 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

Charleston VC

REFERRING VET

Dr. Cribb

INVOICE

14869

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Vomited food yesterday and water this morning -no diarrhea -T:101.0 -lethargy -thin; elevated pamcreatic enzymes; Na+ - 177.

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, are normal.

The prostate is normal in size (0.95 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 (5.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.71 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.97 cm at caudal pole) with a slightly irregular shape. A 0.58 x 0.54 cm irregular, hyperechoic nodule is observed at the cranial pole. A 0.75 x 0.45 cm hyperechoic nodule is observed at the caudal pole. The remaining parenchyma is mildly heterogeneous. There is loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

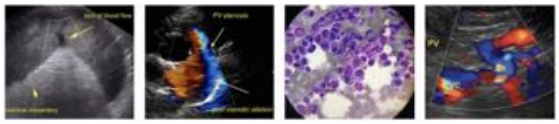
The right adrenal gland is normal size (1.27 cm at cranial pole) (0.64 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in subjectively normal in size with a normal capsular contour. The parenchyma is mildly mottled in appearance. Several small, irregular, hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few small irregular hyperechoic nodules/areas are observed deep on the left side, the largest measuring 1.50 cm in diameter. Vascular 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 fluid 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 ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

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 (0.27 cm in diameter). 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.

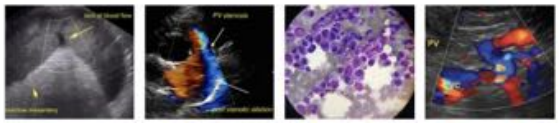
Other

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

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia (i.e., mast cell disease).
- The hyperechoic hepatic nodules also trend toward the benign (i.e., regenerative nodules) with a lower possibility of neoplastic process.
- Bilateral chronic age-related renal changes with subtle dystrophic mineralization.
- The left adrenal nodules could be consistent with benign nodular hyperplasia or emerging tumors. A benign process is favored.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., acute gastroenteritis, infectious/parasitic disease, food allergy/intolerance, dietary indiscretion), underlying metabolic issue, other.



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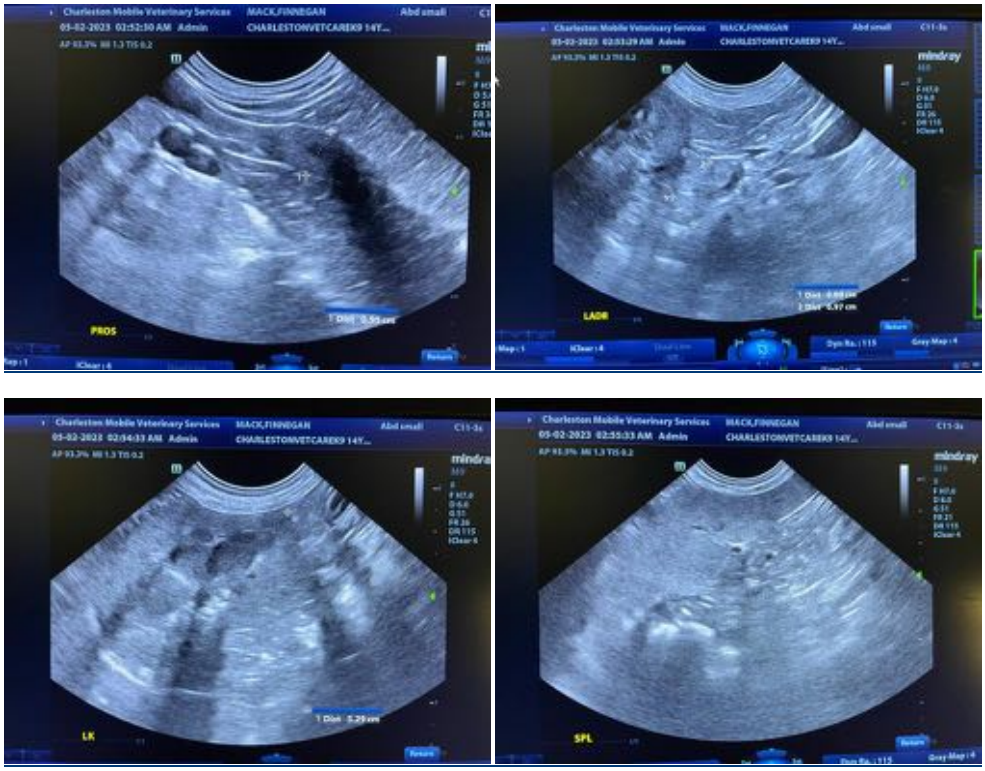
*The hypernatremia suggests free water loss and is most consistent with dehydration. However, salt ingestion and primary brain disease (causing central diabetes insipidus) are also possible. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia, if not already performed.
- Symptomatic care for acute gastroenteritis is recommended including IV fluid therapy, gastric protectants, pain medication as needed as well as a probiotic. Slow reduction of the patient's sodium level (via fluid therapy) is receommended. Rapid reductions can result in fluid shifts within the brain and subsequent neurologic signs. If the patient's clinical signs do not improve within 48-72 hours of medical management, a more comprehensive GI workup may be warranted.
- If the patient develops evidence of respiratory disease, consider three-view thoracic radiographs to assess for aspiration pneumonia.



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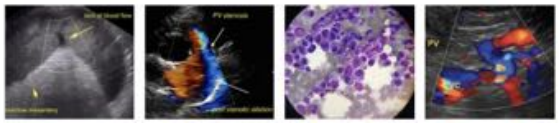

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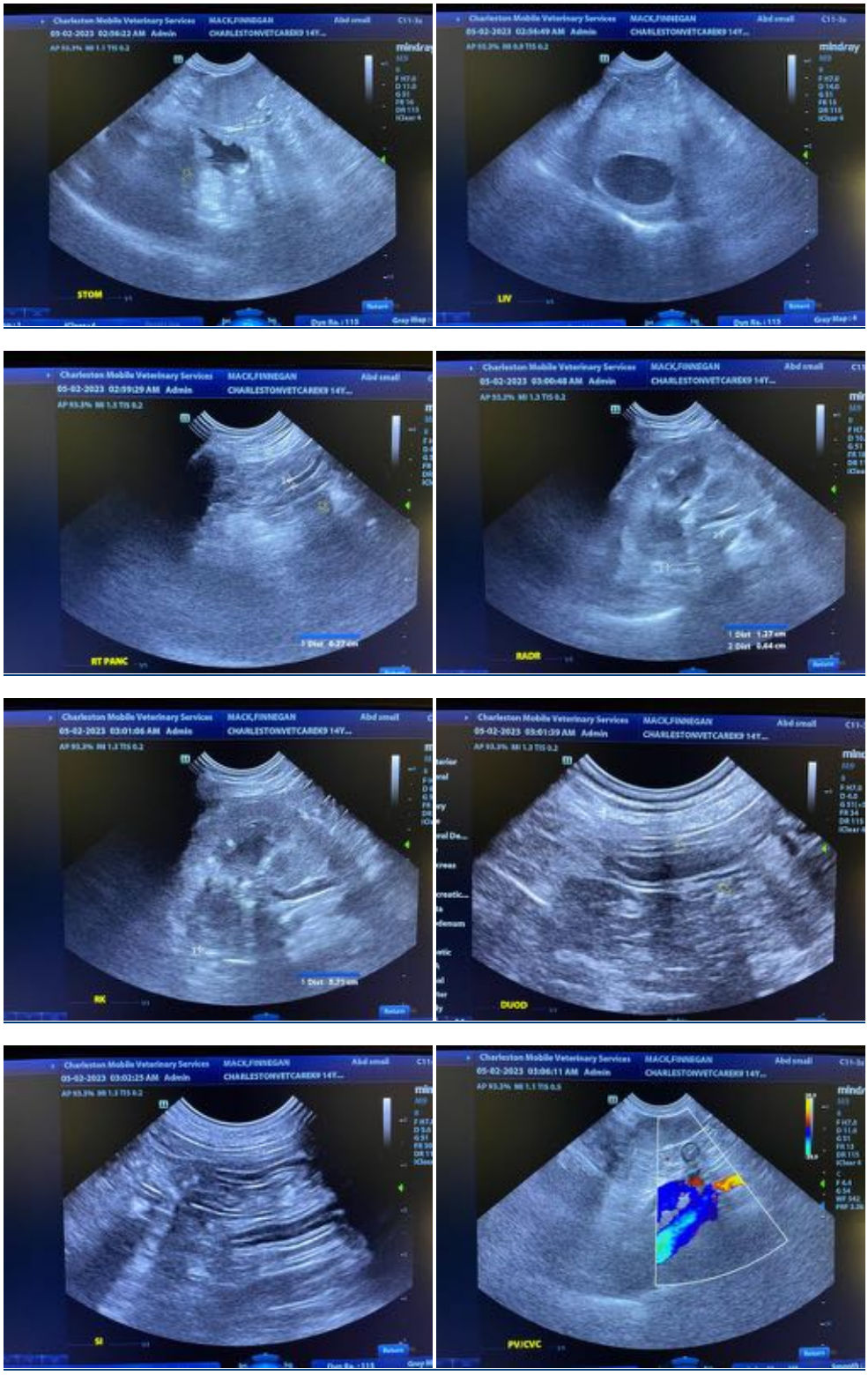

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible

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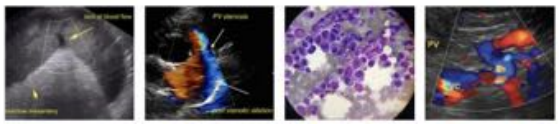

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in the image/video clips provided.

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