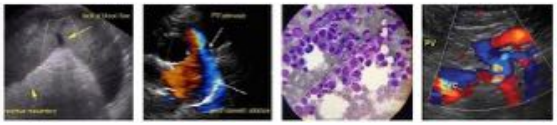


PATIENT

Winter Nicholson

SPECIES

Canine

BREED

Giant Schnauzer

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

39 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Campbellville AH

REFERRING VET

Dr. Kamrani

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: * Metronidazole-responsive diarrhea for 2 months. The patient has been on GI low-fat diet for 3 weeks * appetite and thirst are normal, The patient is not vomiting, and Energy level and demeanor are normal * In the physical examination the patient is BAR, dehydrated and unremarkable in physical examination * no weight loss * large bowel diarrhea (most likely) meds: Metronidazole 500 mg BID. Fecal negative for ova and Giardia, USG 1.027, no proteinuria, inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is suspended within the lumen along with a small amount of gravity-dependent mineralized sand. No distinct cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (1.58 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 (7.30 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.07 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.43 cm at caudal pole) (1.70 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.

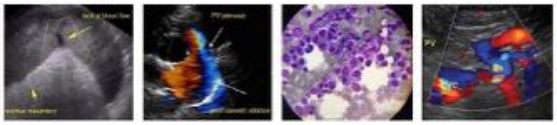
The right adrenal gland is normal size (1.34 cm at cranial pole) (0.45 cm at caudal pole) (2.24 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.53 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.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

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

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatopathy. Considerations include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), vacuolar hepatopathy, infiltrative neoplasia (i.e., lymphoma, other hepatopathy). Correlation with the patient's liver values is recommended.
- Urinary bladder sand.
- The ascites may be secondary to increased vascular permeability (i.e., vasculitis), low oncotic pressure or increased hydrostatic pressure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel and T4 is recommended. Depending on the results, further liver diagnostics (i.e., tissue sampling, Leptospirosis testing , serum bile acids) may be warranted.
- Regarding the history of diarrhea, consider prophylactic deworming with Fenbendazole despite the negative fecal evaluation.
- Also consider a fecal PCR panel for infectious diseases.
- A resting cortisol level could also be considered to screen for hypoadrenocorticism.
- Other considerations include a hydrolyzed protein or limited antigen diet, malabsorption panel (send to Texas A&M) +/- GI biopsies.

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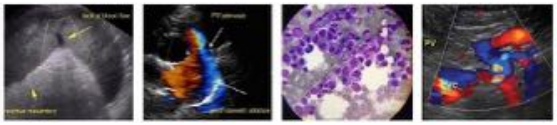

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289-808-2608 infoethefocalzone.com

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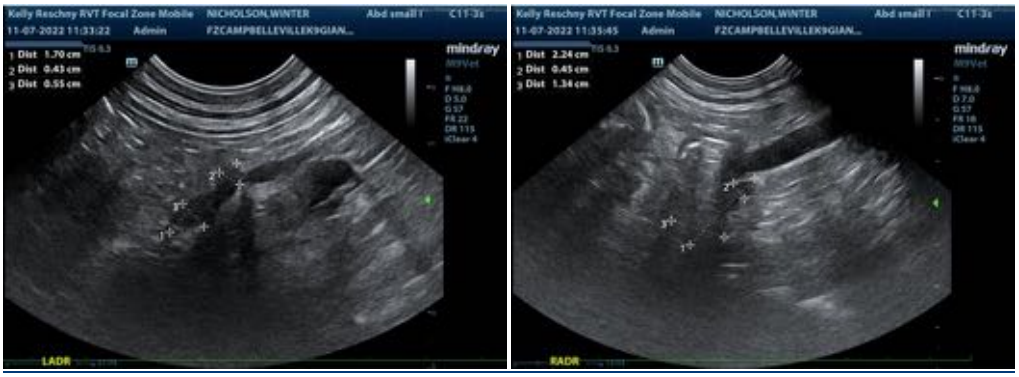

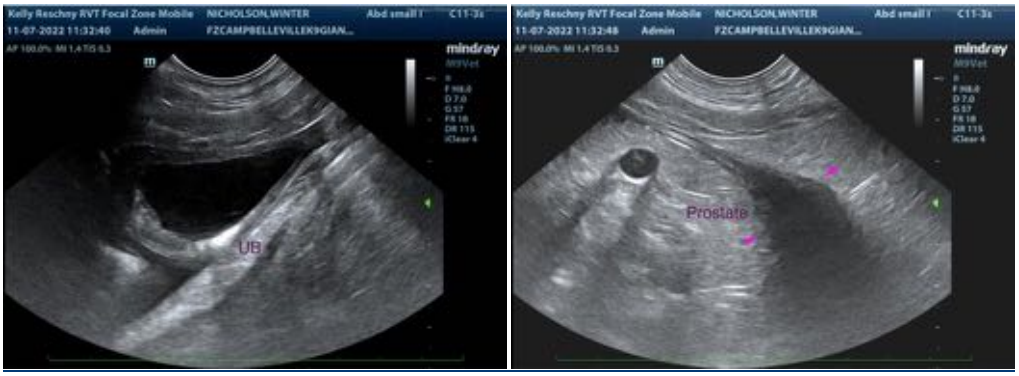

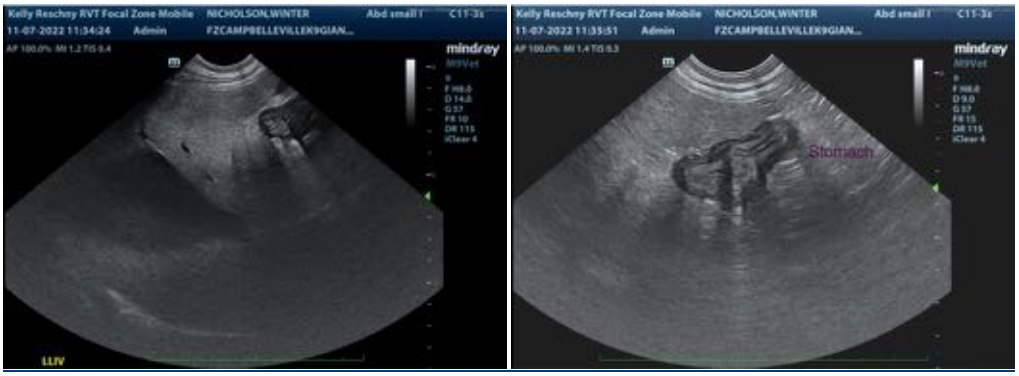

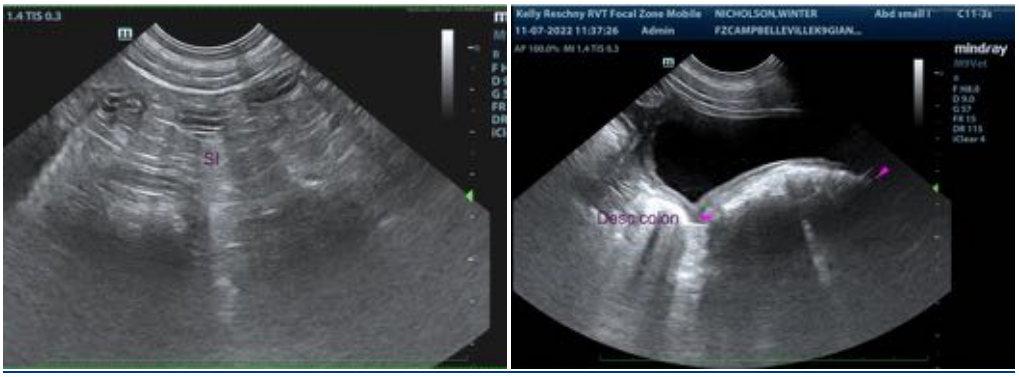

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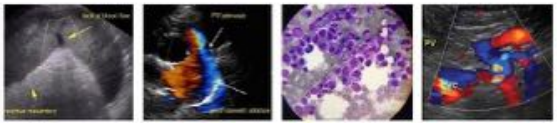
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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