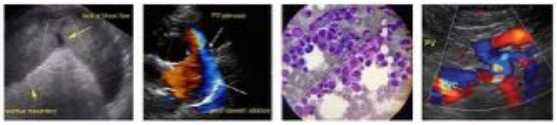


PATIENT

Dexter Cassidy

SPECIES

Canine

BREED

Doberman mix

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

31.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Patton

INVOICE

12708

DATE

12/14/21

PRESENTING CLINICAL SIGNS

History: Patient not improving after last bought of pancreatitis (Nov 22, 2021). Not as interested in food and having good/bad days. Ultrasound to rule/out pancreatic tumors. Had a splenectomy in 2020 currently on: Cerenia 60mg SID Metronidazole 500mg BID as needed Gabapentin 300mg BID Abnormal PE/Chem/CBC/UA Results: Dec 3/21 - ALT 189, ALP 299, Lipase 910, Spec cPL 507, SDMA 15,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. Luminal contents are mostly anechoic. 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 (1.22 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 (7.04 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is slightly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of 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. The cortex is slightly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.57 cm at caudal pole) (2.96 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.

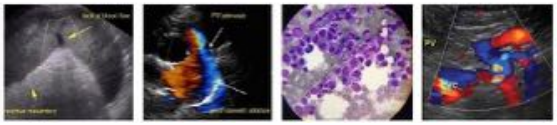
The right adrenal gland is normal size (1.66 cm at cranial pole) (0.79 cm at caudal pole) (1.97 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

Previously splenectomized. No obvious abnormalities are observed in the region of the splenic fossa.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall



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bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent 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. 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 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:

- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely) +/- concurrent age-related changes.

Secondary Findings:

- Minor age-related renal changes with dystrophic mineralization.

*There is no visible evidence of pancreatitis/pancreatic tumor. However, low-grade pancreatitis cannot be completely excluded. Given the clinical history of the patient, liver and/or gastrointestinal disease is of concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Thorough orthopedic and neurologic evaluations are recommended to assess for non-metabolic causes of the patient's clinical signs.
- Pre- and post-prandial serum bile acids are recommended to assess hepatic function. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if the liver enzyme elevations are acute in nature.

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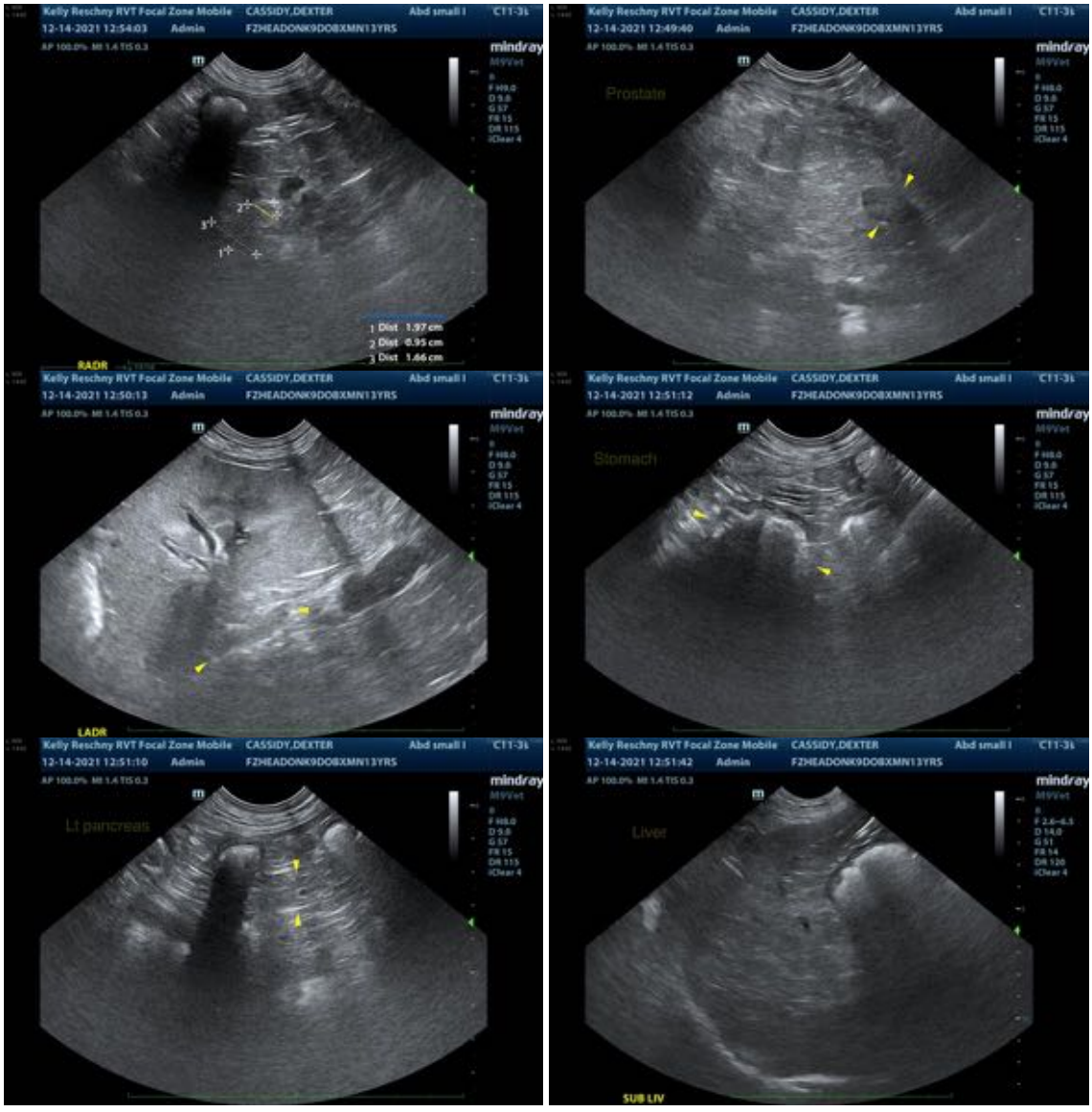
- Consider a GI panel (including serum cobalamin, folate, TLI and PLI) to further assess for small intestinal and pancreatic disease.
- Depending on the results of the above diagnostics, tissue sampling (i.e., GI, liver) may be warranted.



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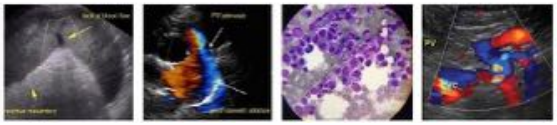

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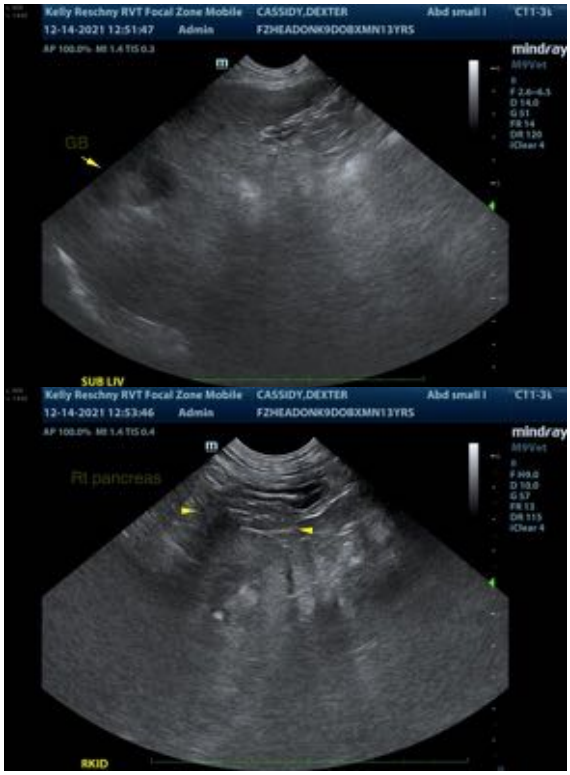

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com