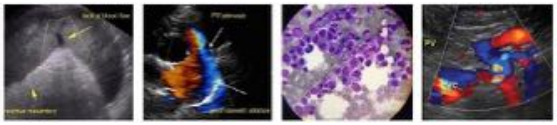


PATIENT

Lizzy Henke

SPECIES

Canine

BREED

Maltese

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

2.37 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Schroeder

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: First seen for inappetence/lethargy may 13th. meds; was on apoquel for years to manage allergies-since discontinued. gave cytopoint on may 13th, now on denosyl and Ursodiol; non-regenerative anemia-slide agglutination neg

Hematocrit 22%. 4DX negative. USG 1.045, 1+ proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (3.07 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. The cortex is hyperechoic. Several hyperechoic shadowing diverticular foci are observed. A few small, non-obstructive nephroliths are visualized. A few small cortical cysts are also observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (xxx cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. The cortex is hyperechoic. Several hyperechoic shadowing diverticular foci are observed. A few small, non-obstructive nephroliths are visualized. A few cortical cysts are also observed, the largest measuring 0.47 cm in diameter. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.43 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.

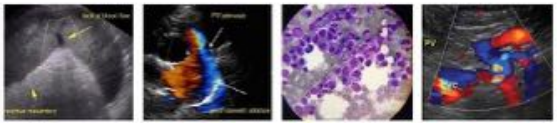
The right adrenal gland is normal size (0.73 cm at cranial pole) (0.52 cm at caudal pole) (1.21 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.12 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 normal to slightly prominent in size with normal curvilinear 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 to



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moderate amount of aggregated echogenic 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 minimally 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 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

- Non-specific diffuse hepatopathy. Top differentials include idiopathic vacuolar hepatopathy, regenerative nodular hyperplasia and age-related remodeling.
- Bilateral chronic age-related renal changes with dystrophic mineralization and non-obstructive nephrolithiasis.

*An obvious cause for the patient's anemia is not identified in this study. Considerations include low-grade gastrointestinal blood loss, decreased red blood cell production, tick-borne disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult disease in the chest.
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/
- Consider a bone marrow aspirate +/- core biopsy.
- If the above diagnostics are inconclusive, an upper GI endoscopy with gastrointestinal biopsies may be necessary to rule out gastrointestinal bleeding.

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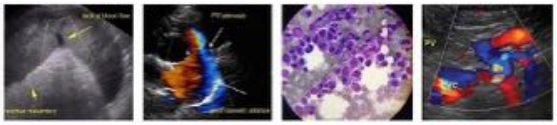

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289-808-2608 infoethefocalzone.com

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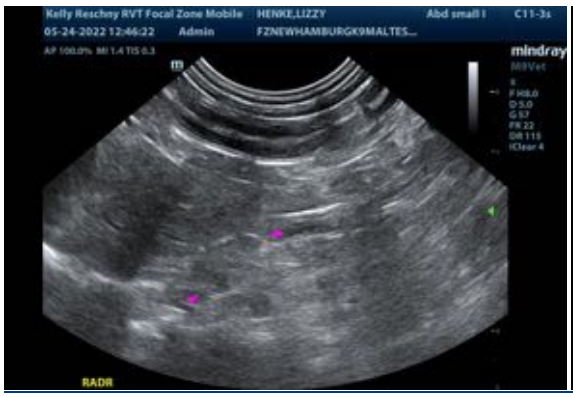

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com

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