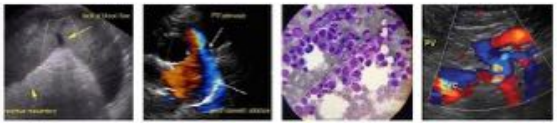


PATIENT

Ozzie O'Connor

SPECIES

Canine

BREED

Poodle mix

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

11 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. McQueen

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: not eating well, lethargic meds: famotidine
Abnormal PE/Chem/CBC/UA Results: Originally was anemic, non-regenerative, with mild neutrophilia and mild increase in urea and globulins. After medical treatment with antibiotics and pain meds, his anemia seems to have resolved but now he is showing increased urea and creatinine and significant elevation of ALT and ALP

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 and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.08 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 (5.93 cm in length) with a normal shape smooth peripheral contours. The cortex is mildly thickened and hyperechoic with a few small cortical cysts. There is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (0.62 cm at cranial pole) (0.60 cm at caudal pole) (2.16 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.

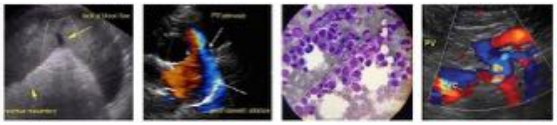
The right adrenal gland is mildly enlarged (1.32 cm at cranial pole) (0.49 cm at caudal pole) (2.49 cm in length) with a normal shape and smooth peripheral contours. A 0.68 x 0.42 cm, irregular hyperechoic area is observed at the tip of the caudal pole. The glandular echogenicity and detail in the remaining parenchyma are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.77 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic 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. A moderate amount of aggregated



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echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and some irregular shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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:

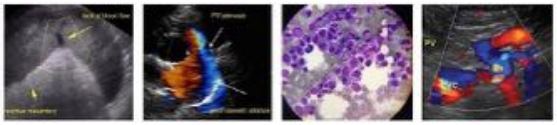
- Bilateral, non-specific chronic renal changes.
- Non-specific diffuse hepatopathy. Considerations include inflammatory disease (i.e., chronic active hepatitis, bacterial cholangiohepatitis), Leptospirosis, hepatotoxicosis, other hepatopathy +/- concurrent age-related change (i.e., remodeling, regenerative nodular hyperplasia, vacuolar hepatopathy).
- Gallbladder sludge, non-mucocele.

Secondary Findings:

- Mild bilateral adrenomegaly. The hyperechoic area in the caudal pole of the right adrenal gland likely represents hyperplastic change with a lower possibility of an emerging tumor.
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended given the elevated liver and kidney values.
- Given the azotemia, consider the following:
  1. Urine culture and sensitivity.
  2. UPC
  3. Baseline blood pressure measurement.



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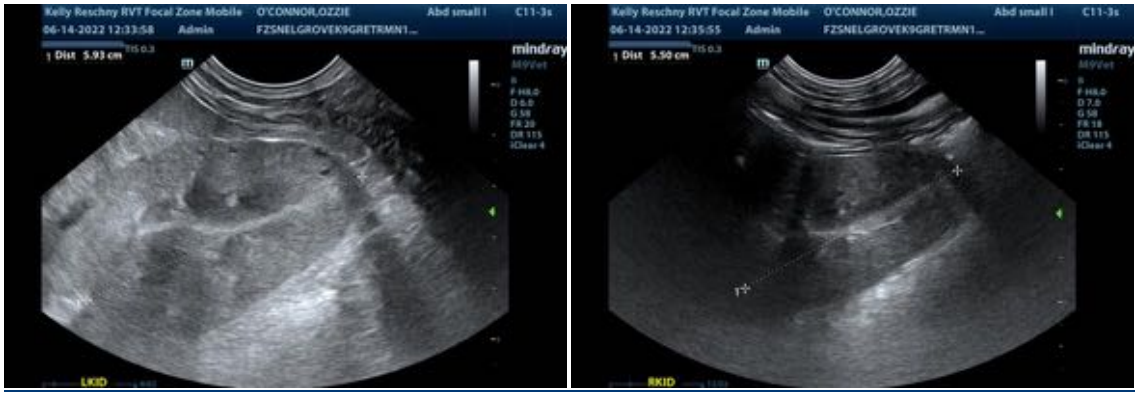
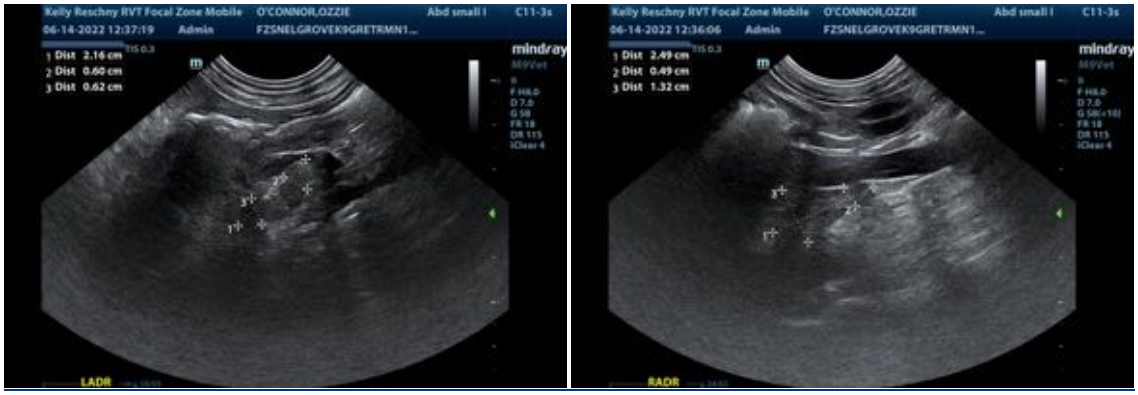
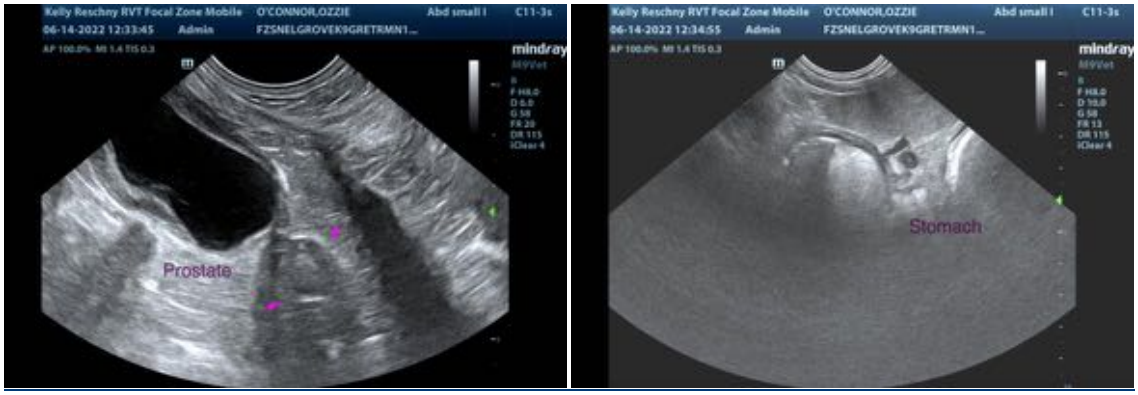
- Given the hepatopathy, consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). Surgical biopsies are preferred in that they are more likely to be representative of global organ pathology. If pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.
- While awaiting test results, supportive care including IV fluids, gastric protectants, antiemetics (as needed), broad spectrum antibiotics and hepatic antioxidants (i.e., Denamarin) is recommended.







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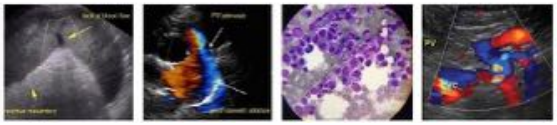

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com