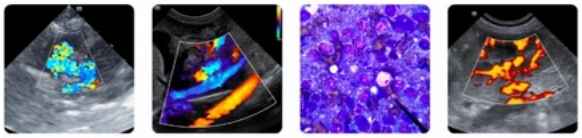


PATIENT

Merlot Waldman

SPECIES

Canine

BREED

French Bulldog

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

15.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Zelinski

INVOICE

13370

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Frequent regurgitation Current meds: Amlodipine, Ondansetron, Cisapride, SQ fluids, Famotidine, Marbofloxacin (had recent pneumonia) Abnormal PE/Chem/CBC/UA Results: Hx of CKD BUN 75, Creat 3.4, HCT 37

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is diffusely thickened (up to 0.86 cm) and slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.54 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. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.14 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. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and 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 in size (0.52 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and 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 (1.07 cm in width at the level of the hilus) with a slightly irregular lateral margin. There is appropriate echogenicity and echotexture. A 0.82 x 0.78 cm ill-defined hypoechoic slightly expansile nodule is observed at the lateral aspect. Several varying sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

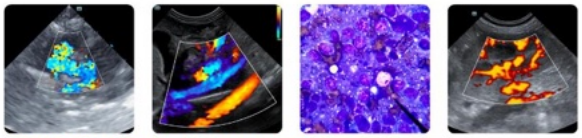
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is minimally to 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



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is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Questionable trace ascites.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral nonspecific chronic renal changes with dystrophic mineralization. The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Minor gastric fluid retention
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history is recommended.
- The hypoechoic splenic nodule at the lateral aspect may represent focal benign process (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible. The hyperechoic splenic nodules are most consistent with benign meylolipomas.
- Equivocal trace ascites

*An obvious cause for the patient's chronic regurgitation is not identified in this study. Esophageal dysfunction should be of top consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs +/- a contrast esophagram, preferably via fluoroscopy, should be considered. In the meantime, elevated feedings are recommended.
- Regarding the azotemia, consider the following:
  1. Urinalysis with culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)
  3. Baseline blood pressure measurement
  4. Prescription renal diet (if the patient will tolerate it)
  5. Serial monitoring of the patient's renal values to assess for progression of the azotemia
- Regarding the splenic nodule, consider fine needle aspiration (if clotting status is appropriate). A 25-gauge needle should be used. Alternatively, consider a recheck ultrasound in 1-2 months to assess for growth of the lesion.

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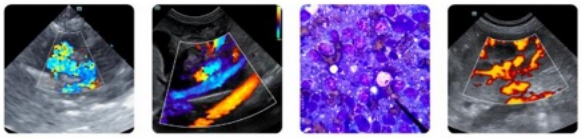

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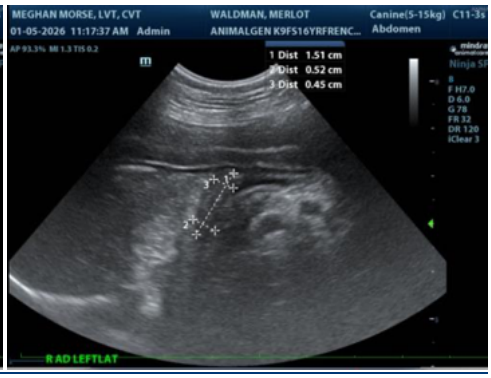

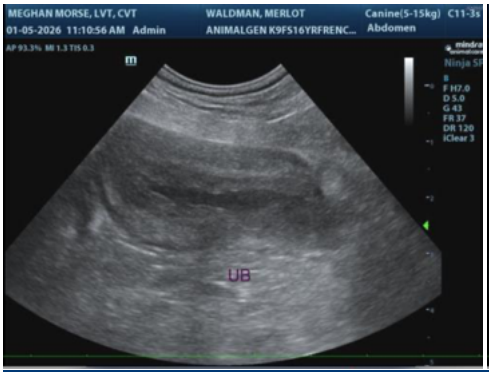

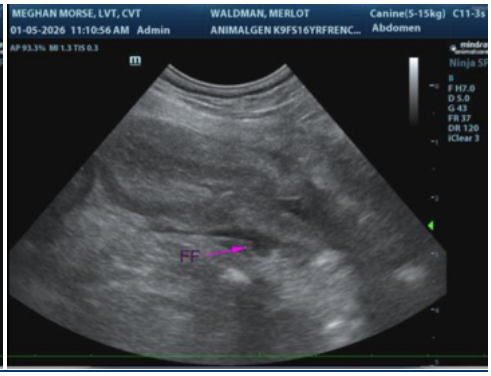

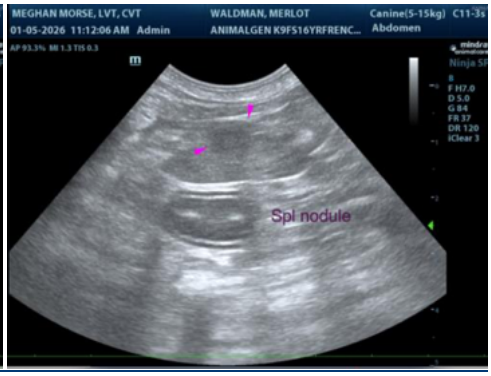

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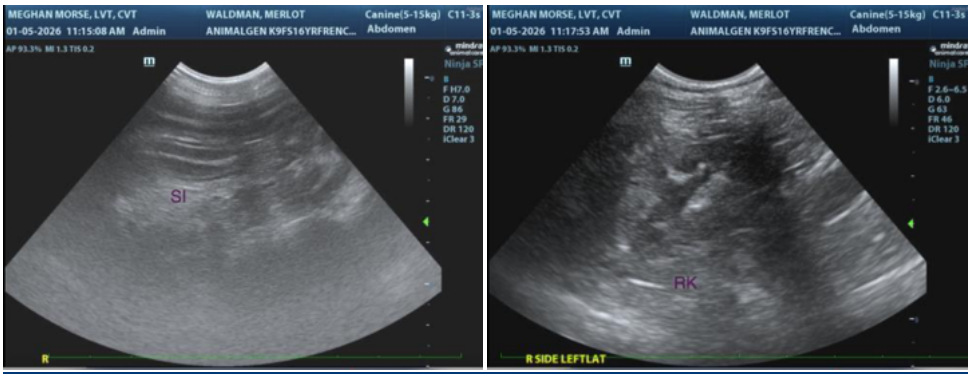

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com