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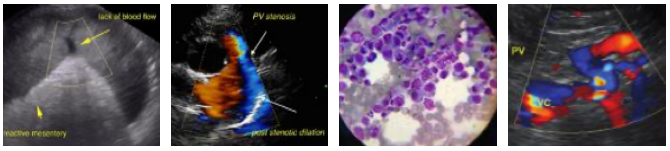

PATIENT
Ebby Perez

SPECIES
Canine

BREED
English Bulldog

SEX
Female, spayed

AGE
8 Yrs.

WEIGHT
45.8 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Martes

INVOICE
14723

DATE
3/13/23

PRESENTING CLINICAL SIGNS

History: Patient was evaluated for acute history of vomiting. Patient vomited 4 times at home on 3/8. Ever since diet was changed from HP diet to Urinary + HP, the patient has had on-and-off vomiting. She was diagnosed with cutaneous SCC; she is currently on Palladia 50 mg EOD and Piroxicam 7 mg EOD. When she is given medications with boiled chicken, patient does not vomit. The owner has noticed improvement regarding SCC lesion with chemotherapy. She is BAR at home.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: ALKP < 10 U/L (23 - 212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. Mucosal surface in the region of the apex is slightly irregular. A small amount of echogenic debris as well as a scant amount of gravity-dependent mineralized sand +/- tiny calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.70 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (5.29 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.53 cm at caudal pole) (2.39 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 (0.43 cm at cranial pole) (0.52 cm at caudal pole) (2.06 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 (1.40 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.27 cm myelolipoma is observed near the hilus. 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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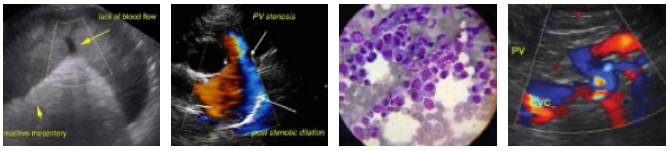

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. In the region of the pylorus, there is questionable thickening of the muscularis layer. 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

There is no obvious evidence of free fluid. 1-2 mesenteric lymph nodes are visible, the largest measuring 1.63 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Questionably prominent muscularis layer in the region of the pylorus. This may be a normal variant for this patient or may represent hypertrophy, inflammation, or less likely, emerging neoplasia.
- An obvious cause for the patient's vomiting is not identified in this study. Considerations include food intolerance/allergy, mild gastric ulceration (i.e., secondary to Piroxicam), infectious/parasitic disease, inflammatory bowel disease, underlying metabolic issue, other.

Secondary Findings:

- Minor bilateral age-related renal changes with dystrophic mineralization.
- Urinary bladder sand +/- tiny cystic calculi.
- Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider returning to the patient's previous diet along with symptomatic care and a probiotic.
- Also consider empirical treatment for gastric ulceration (i.e., Omeprazole and Sucralfate) for 10-14 days.
- If patient's clinical signs persist despite medical management, a more comprehensive GI workup may be warranted.

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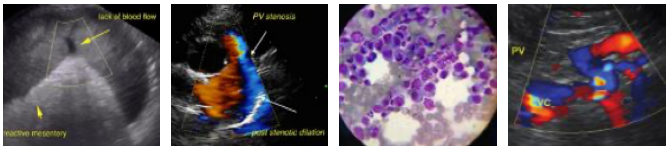

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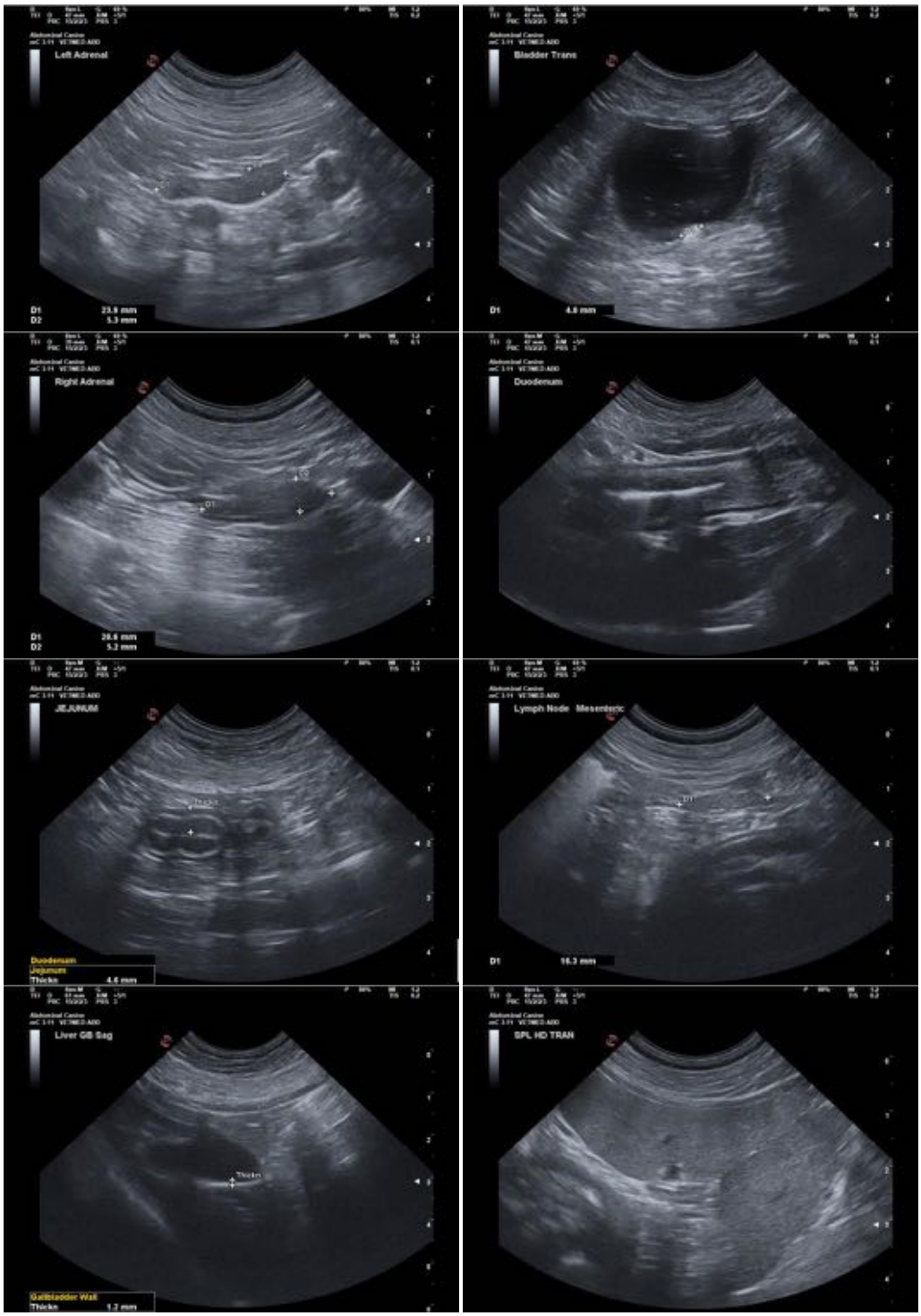

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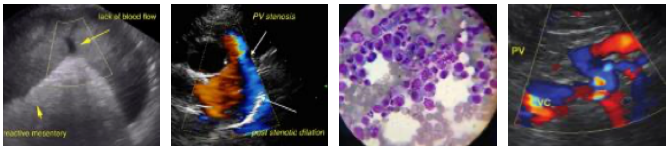

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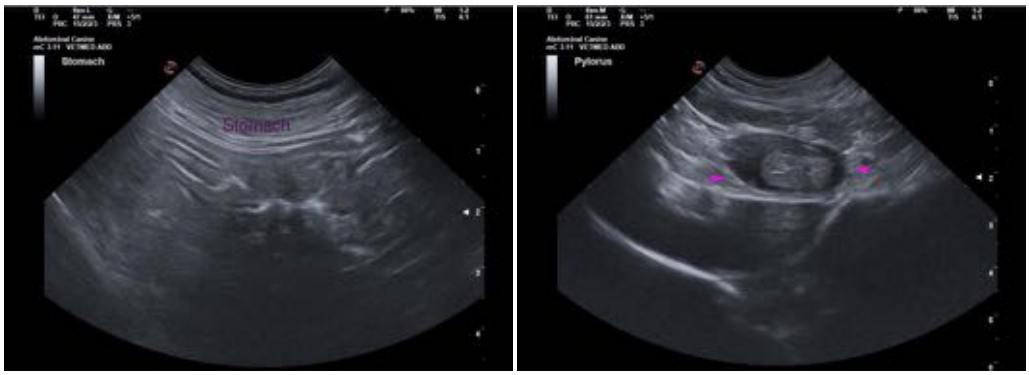

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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