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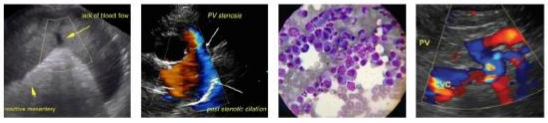

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ginger Nolen

SPECIES

Canine

BREED

Yorkie/Maltese Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Krist Cortright

INVOICE

21651

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Over the last week or so pet has had diarrhea, and vomiting bile. Then pets stool was firmed but bloody. Now pet stool seems almost back to normal. Still eating and drinking. Energy is ok. Eats a lot of cat poop and dirt outside. Has been more hunch back over the last few months. Has a hx of kidney stone. Hx of splenic nodules. Physical exam findings: Abnormal CBC values: Platelet Count=491 / Neutrophils= 57 Abnormal Chemistry Values: Alk Phosphatase=182 / BUN/CREAT RATIO= 36 Abnormal UA Values: WNL Radiograph Findings (email radiographs if available): Radiographic Findings- Images of the abdomen reveal liver size be normal. Splenic size is normal. Serosal detail is adequate. There appears be mineralization involving the kidney based on the lateral views, laterality cannot be determined. There is a large amount of fecal material within the colon. There is a unusual circular soft tissue and gas pattern identified within the pylorus without evidence of gastric distention. The small intestine is largely fluid- filled without evidence of dilation. Significant lumbar spinal abnormalities are not present Conclusion-There is a persistent calculus within a kidney, I cannot determine laterality. The foreign object identified on the current study is again noted on the previous study within the pylorus. The stomach is not distended. Small intestinal dilation is not present. Abdominal ultrasound is indicated to evaluate the pylorus and the small intestine. Reason for Ultrasound: Possible FB / Recheck U/S (previous U/S done 9/28/2022)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No overt evidence of pyelectasia was noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length. Indistinctly visualized medullary mineral was noted in the right kidney. Pinpoint medullary mineral was noted in the left kidney.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.56 cm width in the caudal pole.

No overt pathology in the area of the right adrenal gland.

Spleen

The spleen was normal in size with areas of minor capsule asymmetry with mild generalized parenchyma heterogeneity. Previously noted, variably sized nondisruptive cystic appearing splenic nodules were noted. An example of splenic nodule size measured 1.2 cm in diameter. Splenic vascularity was normal.

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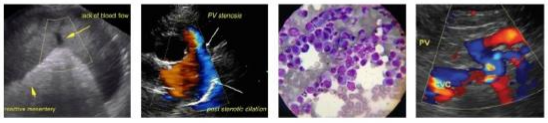

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic content with mild nondependent mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering most notable in the area of the pylorus. The pylorus wall measured 0.55 cm in wall width. The ventral gastric body wall measured 0.30 cm wall width. The stomach contained a mild to moderate amount of hyperechoic ingesta, including nonspecific variably shadowing gastric echoes. An example of shadowing gastric echo measured approximately 1.1 cm in diameter. An example of nonshadowing hypoechoic gastric echo measured 1.5 cm in diameter. No overt evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with propensity for segmental to generalized mildly prominent mucosa layer with segmental mild hyperechoic duodenojejunal mucosal speckling. The lumen of the small intestine was empty with no signs of obstructive pattern, loss of intestinal wall layering or intestinal masses.

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

Pancreas

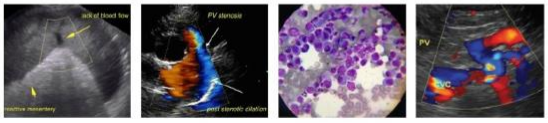
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Previously noted, multifocal static cystic appearing splenic nodules- hyperplasia, hematopoiesis, small hemangiomas or similar are likely. Neoplastic criteria is considered unlikely.
- Mild chronic gastritis pattern with nonspecific variably shadowing gastric ingesta/echoes
- Suspect chronic inflammatory enteropathy
- Heterogenous to remodeled pancreas- age/patient variant, remodeling owing to previous inflammation, chronic pancreatitis are all potentials
- Chronic renal changes with likely static nonobstructive right kidney mineralization/renolith



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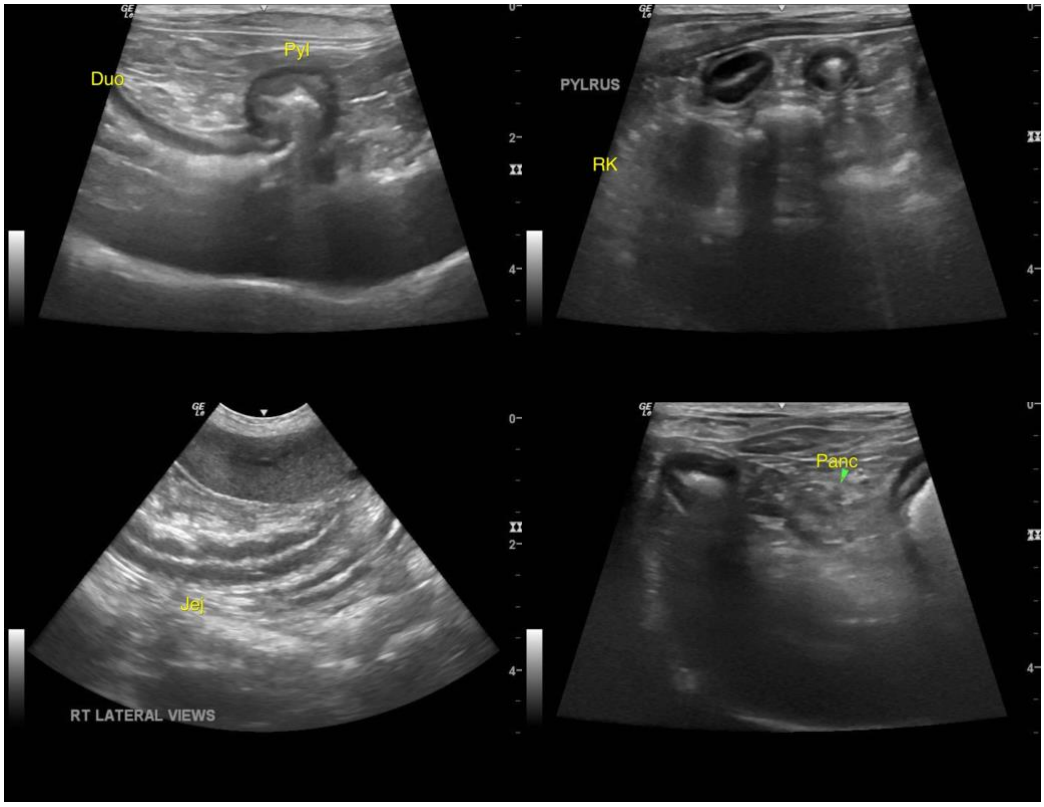
- Static hepatic parenchymal remodeling with mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The variable shadowing gastric ingesta is nonspecific and may indicate recent meal ingestion, medications, treats, etc. However, the possibility for mild areas of nonobstructive gastric foreign material cannot be definitively excluded. Sonographic reassessment of the stomach, following documented 12-hr NPO is suggested. Upper gastrointestinal endoscopy (if available) may be indicated if evidence of persistent retained ingesta or variably shadowing echoes despite fast.

Pending additional gastric assessment, continued empirical therapy for suspected chronic gastroenteropathy, which may include novel protein or hydrolyzed diet trial, as needed high colony count probiotic and gastrointestinal support would be reasonable.



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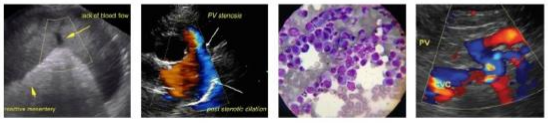

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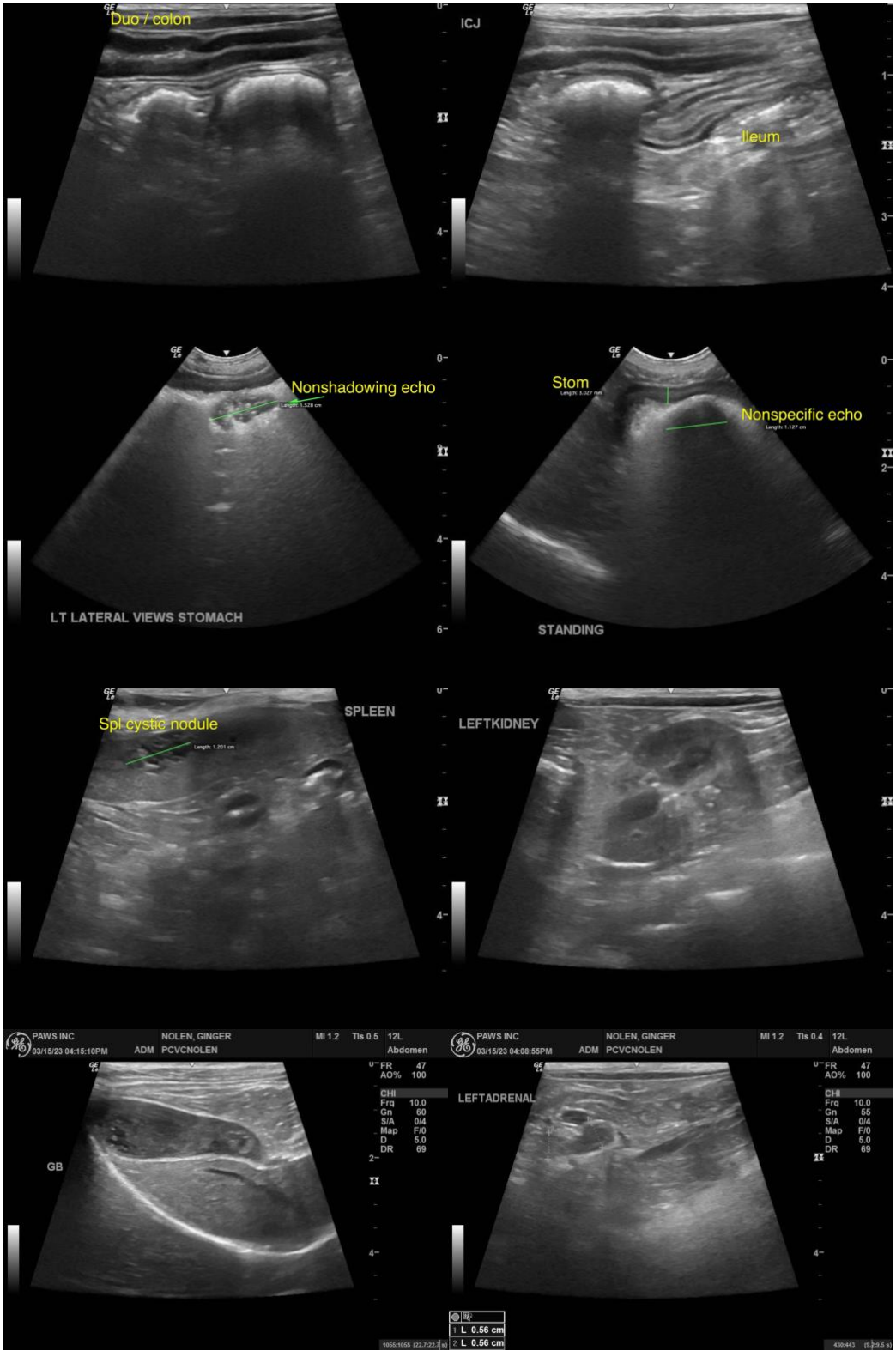

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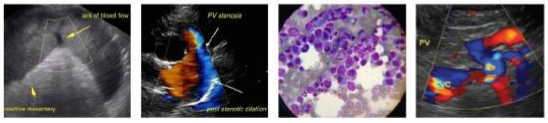

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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