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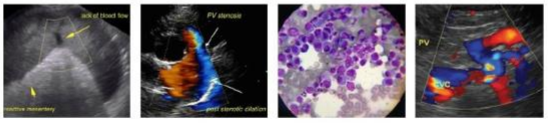


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ginger Nolen

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

7.6 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

17486

DATE

9/29/22

PRESENTING CLINICAL SIGNS

History: History: This is a recheck U/S. Was done originally on 8/3/2022. There were some abnormalities found and it was recommended that we do a follow up U/S. Pet has been on wet Z/D and recommended medications. Does well while on those suggestions, was switched to regular kibble after finishing recommended 4 week treatment and then was lethargic and not her normal self. Physical exam findings: patella issues. Chronic Metcam use. Abnormal CBC values: Labwork from 7/9/22: Platelet Count is high at 486 – values have not been rechecked since Abnormal Chemistry Values: Labwork from 7/9/22: BUN is high at 36 - values have not been Abnormal UA Values: WNL Radiograph Findings(email radiographs if available): Kidney stone noticed on x-rays Reason for Ultrasound: This is a recheck U/S. Was done originally on 8/3/2022. There were some abnormalities found and it was recommended that we do a follow up U/S. Pet has been on wet Z/D and recommended medications. Does well while on those suggestions, was switched to regular

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the iliac trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.4 cm in length. The right kidney revealed static nonobstructive pelvic renolithiasis. The renolith measured 0.57 cm in diameter.

Adrenal Glands

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.45 cm width in the cranial pole and 0.47 cm width in the caudal pole.

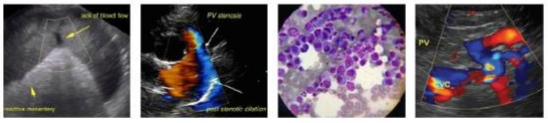
No overt pathology in the area of the left adrenal gland.

Spleen

The spleen was normal in size with areas of minor capsule asymmetry. Generalized parenchyma heterogeneity noted, including multiple nondisruptive cyst to cystic nodules. Concurrent nondisruptive hyperechoic nodule noted in the medial parenchyma. An example of splenic cyst to cystic nodule measured 0.60 cm in diameter.

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



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signs of congestion. Intermittent discreet nondisruptive hyperechoic intraparenchymal nodule was noted, consistent with discreet nodular hyperplasia or benign lipogranuloma.

The gallbladder was non distended in size with mild nondependent particulate gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. The ventral gastric body wall measured 0.43 cm. The pylorus wall measured 0.4 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.40 cm. The jejunum wall measured 0.28 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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

- Static mild gastritis pattern
- Sonographically unremarkable small bowel- potential for generalized mild inflammatory gastroenteropathy
- Heterogeneous pancreas- age-related changes, remodeling owing to previous inflammation, low grade to chronic pancreatitis possible
- Static intermittent to multiple splenic cyst/cystic nodules with concurrent probable benign myelolipoma- benign
- Nonobstructive right kidney renolithiasis
- Hepatic parenchymal remodeling with intermittent benign nodule
- Mild static gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, static abdominal presentation compared to the previous study, without evidence of progressive intraabdominal pathology. Long term novel protein or hydrolyzed diet with as needed gastrointestinal support is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested if not done previously.

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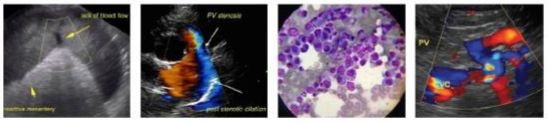

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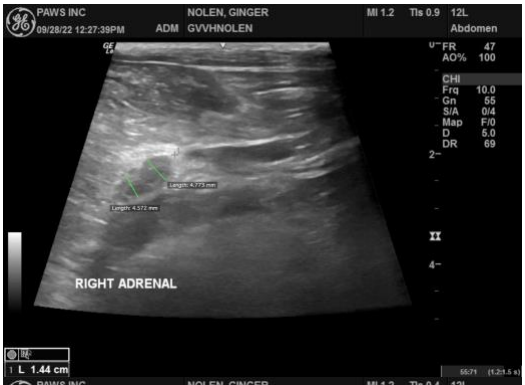

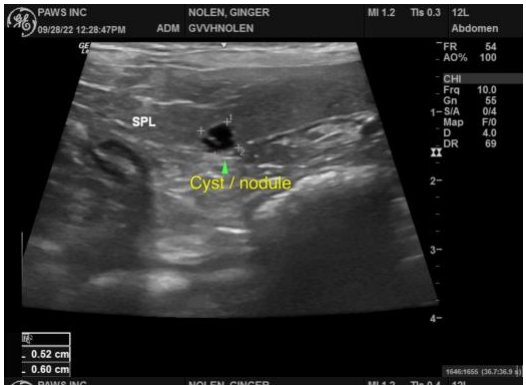

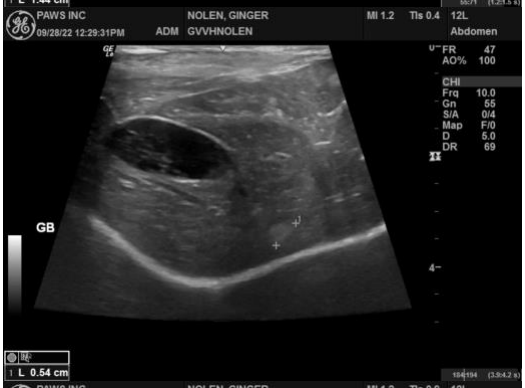

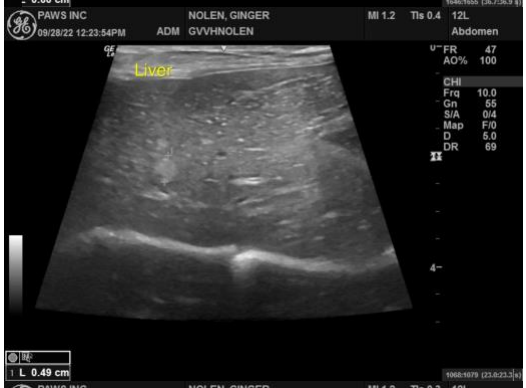

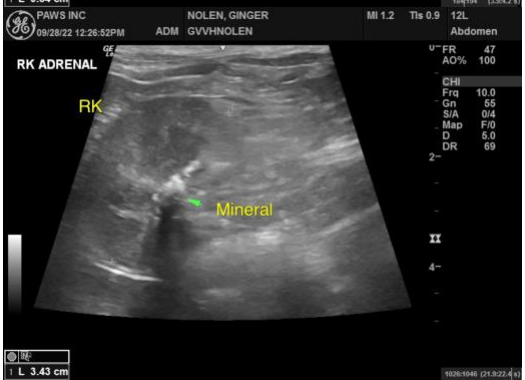

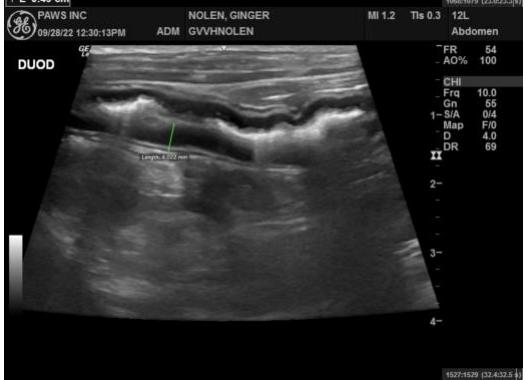

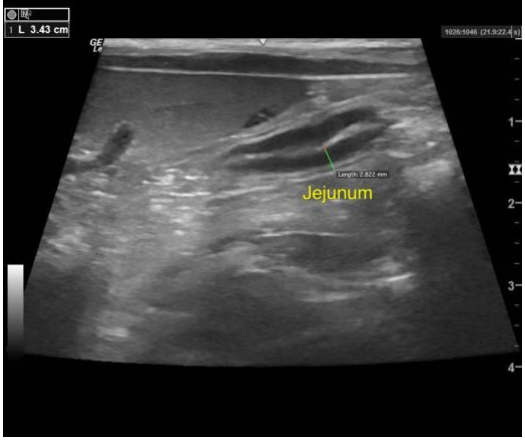

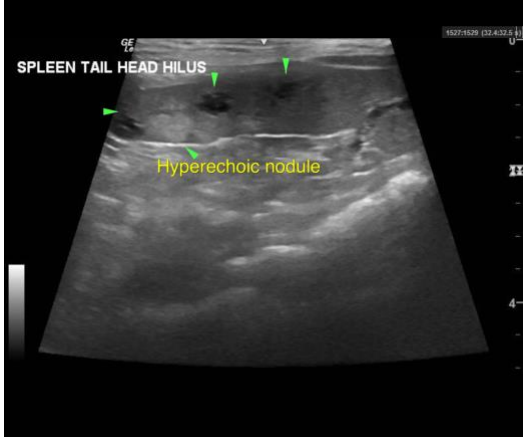

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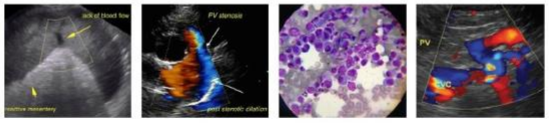

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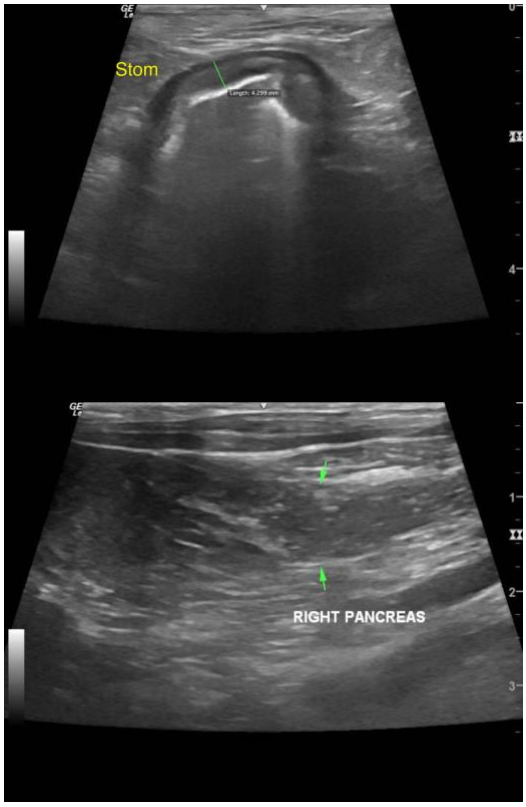

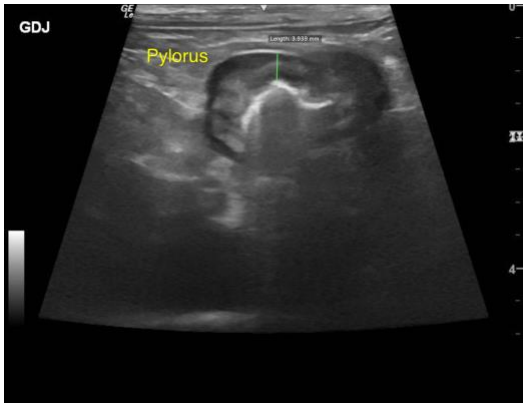

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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