

PATIENT PRESENTING CLINICAL SIGNS

Jackson Fagan
History: decreased energy, sleepy, eating dirt, weight loss,
Abnormal PE/Chem/CBC/UA Results: please see attached labs

SPECIES
Canine
Additional History: Bloodwork shows a borderline nonregenerative anemia, azotemia, mild hypercalcemia. Alk Foss 285. ALT 150. Spec CPL 662.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Shih Poo
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of gravity dependent mineralized sand (versus cystic calculus) is observed within the lumen, as well as a small amount of suspended echogenic debris. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (1.11 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11years

The left kidney presented normal size (4.84 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic to heterogenous in appearance with foci of mineralization. Several cortical cysts are present. Several tiny nonobstructive nephroliths are seen. Trace pyelectasia is visualized (0.16 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

WEIGHT

9.2 kg

The right kidney presented normal size (5.12 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic to heterogenous in appearance with foci of mineralization. Several cortical cysts are present. Several tiny nonobstructive nephroliths are seen. Trace pyelectasia is mild (0.25 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.62 cm at cranial pole) (0.81 cm at caudal pole) (2.19 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

The right adrenal gland is enlarged (1.75 cm at cranial pole) (0.77 cm at caudal pole) (1.92 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.

HOSPITAL NAME

Yates Veterinary
Hospital

Spleen

The spleen is normal in size (0.95 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.

REFERRING VET

Dr. Krizmanich.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10155

DATE

1/19/22

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of



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aggregated echogenic gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 or overt infiltrative disease is noted.

BREED

Shih Poo

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

Neutered Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Bilateral chronic nephropathy with nonobstructive nephrolithiasis and cortical cysts.
- Urinary bladder sand versus distinct cystic calculus
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris/sludge - incidental

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Secondary Findings

- Mild bilateral adrenomegaly
- Age-related pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the azotemia, the following diagnostics are recommended:
 1. Baseline blood pressure measurement
 2. Urine culture and sensitivity
 3. UPC (if proteinuria is present)
 4. Leptospirosis testing (i.e., blood-in-urine PCR, serology), particularly given the concurrent liver enzyme elevations
 5. Three-view thoracic to assess cardiopulmonary status, particularly if fluid therapy is to be

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initiated

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- Supportive care, including fluid therapy, gastric protectants, broad-spectrum antibiotic therapy, and other supportive measures are recommended, while awaiting urine culture and sensitivity results.

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Canine

- Regarding the urinary bladder sand versus stone, consider an abdominal radiograph to assess for a distinct calculus. If results are inconclusive, consider a recheck ultrasound in 3-4 weeks with the patient in multiple positions with bladder agitation, to better-determine if a distinct stone is present.

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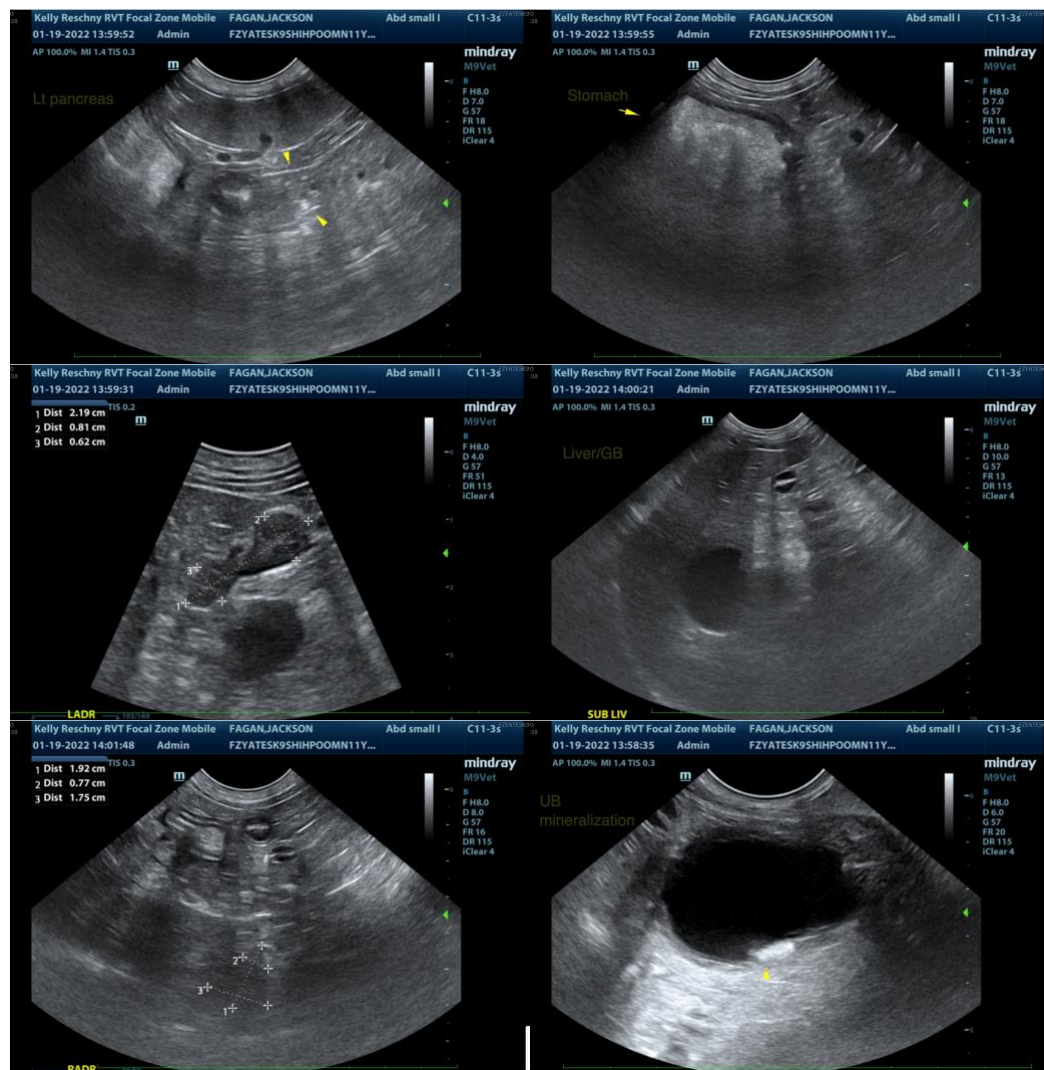
Dr. Krizmanich.

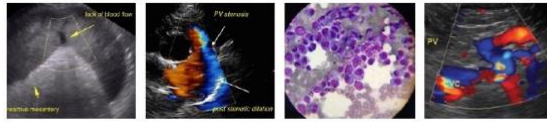
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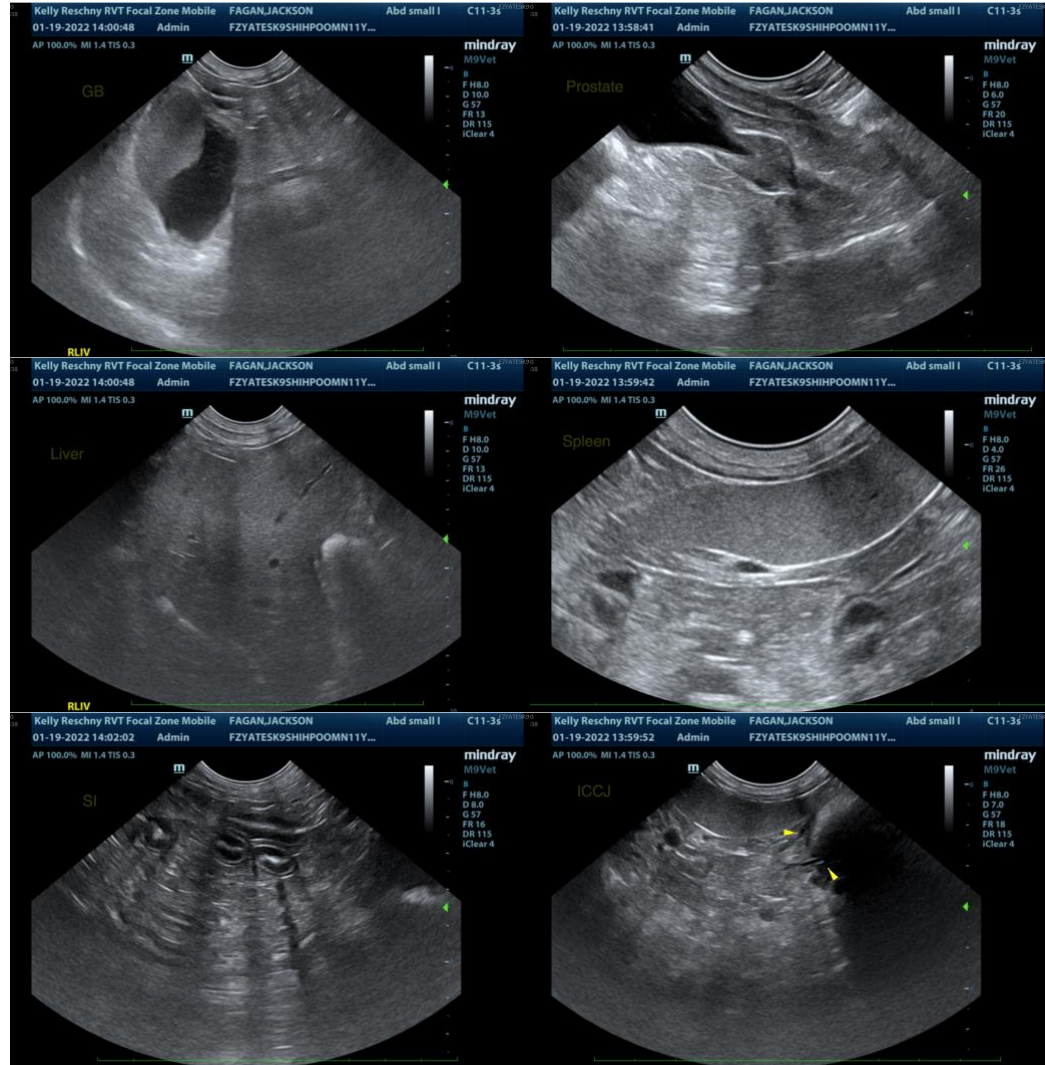
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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