



PATIENT

Ringo Michaelis

SPECIES

Canine

BREED

Chinese crested

SEX

Neutered Male

AGE

15 years

WEIGHT

11.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Eguchi-Coe

INVOICE

10275

DATE

2/3/22

PRESENTING CLINICAL SIGNS

History: Anorexia Lethargy
Abnormal PE/Chem/CBC/UA Results: IRIS stage 3 renal disease HX of pancreatitis Please attach his recent BW Current Medications IVF Cerenia Entyce B12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is thickened (up to 0.44 cm) with a slightly irregular mucosal surface is smooth. Luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is prominent in size with a normal shape and smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (3.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.78 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A few small cortical cysts are present. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.51 cm at cranial pole) (0.58 cm at caudal pole) (1.33 cm in length); with an irregular shape. A 3.70 cm cortical cyst is arising from the lateral aspect. The cyst causes capsular expansion and distorts a portion of the internal architecture. A few smaller cortical cysts are observed at the medial aspect. In the remainder of the kidney there is a normal 1: 3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.59 cm at caudal pole) (2.59 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 (0.96 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.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits a finely heterogenous appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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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 and pylorus are 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.

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Pancreas

The right 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

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Free Abdomen

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

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Bilateral degenerative renal changes with dystrophic mineralization. Large left cortical cyst.
- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's urinalysis findings is recommended.
- The mild prostatomegaly may be a normal variant for this patient, may reflect late-in-life neutering (if applicable), or emerging neoplasia may be present.

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Secondary Findings

- Mild bilateral adrenomegaly
- Benign hepatopathy, likely vacuolar or secondary to regenerative nodular hyperplasia.
- Gall bladder debris/sludge, non-mucocele.
- Age-related pancreatic remodeling +/- fibrosis. Mild pancreatitis may be present, particularly if the patient is exhibiting pain on cranial abdominal palpation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the clinical history, a urine culture and sensitivity, baseline blood pressure measurement and UPC (if proteinuria is present), are recommended.
- Also consider a cPLI to further assess for pancreatitis.

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- If prostatic neoplasia is a concern, consider a urine BRAF test for further evaluation.
- Given the patient's age, three-view thoracic radiographs are recommended to assess for occult disease in the chest.

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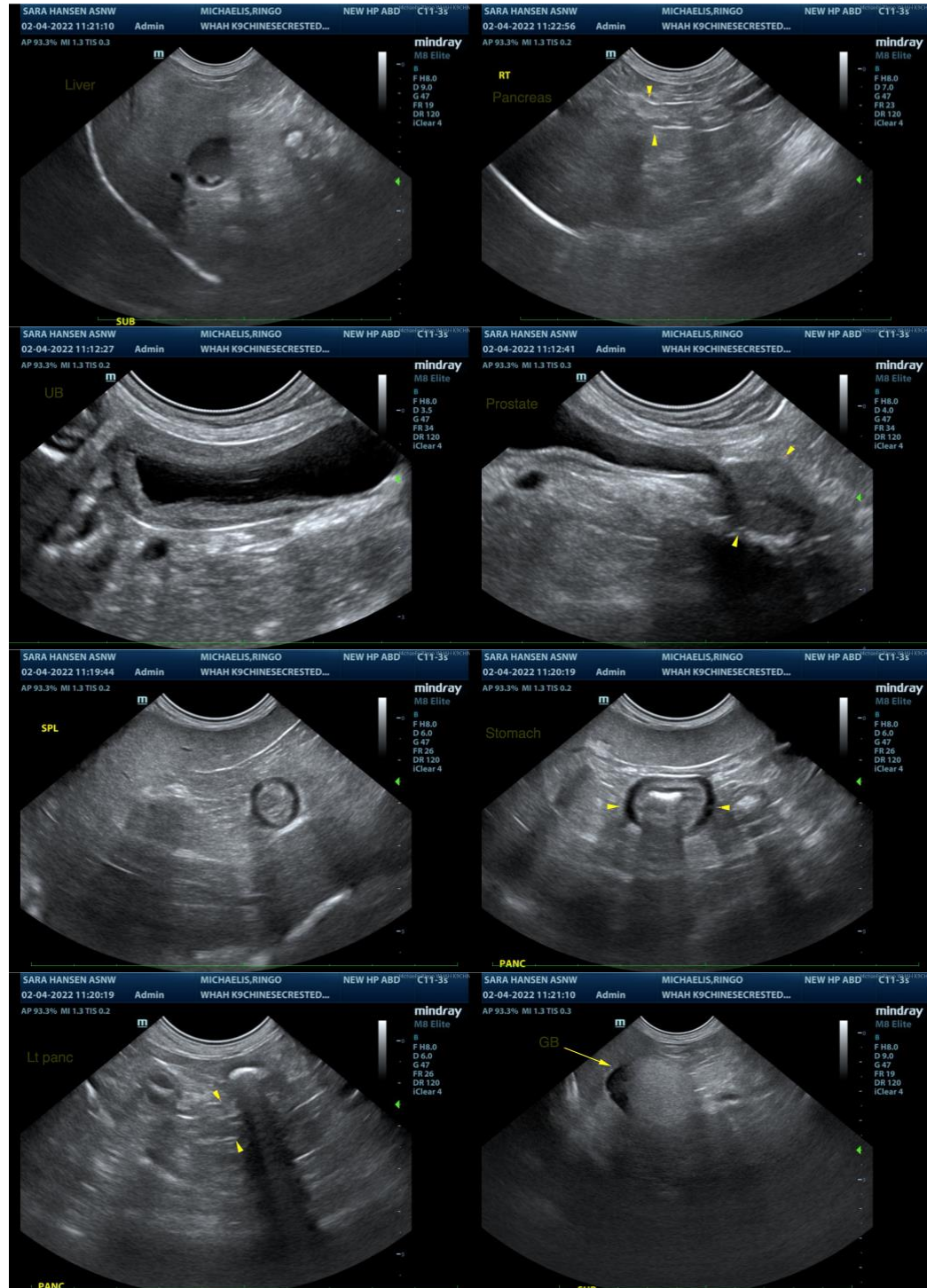
Dr Eguchi-Coe

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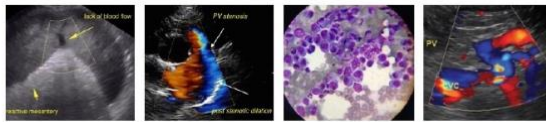
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The information and recommendations provided are based on the images presented by the referring



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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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info@SonoPath.com

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