



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Megan Rashid
SPECIES Canine
BREED Labrador mix
SEX Female, spayed
AGE 11 Yrs.
WEIGHT 50.8 lbs.

History: Presented as a referral for an abdominal ultrasound to evaluate elevated liver enzymes and chronic renal failure. Pt presented to rDVM with a history of anorexia on December 14th, 2022. Also, pt had vomiting and diarrhea, and pt was hospitalized with IV fluids and GI treatment. On recheck Dec 21st, 2022 the Kidney values were worse. Started on SQ fluids at home by Owners on Dec 18, 2022. On recheck Jan 4th 2023 pt relapsed with diarrheas and anorexia and the liver enzymes are worse. Currently on Denamarin and Azodyl caps.
Abnormal PE/Chem/CBC/UA Results: PE: no provided 1-4-23 BW: HCT 34 (37-61) LYM 0.74 (1-5) Chem: Creat: 4.3 (0.5-1.8), BUN 42 (7-27), GLob : 4.8 (2.5-4.5), ALP: 1560 (23-212), GGT 45 (0-11). CHOL: 508 (110-320) ALT on 12-21-22 (387) did not read on 1-4-23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is diffusely thickened (up to 0.36 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.34 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.21 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.97 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.67 cm at caudal pole) (3.33 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 mildly enlarged (1.15 cm at cranial pole) (0.85 cm at caudal pole) (2.61 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.46 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated, echogenic, partially dependent sludge is observed within the

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lumen. A 2.86 x 2.42 cm anechoic structure, which may represent the second lobe of a bi-lobed gallbladder or a cystic structure within the liver is also observed. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

SEX

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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.

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Free Abdomen

A 2.13 x 1.23 cm cystic lymph node is observed in the left mid-abdomen adjacent to the left adrenal gland. In addition, a 3.22 cm mesenteric lymph node is visualized. This node is normal in shape and echogenicity.

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The peritoneal cavity is otherwise normal. There is no evidence of inflammation or effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with an emerging mucocele. The anechoic structure adjacent to the gallbladder may represent the second lobe of a bi-lobed gallbladder or a cyst within the hepatic parenchyma.
- Non-specific diffuse hepatopathy. Considerations include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis (i.e., copper), other hepatopathy +/- concurrent benign age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia).
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The bilateral pyelectasia could be consistent with pyelonephritis, age-related remodeling, fluid therapy (if applicable) or some combination thereof.

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Secondary Findings:

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- The urinary bladder wall changes are most consistent with cystitis. However, correlation with the patient's clinical history is recommended.
- The right adrenomegaly could be consistent with hypoplasia or an emerging tumor. The significance of the cystic lymph node in the left mid-abdomen is unclear. It may represent a benign process with a lower possibility of emerging neoplasia. A benign process is favored.

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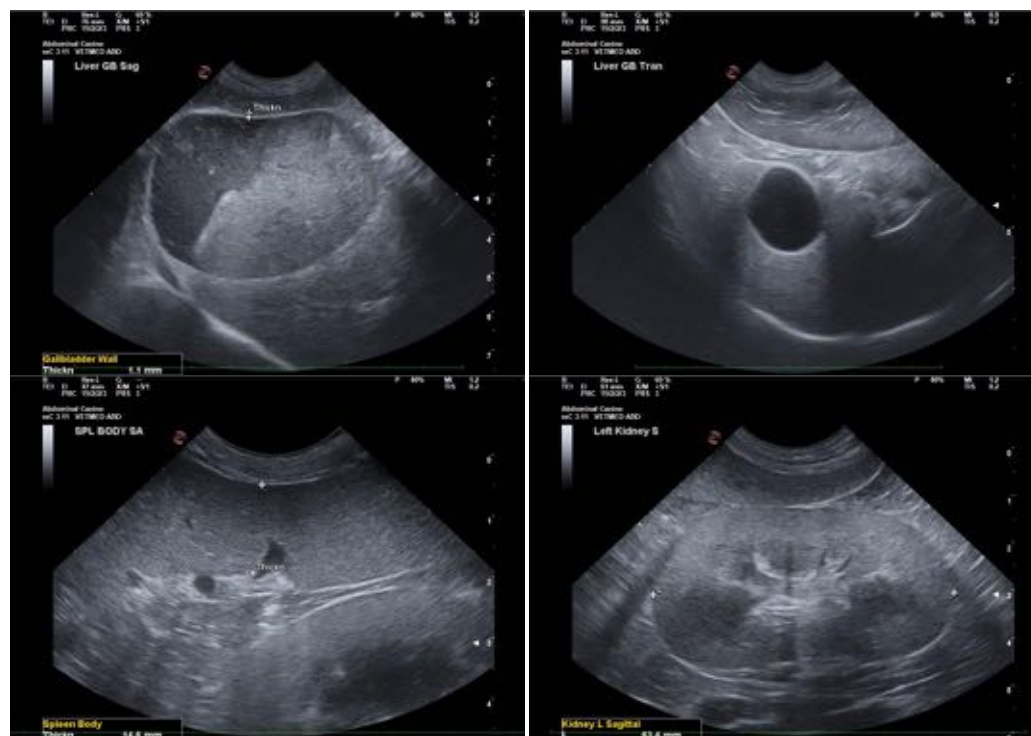
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated liver and kidney values, Leptospirosis testing (i.e., blood and urine, PCR, serology) is recommended.
- Regarding the azotemia, a urine culture and sensitivity, baseline blood pressure measurements and UPC (if proteinuria is present in the absence of infection) should be considered along with fluid diuresis and symptomatic care. Broad spectrum antibiotics (i.e., fluoroquinolone) are also recommended while awaiting urine culture and sensitivity results.
- Regarding the elevated liver values, hepatic tissue sampling (i.e., fine needle aspirate or biopsies) should be considered if the patient's renal status can be stabilized for sedation/anesthesia. If biopsies are pursued, consider a cholecystectomy with aerobic and anaerobic bile cultures and submission of the gallbladder for histopathology. In the meantime, supportive care for cholecystitis/choleangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants, symptomatic care) is recommended along with initiation of Ursodiol therapy. Close monitoring of the patient's liver values is also recommended. Serial sonographic monitoring (i.e., every 3-4 weeks) of the patient's gallbladder is recommended if surgery is not pursued at this time.





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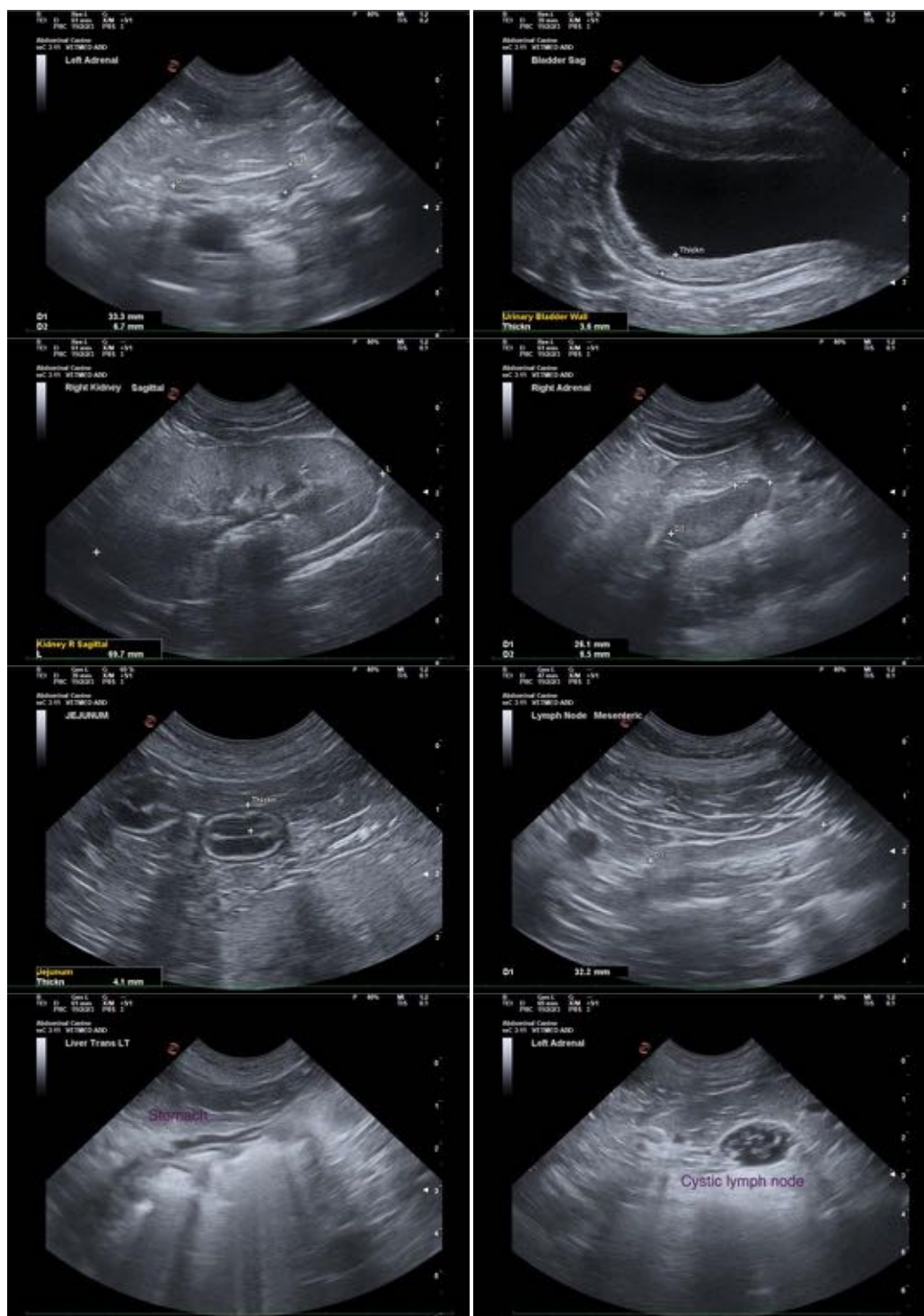
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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