



PATIENT PRESENTING CLINICAL SIGNS

Ipa Diaz History: Presented for a routine exam and vaccines, but has a complaint of severe PU/PD that developed 1 and 1/2 weeks ago. No hx of diet changes or new treats or possible contact with toxins. Pt has been doing well except for the severe drinking and urinating. Some vomits water as drink to fast.

SPECIES Abdominal ultrasound was done to further evaluate PU/PD.

Canine Abnormal PE/Chem/CBC/UA Results: PE: unremarkable Abd rads: unremarkable, except for large bladder. CBC: LYM 0.98 K/ μ L 1.05 - 5.10 Chem: PHOS 2.0 mg/dL 2.5 - 6.8, ALT 645 U/L 10 - 125, ALKP 264 U/L 23 - 212 Urine: no sediment USG: 1.004 Urine culture pending

BREED

Terrier mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female, spayed

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

5 Yrs.

The left kidney is normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

16.8 lbs.

The right kidney is normal size (4.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is prominent at the cranial pole and normal in size at the caudal pole (0.87 cm at cranial pole) (0.42 cm at caudal pole) (1.92 cm in length) with a slightly irregular shape. 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 normal size (0.98 cm at cranial pole) (0.47 cm at caudal pole) (2.11 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.

IMAGING PERFORMED BY

Dr. Ferrer

Spleen

HOSPITAL NAME

Paseos VC

The spleen is normal in size (0.87 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. Ferrer

Liver

INVOICE

14483

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

1/23/23

Gastrointestinal



PATIENT

Ipa Diaz

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. 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 disease is noted.

SPECIES

Canine

Pancreas

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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Terrier mix

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.00 cm in length. The nodes are normal in shape and echogenicity.

SEX

Female, spayed

AGE

5 Yrs.

ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

WEIGHT

16.8 lbs.

*An obvious cause for the patient's PU/PD and elevated liver enzymes is not identified in this study. Based on the clinical history, an acute hepatopathy (i.e., infection, toxin) is suspected with a lower possibility of more chronic liver disease.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended along with pre- and post-prandial serum bile acids.
- Also consider hepatic tissue sampling (i.e., fine needle aspirate or biopsy- laparoscopic or surgical if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures are recommended along with hepatic copper quantitation.
- While awaiting test results, empirical treatment for Leptospirosis/bacterial cholangiohepatitis is recommended including amoxicillin-clavulanic acid, fluid therapy (as needed), hepatic antioxidants and symptomatic care.

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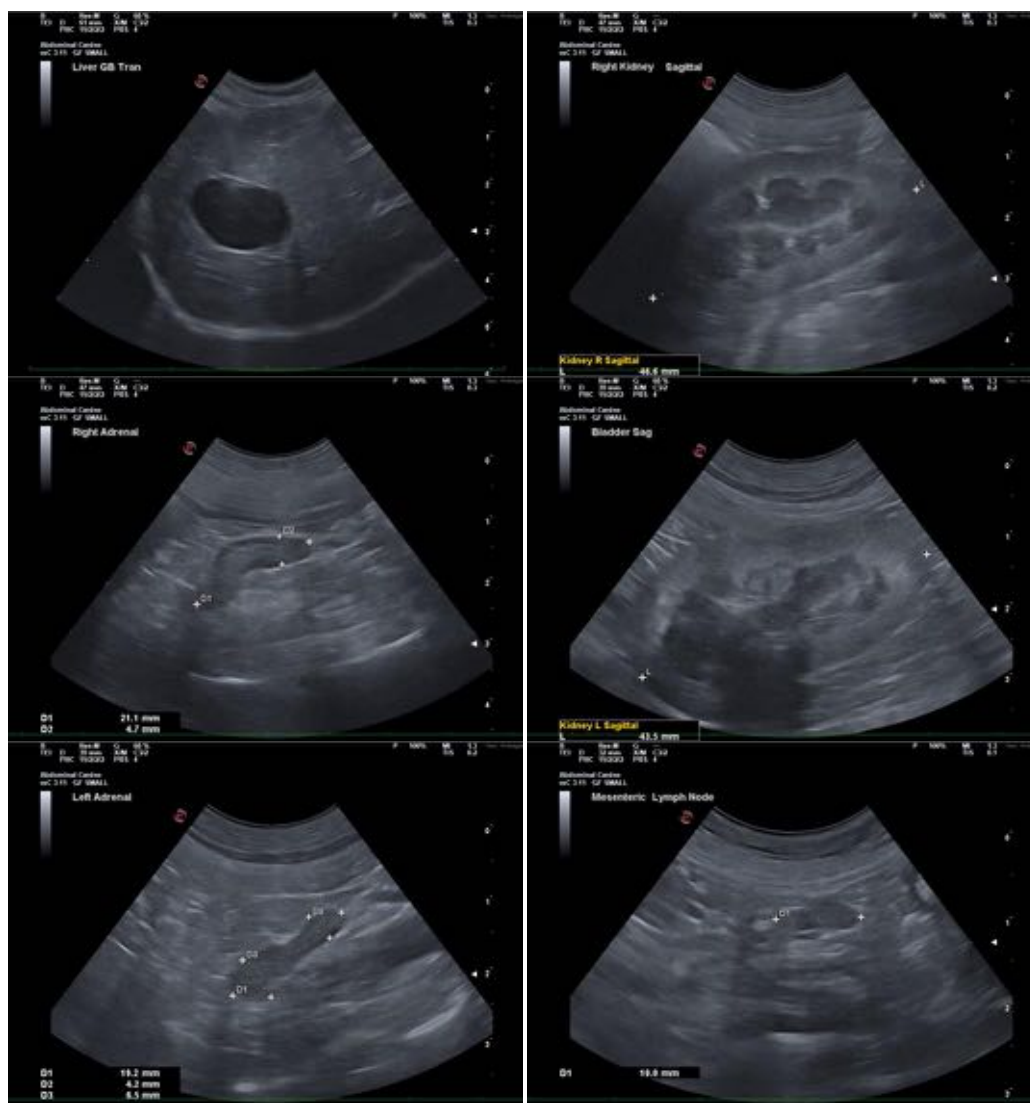
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DATE

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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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