



PATIENT

Sissy Espinal

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

12.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Biello

INVOICE

14504

DATE

1/24/23

PRESENTING CLINICAL SIGNS

History: The patient presented for possible lameness of the left hind limb noted today. Pt appears less active as well. Marked stiffness/rigidity was noted upon abdominal palpation, but unable to adequately palpate due to guarding. No v/s/c/d, no history of toxin in diet Tx: -Pain management: - rimadyl inj -Rimadyl for home

Abnormal PE/Chem/CBC/UA Results: -CBC: wnl -Chemistry: wnl -Radiographs: Decreased intra-abdominal detail of cranial abdomen on V/D and on lateral cranial ventral. Unable to differentiate between liver and spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a relatively smooth mucosal surface. A few tiny cystic calculi are observed along with a moderate amount of suspended, echogenic debris. The region of the trigone is normal.

The left kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.43 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.45 cm at caudal pole) (1.86 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 normal size (0.54 cm at cranial pole) (0.53 cm at caudal pole); 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 (0.94 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 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. A small amount of aggregated, echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is distended with ingesta. 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 disease is noted.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

BREED

Mixed breed

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.96 cm in length. The nodes are normal in shape and echogenicity.

SEX

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ULTRASONOGRAPHIC FINDINGS

AGE

3 Yrs.

- Urinary bladder debris with tiny calculi.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen may suggest delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*An obvious cause for the loss of serosal detail in the abdomen is not identified in this study. However, there is a general lack of abdominal fat, which may be contributing to the lack of serosal detail radiographically.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history of lameness, a thorough orthopedic evaluation +/- radiographs is recommended. Consider a consultation with a board-certified surgeon if the patient does not respond to medical management.
- Regarding the urinary bladder findings, a urinalysis +/- culture and sensitivity is recommended. Also consider a repeat ultrasound in 1-2 months to assess for continued presence of the cystic calculi. A prescription urinary diet should also be considered.

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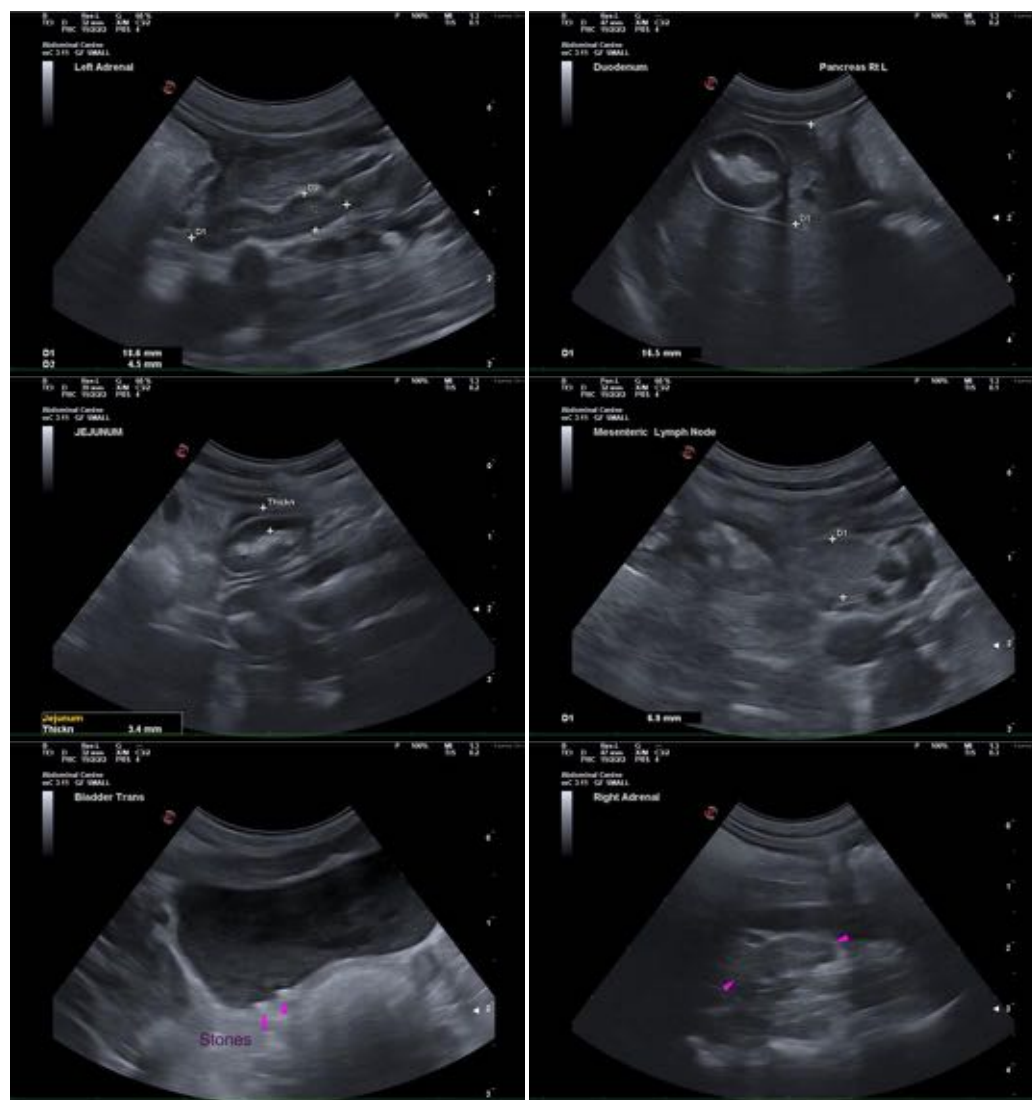
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com