



PATIENT

Sandy Bergman

SPECIES

Canine

BREED

Miniature Poodle

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

7.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

12800

DATE

1/5/2022

PRESENTING CLINICAL SIGNS

History: Recheck abdomen, initial ultrasound performed on 10/27/21. Recheck pancreatic changes, gallbladder +/- mucocele, renal changes, hepatopathy, and splenic nodule.

Abnormal PE/Chem/CBC/UA Results: ALT, T. bili, WNL now (was 916, 5.1). ALP 289 (was 1700), BUN 26, creat. 1.9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is normal in size (2.73 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (2.84 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.47 cm at caudal pole) (1.09 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 (0.62 cm at cranial pole) (0.36 cm at caudal pole) (1.24 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 (1.00 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits a finely heterogeneous pattern. A 0.70 x 0.42 cm hypoechoic nodule is observed deep left to mid-liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. An excessive amount of aggregated hyperechoic mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with ingesta. A 0.79 cm hypoechoic shadowing structure is observed within the lumen. 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.

Pancreas

The body 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.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are consistent with remodeling +/- fibrosis. There is no longer evidence of active pancreatitis.
- Excessive gallbladder sludge, non-mucocele. Sonographic changes are similar to slightly improved compared to the previous sonogram.
- The hepatic parenchymal changes are non-specific and likely secondary to benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). The hepatic nodule is similar in size compared to the previous scan.

Secondary Findings:

- The shadowing structure within the gastric lumen may represent kibble or a small foreign body.
- Bilateral age-related renal changes with dystrophic mineralization and mild pyelectasia. Sonographic changes are similar to the previous sonogram.

*The splenic nodule previously observed is not seen on today's study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider initiation of Ursodiol therapy for the excessive gallbladder sludge. Alternatively, a repeat ultrasound in 2-3 months can be considered. If the sludge is similar in appearance at that time, Ursodiol can be initiated then.



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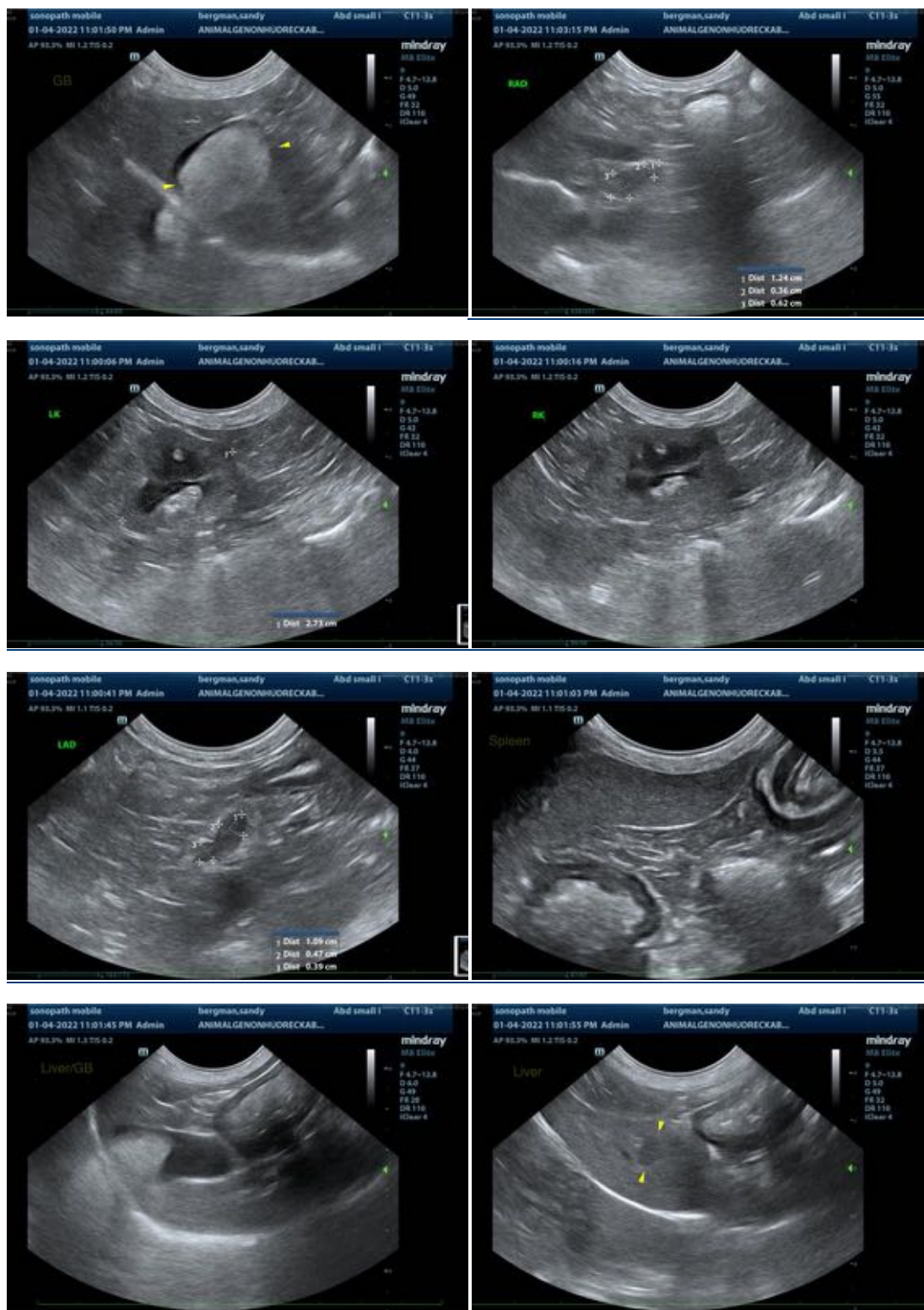
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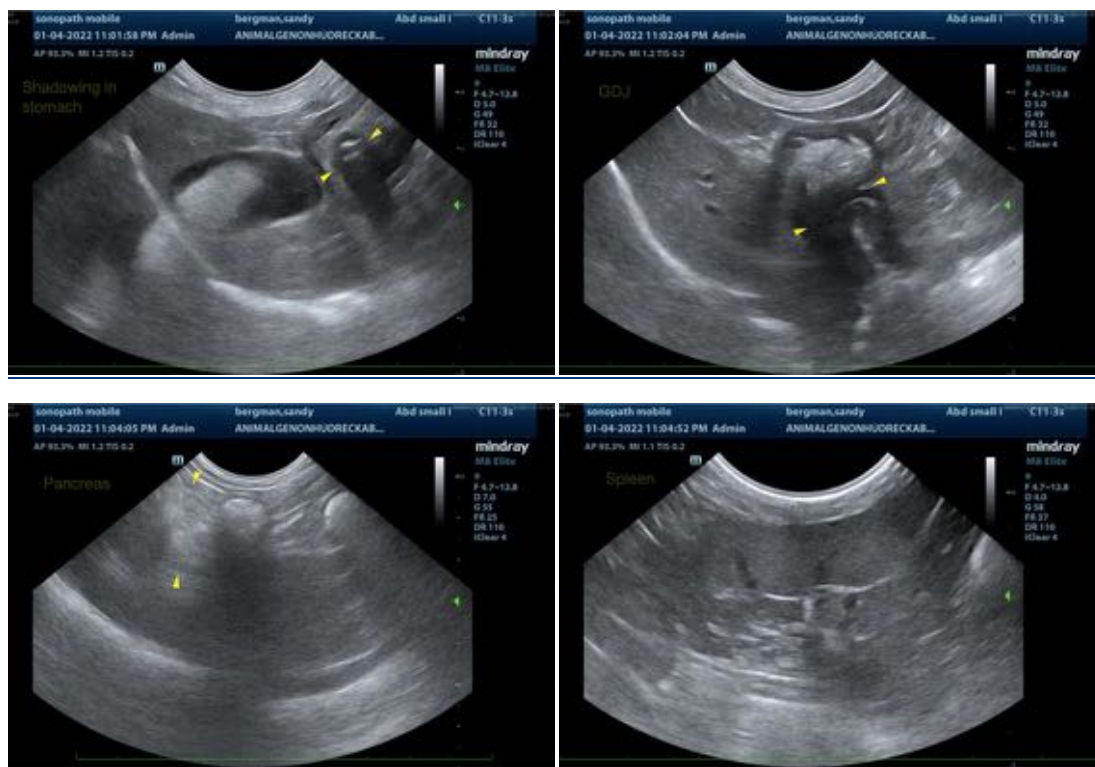
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com