



PATIENT

Hoops Kedroske

PRESENTING CLINICAL SIGNS

History: Hx of bw done in august showed mild hepatic enzymes elevation, Mild BUN elevation, Mild cholesterol, mild pancreatitis enzyme elevation. UPC was 4 +

SPECIES

Canine

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Pit bull mix

The left kidney is normal size (6.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. At least 3 small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Female, spayed

The region of the right kidney is evaluated. However, the kidney itself is not visualized.

AGE

12 Yrs.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.80 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.

WEIGHT

49 lbs.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.92 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.

IMAGING PERFORMED BY

Charlie Rodriguez

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is slightly hypoechoic relative to the spleen and diffusely heterogeneous 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Bethany Family Pet
Clinic

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. Discrete masses are not identified. The colonic wall is normal. No obstructive disease is noted.

REFERRING VET

Dr. Mark Norman

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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PATIENT

Free Abdomen

Hoops Kedroske

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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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Pit bull mix

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

SEX

Female, spayed

Secondary Findings:

- Left age-related renal pathology. The lack of visualization of the right kidney may be resulting from renal agenesis, an atrophied right kidney or imaging artifact resulting in impaired visualization.

AGE

12 Yrs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

49 lbs.

- If the ALP is disproportionately elevated relative to the ALT, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If values continue to increase, repeat abdominal imaging +/- hepatic tissue sampling may be warranted.
- If the ALT is disproportionately elevated relative to the ALP, consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- Given the elevated UPC, consider the following protocol:
 - Three-view thoracic radiographs to assess for occult disease in the chest.
 - Comprehensive tick panel
 - Angiotensin II receptor blocker (e.g., Telmisartan)
 - Antithrombotic (e.g., Clopidogrel at 2.5 mg/kg PO q 24 hours)
 - Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
 - Prescription renal diet
 - Baseline blood pressure measurement with serial monitoring thereafter
 - Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease
- If further evaluation for the right kidney is desired, an abdominal CT scan can be considered.

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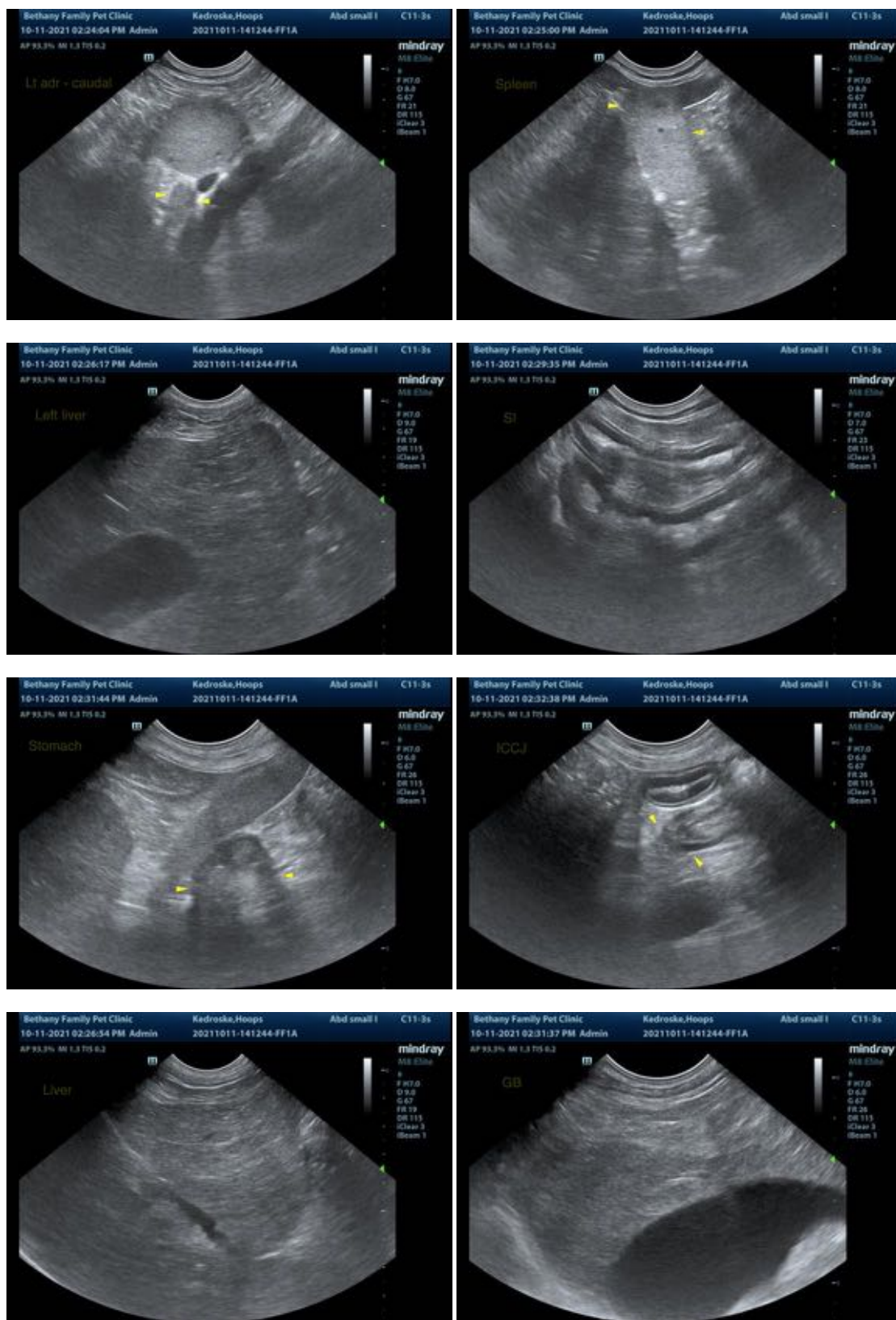
Dr. Mark Norman

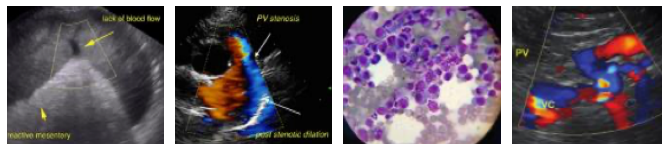
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Pit bull mix

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

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