

PATIENT

Millie Vankercoeke

SPECIES

Canine

BREED

Portuguese Water
Dog

SEX

Spayed Female

AGE

11 Years

WEIGHT

63 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

Dr. Wilson

INVOICE

13905

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Chronic bladder infections and occasional incontinence. No meds currently listed.

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a slightly irregular mucosal surface in the region of the apex. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (6.40 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. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.44 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. A small cortical cyst is observed at the cranial lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.70 cm at caudal pole) (2.04 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 (1.04 cm at cranial pole) (0.69 cm at caudal pole) (2.13 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 subjectively normal in size with normal peripheral margins and a folded contour. There parenchyma is subtly mottled in appearance. 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 hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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 or overt infiltrative disease is noted.

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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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Free Abdomen

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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Diffusely hyperechoic and ill-defined hyperechoic, lipomatous-type tissue is present extending from the skin into the subcutaneous space to the level of the peritoneal wall. The architecture of the body wall is completely obscured. Within the superficial subcutaneous region, a 1.69 cm hyperechoic to slightly heterogeneous nodule and a 1.24 cm hyperechoic to slightly heterogeneous nodule are seen. A small amount of free fluid is visible between the facial planes.

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ULTRASONOGRAPHIC FINDINGS

- Minor age-related hepatic and renal pathology
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Subcutaneous steatitis with possible lipomas, liposarcomas or granulomas within the inflamed fat

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*An obvious cause for the patients' recurring urinary tract infections is not identified in the study. Considerations include resistant UTI, external factors (i.e., anatomic defect), vaginal mass, foreign body, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work including a CBC/Chemistry panel, urinalysis and T4 is recommended (if not already performed). This will help to assess overall metabolic function.

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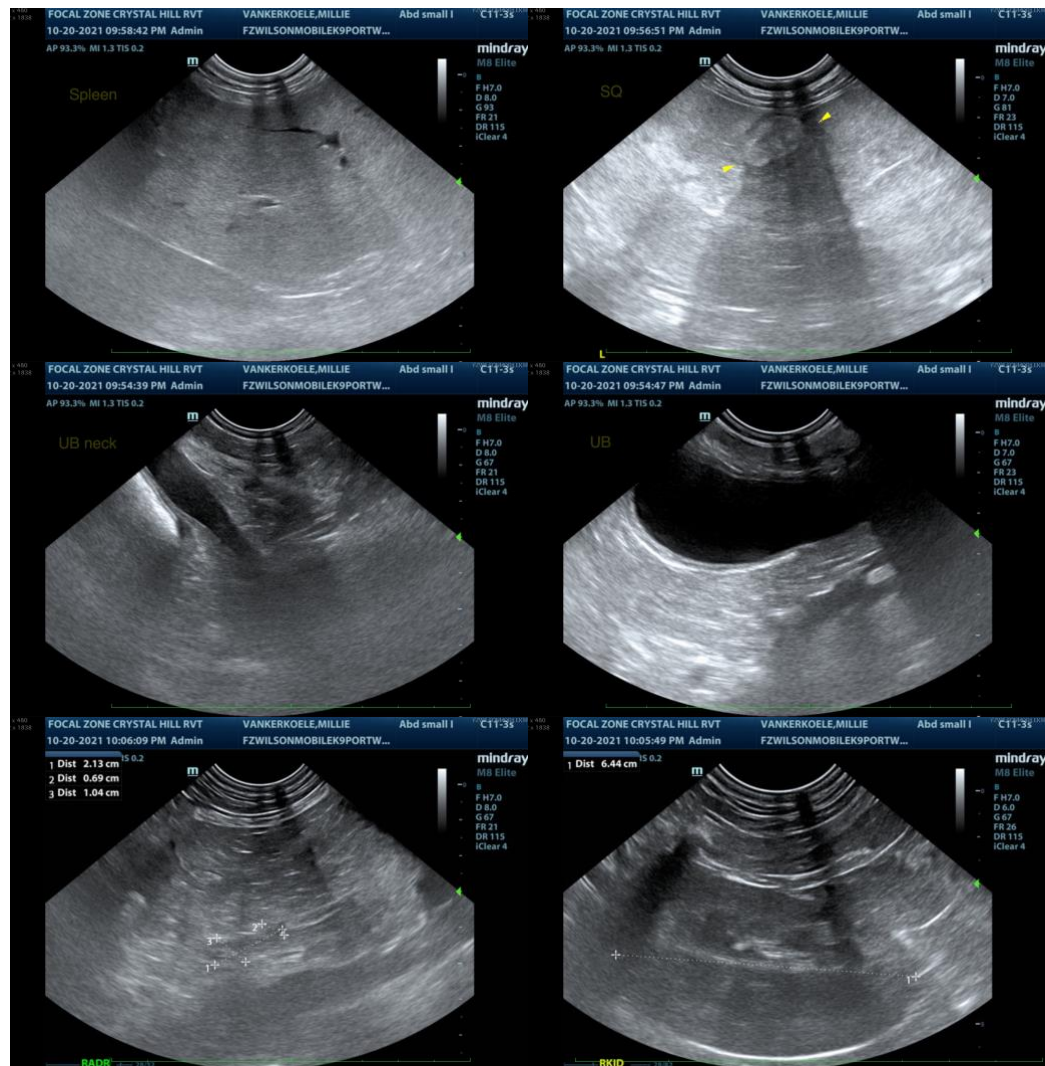
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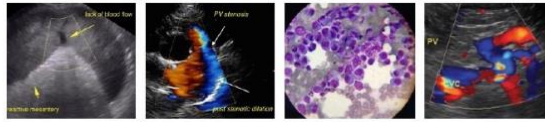
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- A urine culture and sensitivity is also strongly recommended, preferable 5-7 days after the last dose of antibiotics. A thorough evaluation of the external genitalia should be performed to assess for anatomic defects, masses, etc. A course of antibiotics (i.e., 3-4 weeks) based on urine culture and sensitivity results, may be warranted, particularly in the case of a resistant infection.
- Regarding the subcutaneous changes, a fine needle aspiration of the nodules and ill-defined lipomatous tissue is recommended with submission of the samples for cytology and culture. A CT scan would be ideal to assess body wall infiltration/penetration.





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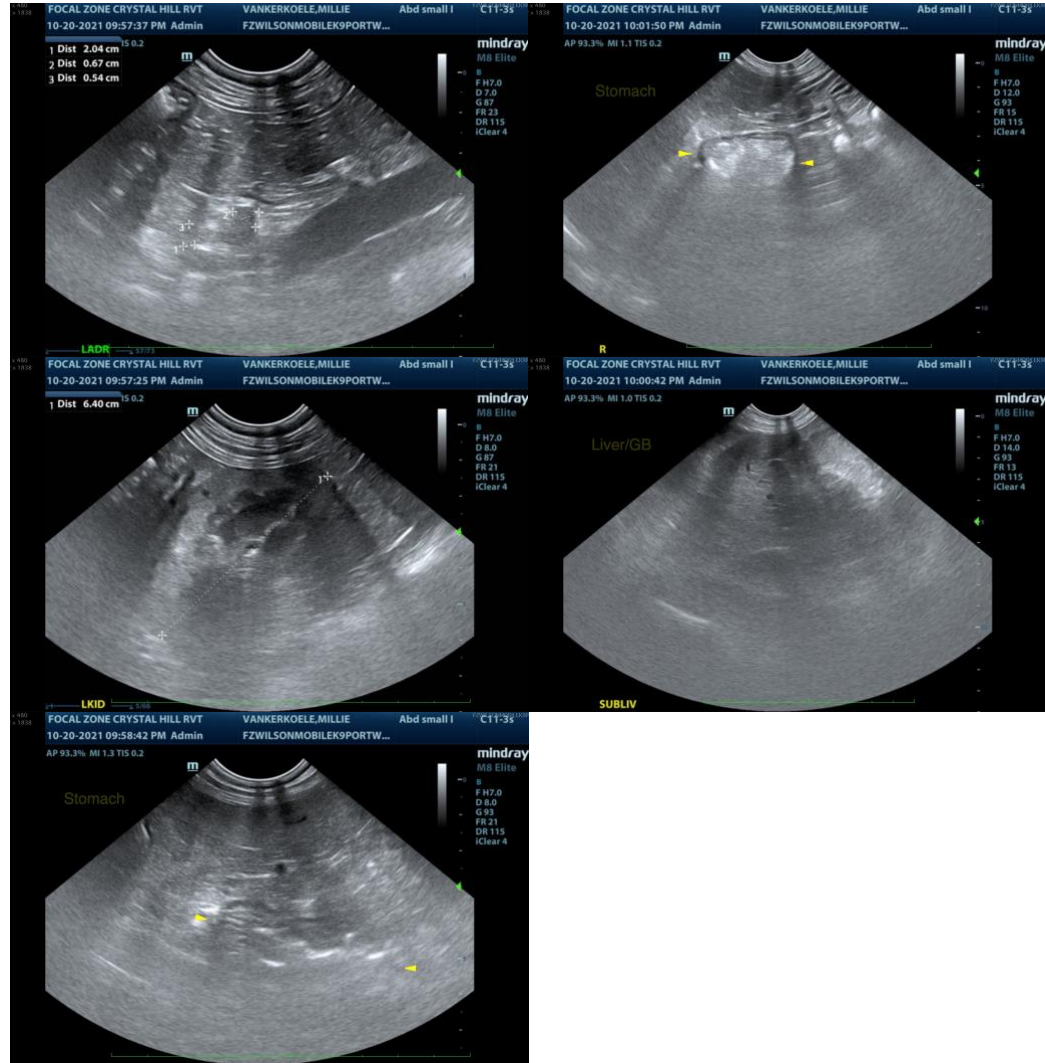
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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