

## PATIENT

Ty Schaller

## SPECIES

Canine

## BREED

Poodle X

## SEX

Neutered Male

## AGE

7 years

## WEIGHT

56 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
RVT LVT

## HOSPITAL NAME

Brighton Greens VH

## REFERRING VET

Dr Robin Janeway

## INVOICE

11860

## DATE

10.20.22

## PRESENTING CLINICAL SIGNS

History: Previously diagnosed with sebaceous adenitis by Rocklin animal dermatology. Patient has had poor appetite for 3 weeks leading to weight loss. O stopped cyclosporin 100mg and cyclosporin 50mg as per DR at Rocklin Dermatology. O is continuing malaseb med shampoo and mineral oil baths weekly. Per O, patient is binge drinking water currently until vomiting. Denamarin 425 mg PO SID and Ursodiol 250 mg (1.5 tabs PO SID) recommended – O has yet to pick up.

Abnormal PE/Chem/CBC/UA Results: Physical exam findings: BAR; mild dermal crusting/scale; PE mostly noted as unremarkable Abnormal CBC/Chem/UA values: Elevations of AST (85 IU/L), ALT (616 IU/L), ALP (937 IU/L) and GGT (58 IU/L), elevated T. bili @ 1.3 mg/dL, elevation of serum cholesterol @ 500 mg/dL, urine pH increased @ 8.0, 1+ proteinuria noted; fecal negative; Accuplex 4 dx neg x 4; resting cortisol 1.7 ug/dL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (6.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.65 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A 3.23 cm cortical cyst is observed at the caudomedial aspect. The cyst causes some disruption of the normal architecture. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

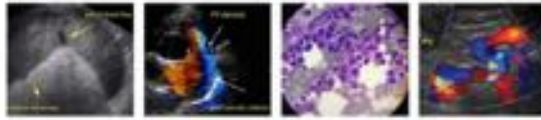
### Adrenal Glands

The **left adrenal gland** is normal size (0.61 cm at cranial pole) (0.56 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.

The **right adrenal gland** is normal size (1.36 cm at cranial pole) (0.60 cm at caudal pole) (3.75 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 (2.03 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.



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**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.

## SPECIES

**Canine**  
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.

## BREED

**Poodle X**  
**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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

### **Free Abdomen**

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. One to two prominent lymph **nodes** are observed in the mid to caudal abdomen, the largest measuring 2.12 cm in length.

## WEIGHT

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### **Other**

A **brief echocardiogram** reveals no evidence of pericardial effusion.

## INTERPRETED BY

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## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

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

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\*An obvious cause for the patient's elevated liver enzymes is not identified in this study. Given the normal appearance of the liver, and acute hepatopathy (i.e., infection, hepatotoxicity (i.e., drug, mushroom, other)) is suspected, with a lower possibility of chronic pathology.

## REFERRING VET

Dr Robin Janeway

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.

Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) can also be considered if clotting status is appropriate.

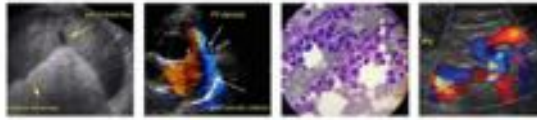
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If a more conservative approach is to be pursued at this time, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis with amoxicillin-clavulanic acid, along with continuation of the Denamarin and other supportive treatments. If the liver values do not begin to improve within 7-10 days of initiating therapy, hepatic tissue sampling should be revisited.



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Given the PU/PD, also consider a urinalysis with culture and sensitivity to assess for occult infection.

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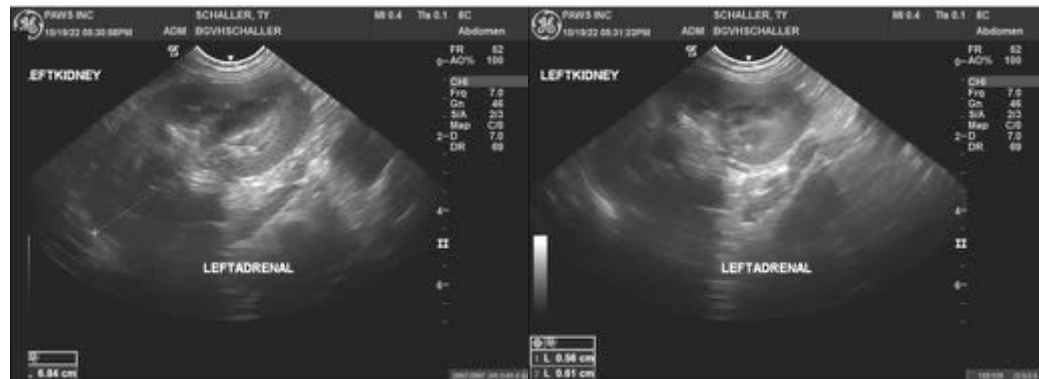
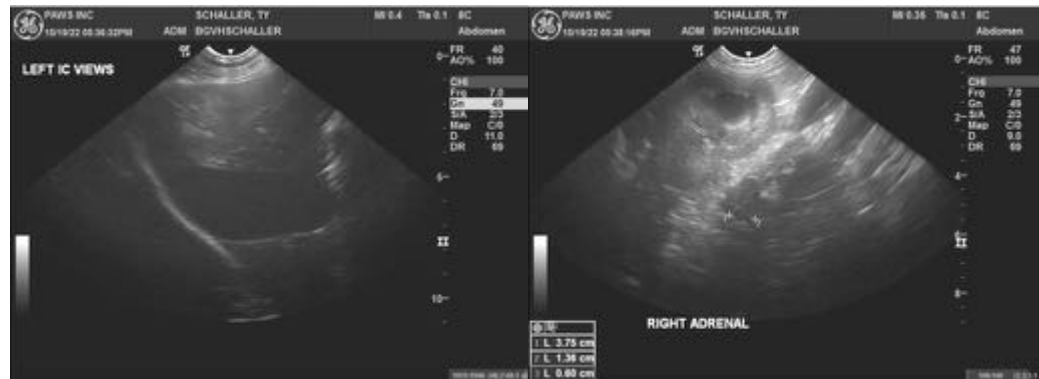
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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