



PATIENT

Ron Burgundy Casey

PRESENTING CLINICAL SIGNS

History: PU/PD
Abnormal PE/Chem/CBC/UA Results: ALT and platelets elevated USG: 1.011

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***31 still images and 10 video clip are available for interpretation.

BREED

Frenchie

Urinary System

One still image is available for interpretation. 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.

SEX

Male, neutered

No images of the prostate provided.

AGE

9 Yrs.

The left kidney is normal size (6.33 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

40 lbs.

The right kidney is normal size (5.38 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is mildly enlarged (0.60 cm at cranial pole) (0.96 cm at caudal pole) (2.64 cm in length) with a slightly irregular shape. 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 mildly enlarged (0.76 cm at cranial pole) (0.77 cm at caudal pole) (3.91 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.

IMAGING PERFORMED BY

Dr. Elaina Petrone

Spleen

HOSPITAL NAME

Long Branch AH

The spleen is normal in size (1.40 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.

REFERRING VET

Dr. Elaina Petrone

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. A moderate to large amount of echogenic debris/sludge is observed within the lumen, some of which is gravity-dependent and some of which is suspended. 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 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. No obstructive disease is noted.

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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mild bilateral adrenomegaly.
- Gallbladder sludge. Differentials include cholestasis, early mucocele formation or secondary to fasting.
- The hepatic changes are non-specific and could be associated with inflammatory disease, benign age-related pathology, hepatotoxicosis (i.e., copper) or other hepatopathy. Infiltrative neoplasia is possible but considered unlikely.

Secondary Findings:

- Minor age-related renal changes.

*With regard to the history, it should be noted that Cushing's disease is rare in dogs with a normal ALP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's PU/PD, consider the following diagnostics:
 1. Urine culture and sensitivity.
 2. Pre- and post-prandial serum bile acids.
 3. Leptospirosis testing (i.e., blood and urine PCR, serology).
 4. +/- DDAVP trial.
 5. Modified water deprivation test.
- Given the gallbladder changes, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 6-8 weeks) of the patient's gallbladder to assess for progression to a fully



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formed mucocele. Video clips of all abdominal organs would be useful in assessing for pathology in these regions.

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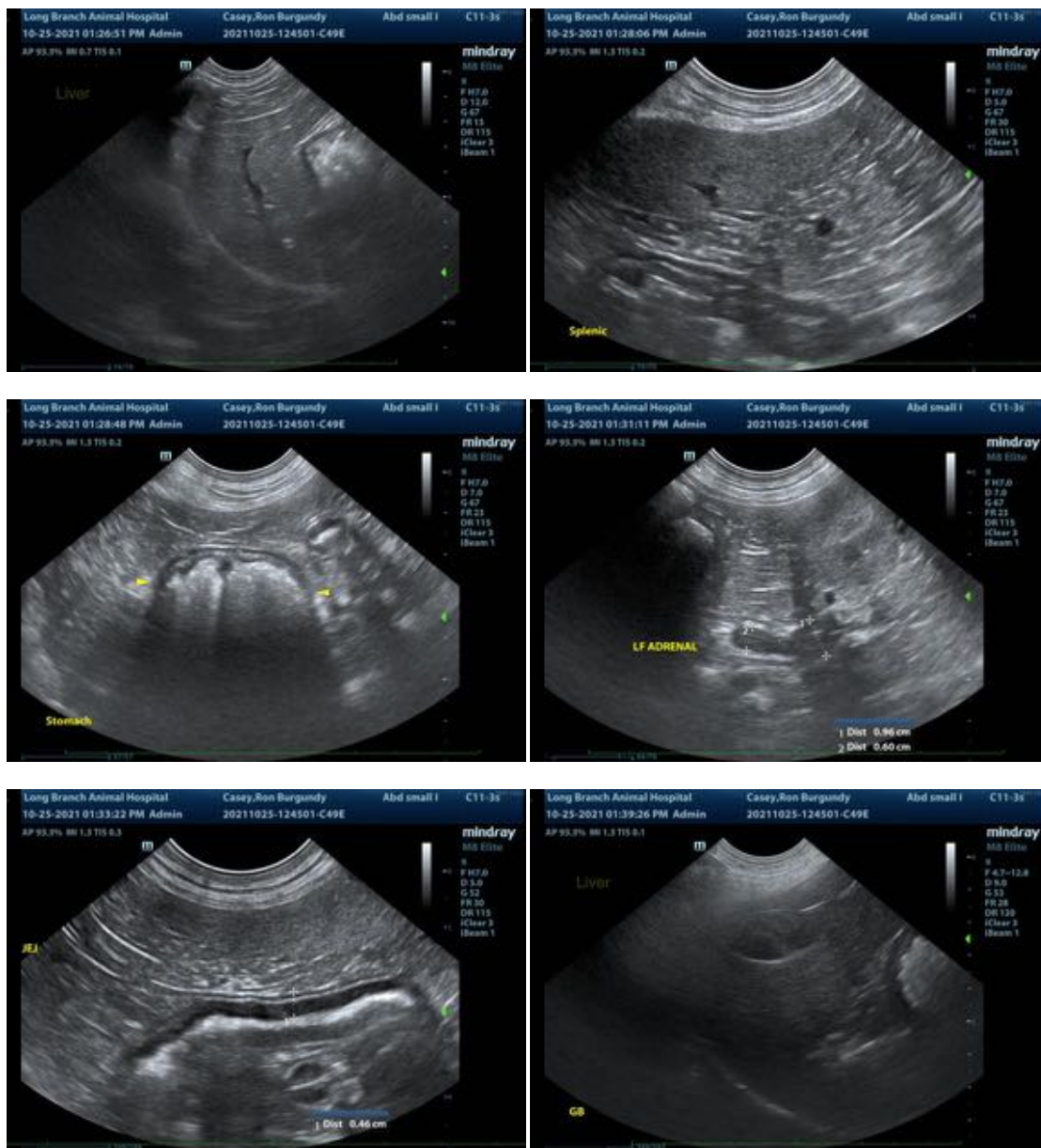
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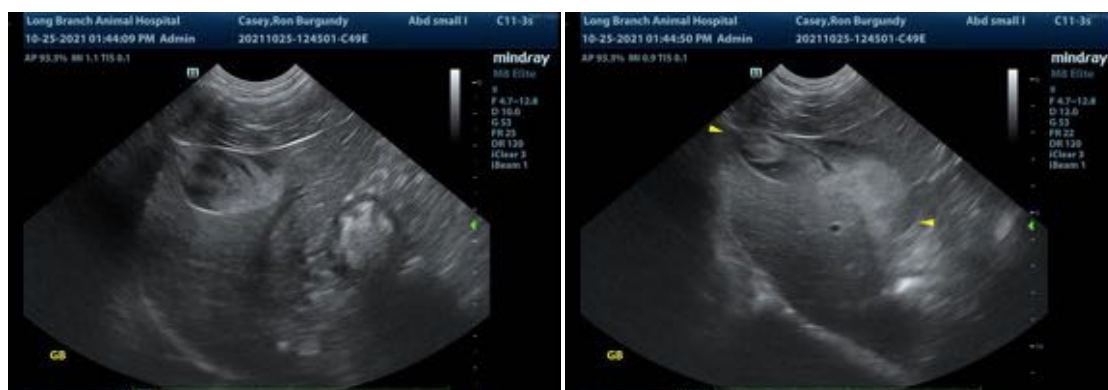
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING
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