



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Hudson Cameron-Nordell

History: R/C Echo Last scan 1/13/21, History of MR, Trace TR, Trace PI and mild AI, DMVD. History of Atrial arrhythmia, APC's Treating with Vetmedin 2.5 mg BID, Diltiazem 30mg x 1/4 Q8hrs, Enalapril 5mg SID

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 AV murmur, PMI left hemithorax. Cardiopet 1292 (N 0-900) X-ray's progression of cardiomegaly. USG 1.026 rest WNL, CBC WNL, SDMA 20 (n 0-14), ALKP 222 (N 23-212)

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Jack Russell Terrier

**Urinary System**

**SEX**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

Neutered Male

**AGE**

The prostate is normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

16 Years 2 Months

The left kidney presented normal size (4.42 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. 1-2 small cortical cysts are present. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**WEIGHT**

10 kg

The right kidney presented normal size (4.35 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. 1-2 small cortical cysts are present. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**Adrenal Glands**

**IMAGING PERFORMED BY**

Dr. Brian Barnes

The left adrenal gland is upper limits of normal size (0.66 cm at cranial pole) (0.64 cm at caudal pole) (1.72 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.

**HOSPITAL NAME**

Westview VH

The right adrenal gland is upper limits of normal size (0.80 cm at cranial pole) (0.65 cm at caudal pole) (2.52 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.

**REFERRING VET**

Dr. Brian Barnes

**Spleen**

The spleen is normal in size (1.24 cm 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.

**INVOICE**

14051

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity with a coarse echotexture. 2-3 small

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hyperechoic nodules/areas are observed. The hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

Hudson Cameron-Nordell

**SPECIES**

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

Canine

**BREED**

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen contains a small amount of 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.

Jack Russell Terrier

**SEX**

**Pancreas**

The right limb 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.

Neutered Male

**AGE**

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

16 Years 2 Months

**WEIGHT**

10 kg

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Normal geriatric renal, hepatic and pancreatic changes
- Gallbladder debris, non-mucocele

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serial monitoring (i.e., every 3-4 months) of the patients' blood work is recommended. If liver and/or renal values continue to increase, consider a repeat abdominal ultrasound.
- Further recommendations should be based on the patients' echocardiogram report.

Dr. Brian Barnes

**HOSPITAL NAME**

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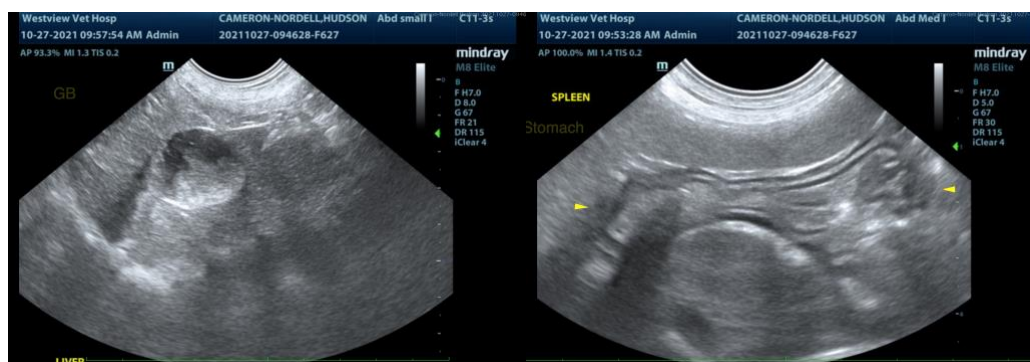
Dr. Brian Barnes

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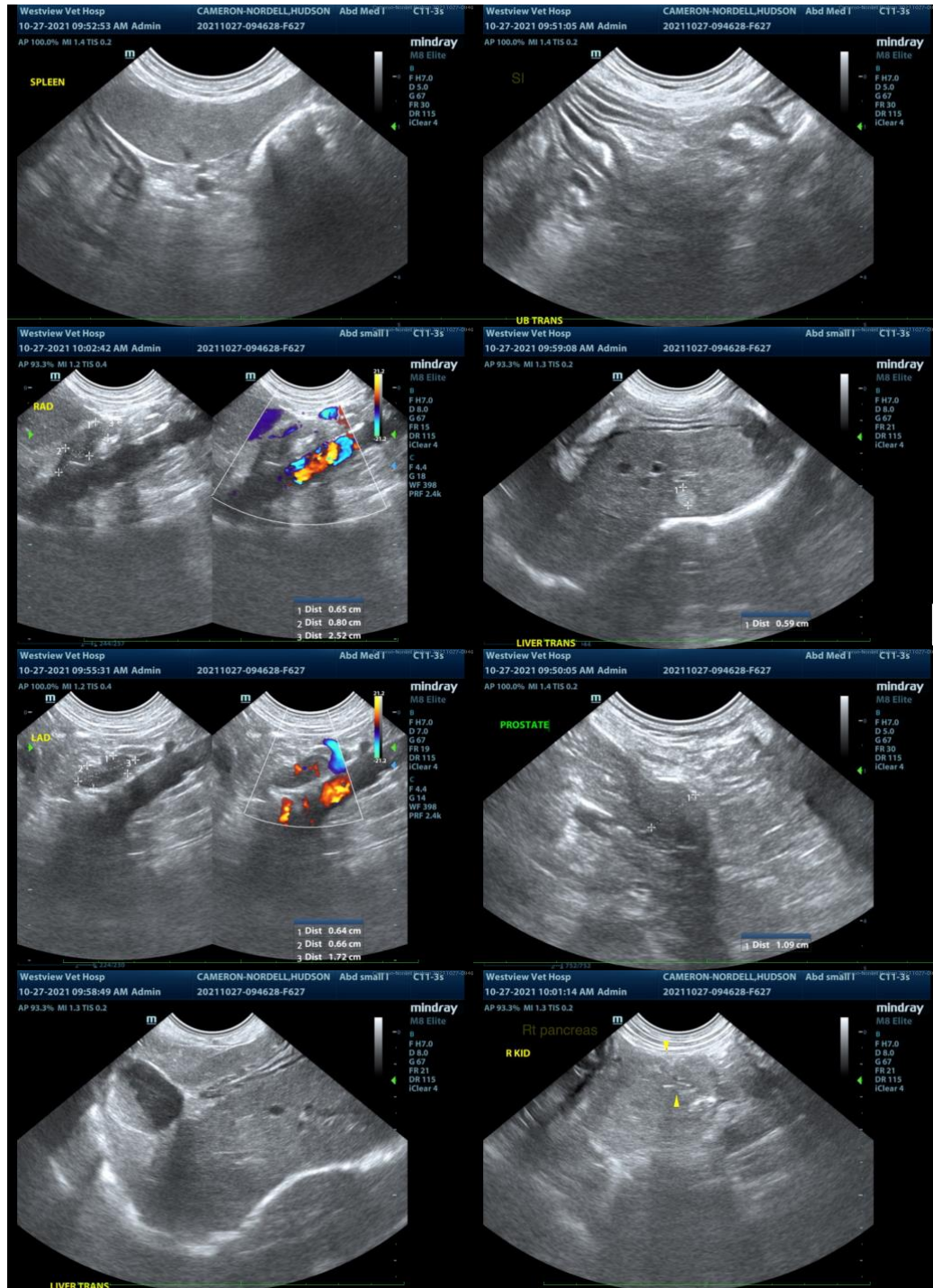
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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