



PATIENT

Gema Little

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vasquez

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Micale

INVOICE

14061

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: Radiographic suspicion of gall bladder stones and kidney stones; vomits occasionally.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney presented normal size (2.72 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. A few nephroliths are visualized. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (3.21 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 few nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.43 cm at caudal pole) (1.04 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 (0.67 cm at cranial pole) (0.56 cm at caudal pole) (1.12 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 (0.78 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.

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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris as well as a scant amount of gravity dependent mineralized sand is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is prominent (up to 0.51 cm) with a disproportionately thickened muscularis layer. The pyloric outflow tract is patent.

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The small intestinal lumen is segmentally dilated with chyme. 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

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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Other

A uterine stump is visible (0.56 cm in width). No obvious pathology is observed.

WEIGHT

6 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral age-related renal changes with non-obstructive nephrolithiasis
- Gallbladder debris/sand- incidental

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Uterine stump- incidental
- The prominent pyloric antral wall could be consistent with hypertrophy, inflammation, normal variation or less likely, emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients' age, baseline lab work, including a CBC/Chemistry panel, urinalysis and T4 is recommended, if not already performed. Also consider three view thoracic radiographs to assess cardiopulmonary status.

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- If further evaluation for causes of vomiting is desired, consider the following diagnostics/therapeutics:

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1. Fecal evaluation for ova and Giardia
2. Malabsorption panel, including serum cobalamin, folate, TLI and PLI

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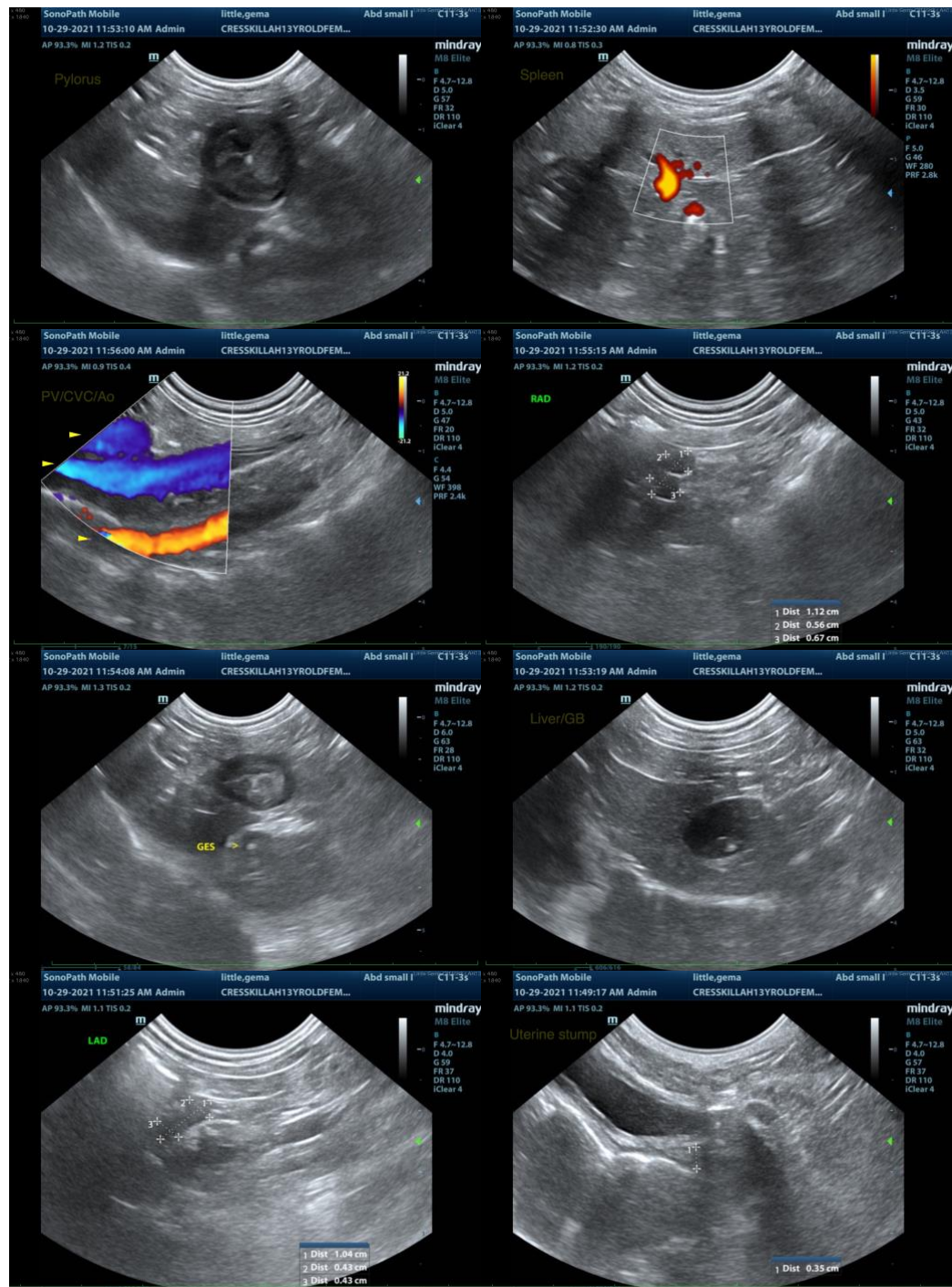
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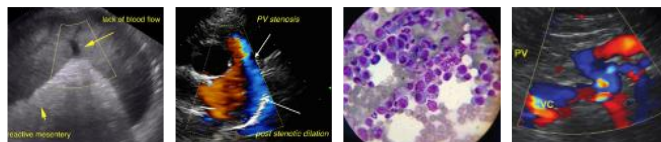
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3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
4. A 6-week limited antigen diet trial to assess for food allergies
5. +/- endoscopic or surgical gastrointestinal biopsies





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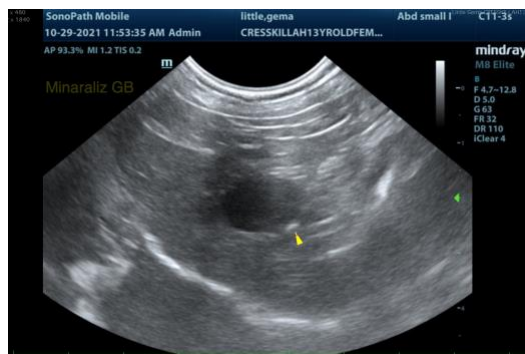
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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