

PATIENT

Molly Wallace

PRESENTING CLINICAL SIGNS

History: Routine wellness exam on 11/9, client has noted PU/PD. CBC / Chem / U/A = ALT 265 (normal last year), BUN / SDMA normal but Creat 1.8, and urine SpGr 1.009 with quiet sediment

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

BREED

Border Collie

The left kidney is normal in size (5.70 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal in size (5.88 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11 Yrs.

WEIGHT

58.8 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.60 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 caudal pole of the right adrenal gland is visualized and is normal size (0.60 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Dr. Tam Mengine

Liver

The liver is subjectively normal in size with normal 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 normal in thickness. A moderate to large amount of aggregated echogenic suspended sludge in a stellate pattern is observed. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

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. No obstructive disease is noted.

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Pancreas

DATE

11/16/21



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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.

SPECIES

Canine

Free Abdomen

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

BREED

Border Collie

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Female, spayed

- The gallbladder changes are consistent with a mucocele.
- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), other hepatopathy, +/- concurrent age-related changes.
- Bilateral chronic age-related renal changes with dystrophic mineralization and mild left pyelectasia.

AGE

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Secondary Findings:

WEIGHT

58.8 lbs.

- 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).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the PU/PD, consider the following:
 1. Urine culture and sensitivity.
 2. Pre- and post-prandial serum bile acids to assess hepatic function.
 3. +/- Leptospirosis testing (i.e., blood and urine PCR, serology).
 4. Depending on the results of the above diagnostics, further workup for PU/PD may be warranted.
- Given the azotemia, a baseline blood pressure measurement is recommended along with transition to a prescription renal diet, if tolerated.
- Regarding the gallbladder mucocele, if an aggressive approach is desired, consider a prophylactic cholecystectomy. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications. If a more conservative approach is desired, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 4-6 weeks) of the gallbladder to assess for progression. It should be noted that gallbladder mucoceles can rupture at any point, resulting in bile/septic peritonitis.

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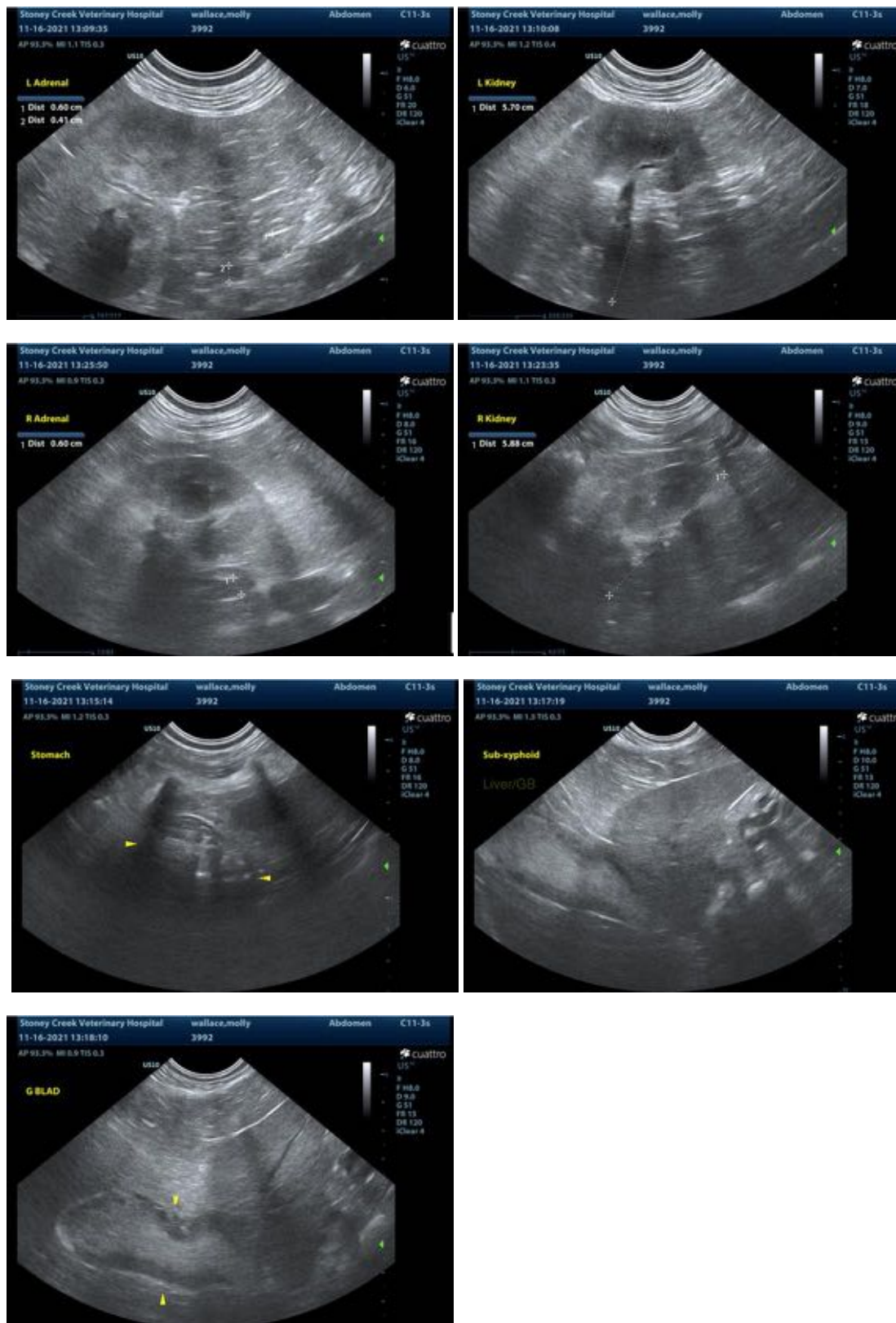
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

BREED

Border Collie

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

Andrea.nicastro@sonopath.com

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