



PATIENT

Deva Joyce

PRESENTING CLINICAL SIGNS

History: Recheck labs
Abnormal PE/Chem/CBC/UA Results: moderate elevated Alkaline Phosphatase levels

SPECIES

Canine

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. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Poodle mix

The left kidney is normal in size (4.75 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. A hyperechoic medullary band is observed at the corticomedullary junction. Mild pyelectasia is present (0.21 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

SEX

Female, spayed

The right kidney is normal size (4.78 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. A hyperechoic medullary band is observed at the corticomedullary junction. Mild to moderate pyelectasia is present (0.40 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

AGE

11 Yrs.

WEIGHT

21.4 lbs.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.50 cm at cranial pole) (0.58 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.

INTERPRETED BY

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

The right adrenal gland is upper limits of normal size (0.56 cm at cranial pole) (0.58 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.

IMAGING PERFORMED BY

Amy Mayhew

Spleen

The spleen is normal in size (1.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, irregular myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. A 0.38 cm cholelith is observed within the lumen along with a scant amount of echogenic debris. 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 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

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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

SPECIES

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

Canine

BREED

Free Abdomen

Poodle mix

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

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings:

11 Yrs.

- Diffuse hepatopathy. If the patient is asymptomatic, regenerative nodular hyperplasia and/or vacuolar hepatopathy would be the top differentials. If clinical signs of illness are present, infiltrative neoplasia (i.e., lymphoma) would be of concern. Given the normal ALT, inflammatory disease and hepatotoxicosis are considered less likely.

WEIGHT

21.4 lbs.

Secondary Findings:

- Small cholelith- incidental.
- Age-related pancreatic remodeling with suspected fibrosis. Mild, chronic pancreatitis may also be present, particularly if the patient exhibits positive Murphy's sign.
- Minor bilateral age-related renal changes with dystrophic mineralization. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is ill, consider a fine needle aspirate of the liver (if clotting status is appropriate) to further assess for round cell neoplasia.
- If a more conservative approach is desired, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Given the bilateral pyelectasia, consider a urinalysis (if not already performed) +/- a urine culture and sensitivity.

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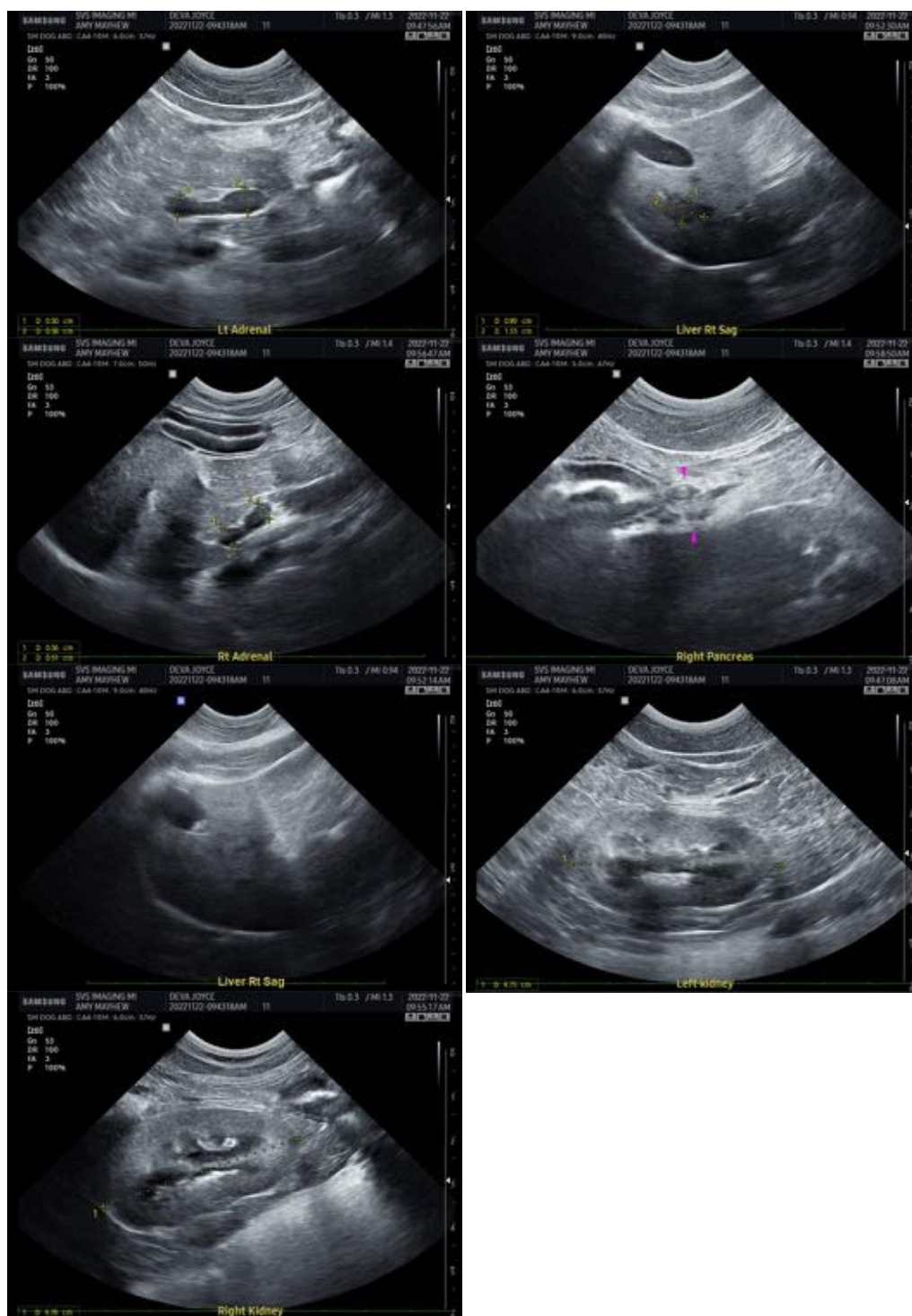
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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