

PATIENT PRESENTING CLINICAL SIGNS

Louis Ahearn Clinical Exam Findings: presenting for special diet for kidney disease
Diabetes mellitus

SPECIES

Canine

Primary DVM: heart failure, kidney disease, hyppothyroid
PE mm tacky, pendulous abdomen, poor truncal haircoat, no heart murmur, left side lungs seem quiet

BREED

Pomeranian

Abnormal lab-work values- primary DVM 10/26/22:

glu 150

creat 3.4

BUN 125

ALT 433

AP 553

SEX

Current Medications: Vetsulin 4u BID

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

1/24/2013

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 is normal.

WEIGHT

4.5 kg

The region of the prostate is not visualized due to its pelvic location.

INTERPRETED BY

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

The left kidney is normal size (3.68 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.35 cm in the longitudinal plane). A small cortical cyst is seen. There is no evidence infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

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Adrenal Glands

The left adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.57 cm at caudal pole) (0.53 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

Sun Dog Cat Moon
VC

The right adrenal gland is normal size (0.76 cm at cranial pole) (0.46 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.

REFERRING VET

Kim A Wilson

Spleen

The spleen is normal in size (1.06 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few, small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

INVOICE

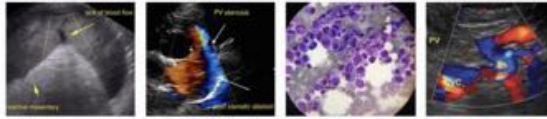
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DATE

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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



PATIENT

lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

Louis Ahearn

SPECIES

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Canine

BREED

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta, consistent with a post-prandial presentation. 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 is borderline thickened (up to 0.38 cm) with retention of the normal layering pattern. There is evidence of mucosal speckling in several segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pomeranian

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

1/24/2013

WEIGHT

Free Abdomen

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

4.5 kg

Other

A brief visualized of the heart reveals no obvious chamber enlargement, pleural or pericardial effusion. No obvious evidence of right atrial or auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis. The bilateral pyelectasia (more pronounced in the left kidney) could be consistent with pyelonephritis and/or age-related remodeling.
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), Leptospirosis (less likely), infiltrative neoplasia (less likely), other hepatopathy, +/- concurrent vacuolar hepatopathy and/or regenerative nodular hyperplasia.

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Secondary Findings

- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Age-related pancreatic remodeling

REFERRING VET

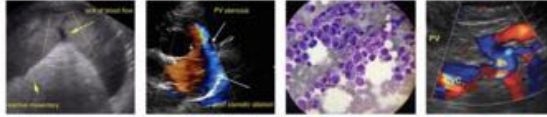
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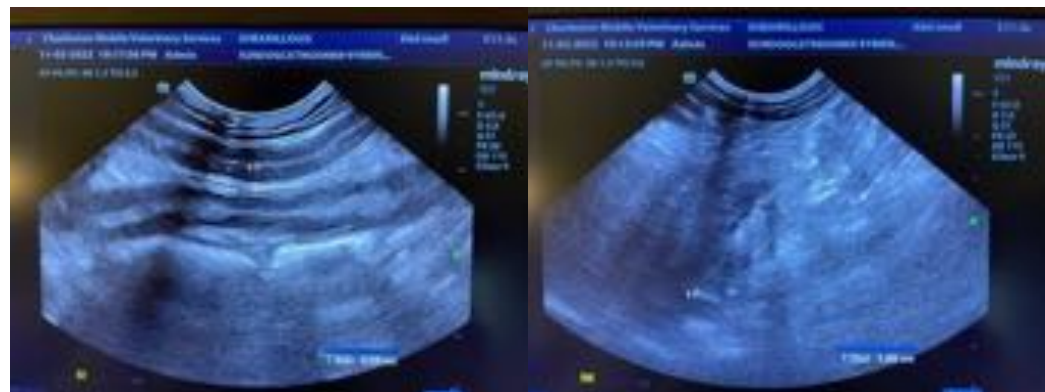
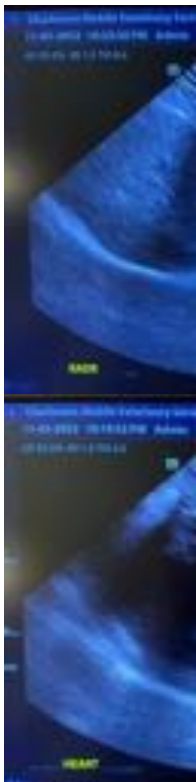
- The small intestinal mucosal speckling may be associated with an underlying enteropathy (i.e., inflammatory bowel disease). However, correlation with clinical history is recommended.

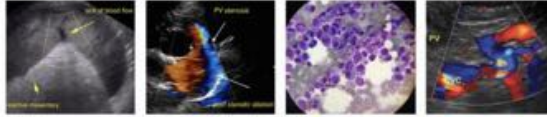
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pulmonary nodule/mass seen on today's thoracic radiographs, consider a thoracic CT scan and consultations with a board-certified surgeon and oncologist.

Full bloodwork, including a CBC, chemistry panel, urinalysis and T4 is recommended, along with a urine culture and sensitivity.

Additional diagnostics/therapeutics should be based on results from above recommendations.





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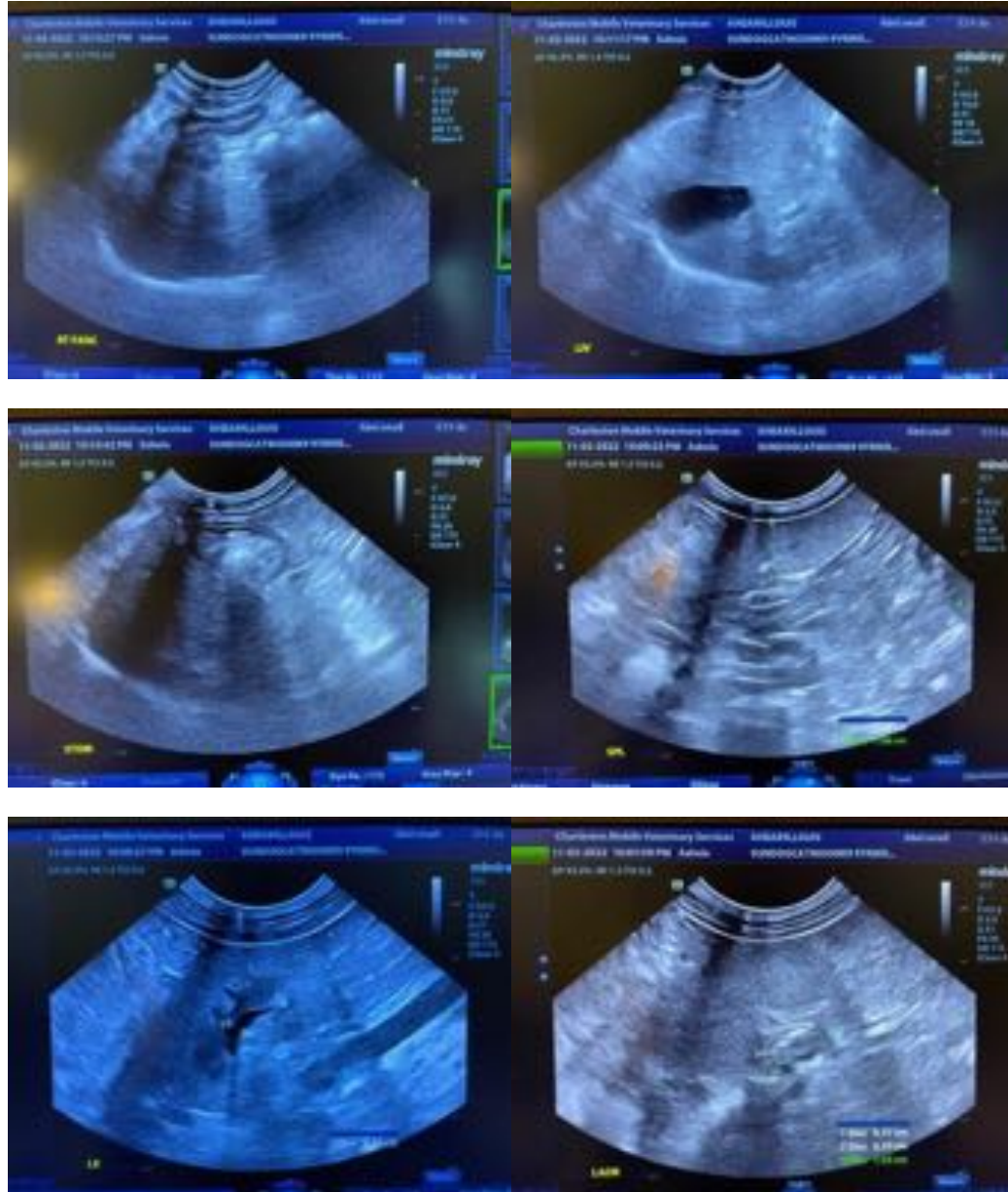
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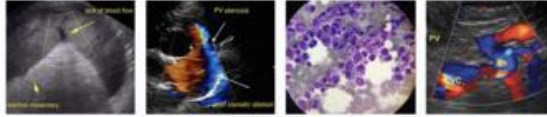
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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