

PATIENT PRESENTING CLINICAL SIGNS

Minnie Perpetua
History: Patient was transferred for continued care. she has not eaten well in a few days. seen at rDVM and ketones found in urine diagnosed with DKA

SPECIES

Canine

BREED

Yorkshire Terrier

Abnormal PE/Chem/CBC/UA Results: CBC. leukocytosis, monocytosis, eosinophilia Chemistry. creatinine 0.6, calcium 7.5, glucose 390, ALT 177 EPOC. iCa 1.11, glucose 384, potassium 3.3, sodium 143, BE -22.3, pH 7.083 U/kg for cats (for a 250mL bag of 0.9% NaCl) - 3.6U If glucose > 250mg/dL - rate is 10mL/hr 200-250 - rate is 7mL/hr 150-200 - rate is 5mL/hr 100-150 - 0.45% NaCl + 5% dextrose, rate is 5mL/hr < 100 - 0.45% NaCl + 5% dextrose, stop insulin CRI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

AGE

13

The left kidney is normal in size (3.88 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

3.3

The right kidney is normal in size (3.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

One pole of the left adrenal gland is visualized and is subjectively normal in size (0.39 cm in width) with smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Schwanebeck

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

HOSPITAL NAME

AEH Deland

The spleen is normal in size (0.54 cm in width 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.

REFERRING VET

Dr. Schwanebeck

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hyperechoic 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 portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.32 cm in width).

DATE

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Gastrointestinal

The gastric lumen is moderately fluid-distended and hypomotile. 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



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not dilated. The small intestinal wall is normal to mildly thickened (up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

BREED

Yorkshire Terrier

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.75 x 0.38 cm).

SEX

Female Spayed

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Gastric ileus
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hepatic changes could be consistent with a diabetic hepatopathy, inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, infiltrative neoplasia (less likely), and/or other hepatopathy.
- The bilateral pyelectasia may be secondary to pyelonephritis, PU/PD, fluid therapy, or some combination thereof.

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Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.

HOSPITAL NAME

AEH Deland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis with a culture and sensitivity are recommended to assess for occult infection.
- Given the patient's age, three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Supportive care for diabetic ketoacidosis should be continued. Nutritional support should also be initiated.

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REFERRING VET

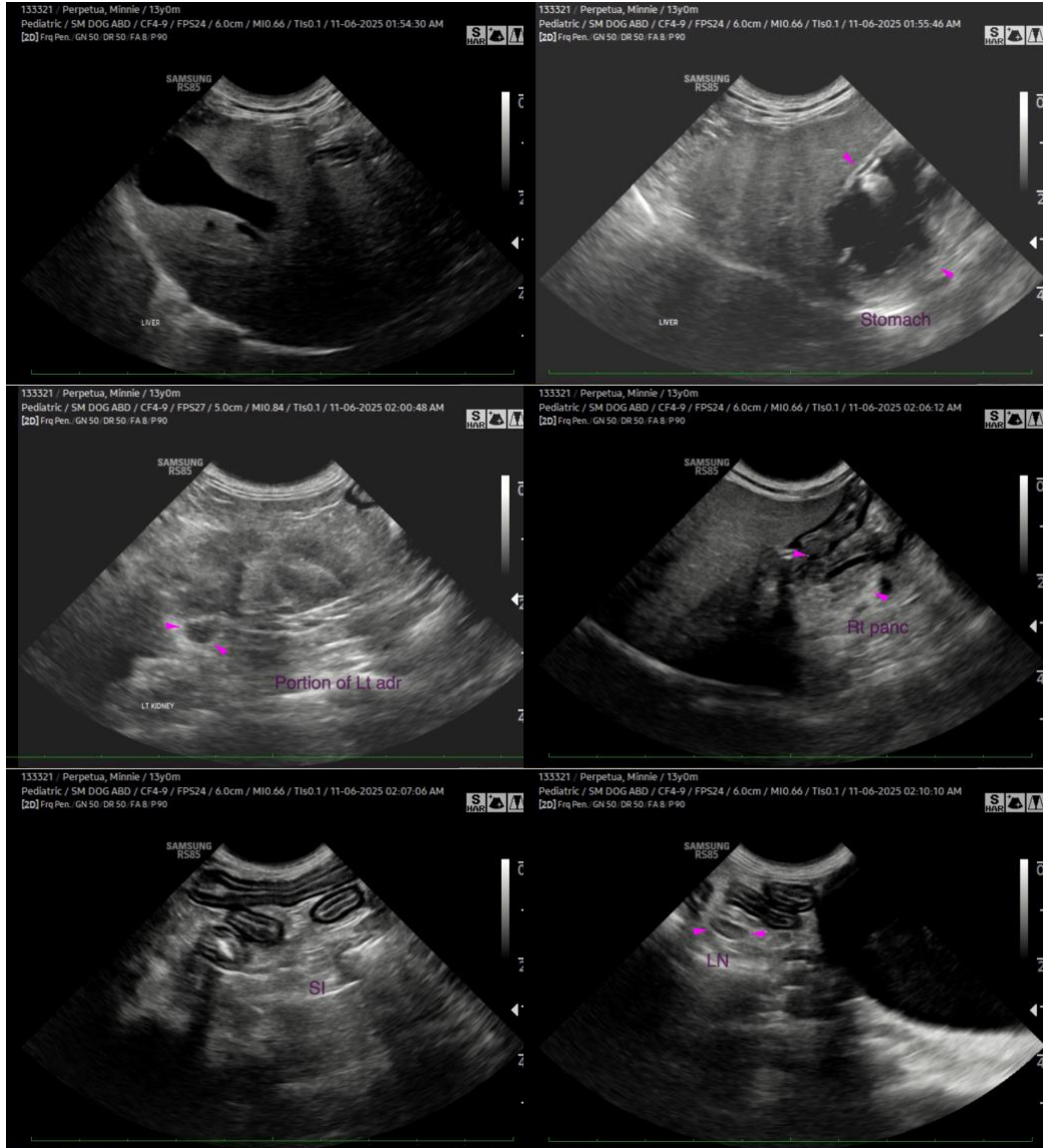
Dr. Schwanebeck

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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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