

PATIENT PRESENTING CLINICAL SIGNS

Button Berg History: Concern for worsening/SRR. O noticed at home an increase in respiration after switching to steroid course, sent video to EGB, who counted 35 bpm, repeated and got 34 bpm. Newly diagnosed 2/6 murmur 1 week ago. During video P was fully asleep. P is getting methocarbamol, prednisone, gabapentin, and got trazodone 2.5 hours prior to dropping off. Medication seems to help for only ~6 hours and then she is hunched over, can barely get up single step to go to the backyard to go potty. Seemed to respond better to Carprofen, prior to switching to steroid.

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

9

WEIGHT

13.37 lbs

Exam: Generally, BAR. CRT <2, MM Pink, moist. Vitals WNL; Stiff gait with hunched back; Improved use of LF compared to recent notes - using mostly regularly, will occasionally hold up at rest, non-painful with head/neck manipulation. Decreased proprioception in cd end bilaterally. Ataxia when turning. Grade 2-3/6 murmur. No respiratory crackles, possibly mildly increased lung sounds bilaterally.

Abnormal lab-work values: ALP 1.166 Eosinophils 0.012 Monocytes 1.234
Current Medications Carprofen 25mg- 1/2 tab PO BID, Gabapentin 100mg- 1 cap PO TID-BID, Trazodone 100mg- 1/2 tab (given PRN prior to appointments/grooming), Oravet chews, Tricox chews, Pimobendan, Bupranex, Enrofloxacin, Clavamox, Prednisone, Methocarbimol.

Radiographic Findings 2 view thoracic radiographs - Cardiomegaly (VHS 12) w/ notably enlarged L atrium. No obvious interstitial pattern. Hepatomegaly. Increased opacity in cranial abdomen, notably in retroperitoneal cavity. R/o mass effect, infectious, other. Single stifle visible in radiograph (side unmarked) with possible irregular bony margin on cr aspect distal femur

INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

IMAGING PERFORMED BY

Sara Hansen

The left kidney is normal in size (4.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Creekside VC

The right kidney is normal in size (4.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

REFERRING VET

Dr Matteson

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

22238

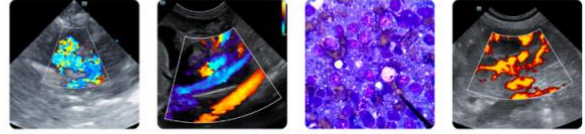
The right adrenal gland is normal in size (1.13 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

DATE

12-10-25

Spleen

The spleen is normal in size (1.53 cm in width at the level of the hilus) with a normal capsular



PATIENT contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Button Berg

Liver

SPECIES The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Canine

BREED

The gallbladder 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.

Yorkshire Terrier

Gastrointestinal

SEX

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Female Spayed

AGE

Pancreas

9

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.

WEIGHT

Lymph Nodes

13.37 lbs

The abdominal lymph nodes are normal/not visible.

INTERPRETED BY

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

Sara Hansen

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

HOSPITAL NAME

Secondary Findings

Creekside VC

- Bilateral, nonspecific age-related renal changes

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr Matteson

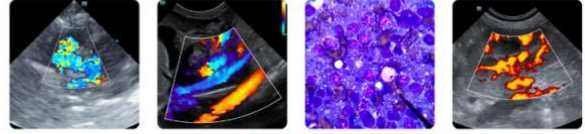
Hepatic tissue sampling (i.e., aspirates or biopsies) can be considered assuming normal clotting status. Alternatively, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If values continue to increase, consider a recheck ultrasound +/- further work-up (i.e., hepatic tissue sampling) at that time.

INVOICE

22238

DATE

12-10-25



PATIENT

Button Berg

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

9

WEIGHT

13.37 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside VC

REFERRING VET

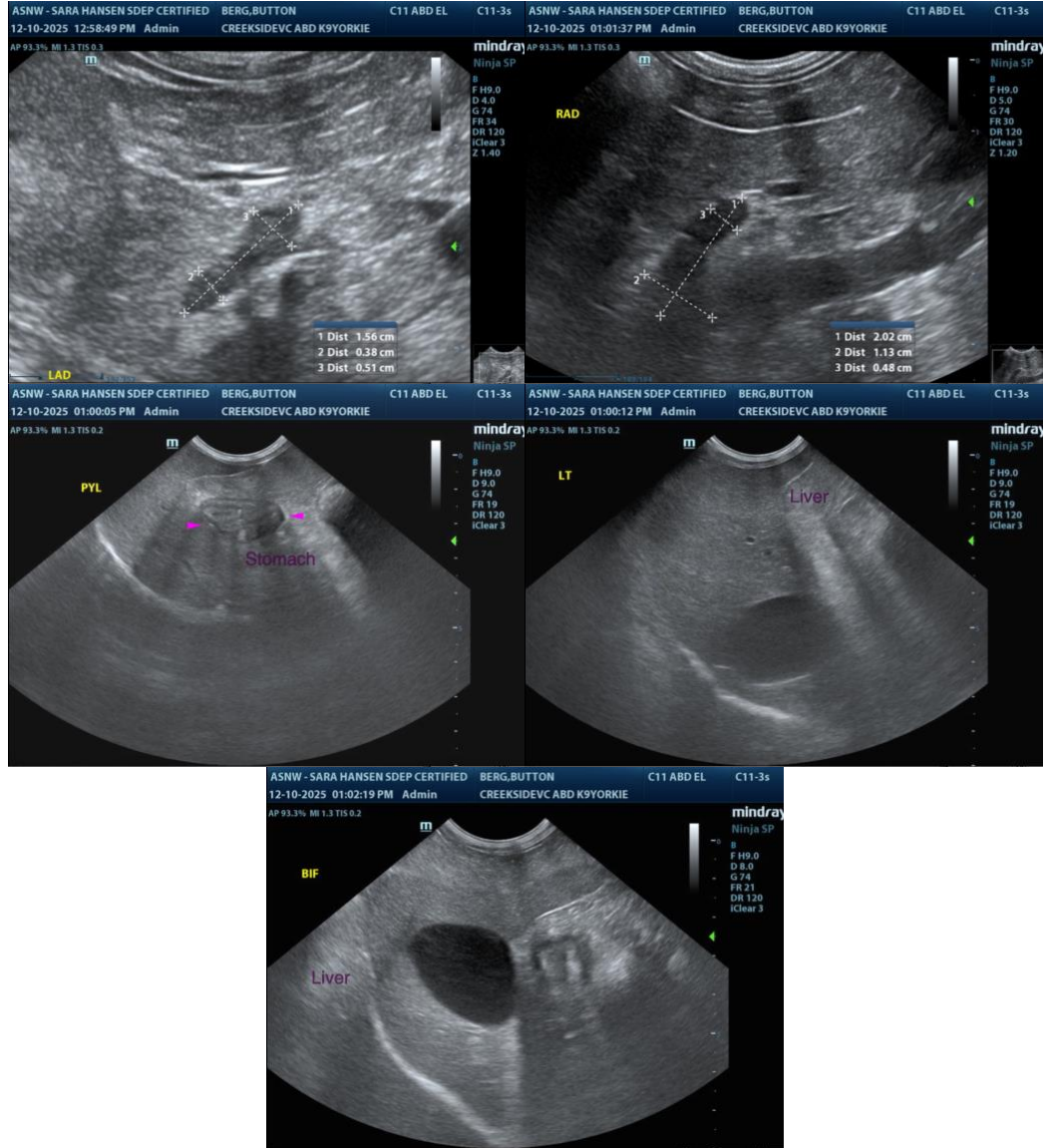
Dr Matteson

INVOICE

22238

DATE

12-10-25



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com