



PATIENT

Wrinkles Thompson

SPECIES

Canine

BREED

Sharpei

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

51 lbs. .

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced Pet Care of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

14370

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Acute vomiting last Friday, anorexia, and lethargy. 9 # weight loss in last 2 months. Labwork from 12/17/22- Tbil 2.2 GGT 68 Glu 69 ALT 1476 AST 1036 ALKP 4289 History of mild elevation in liver enzymes- had ultrasound at Blue Pearl in January 2022- The abdominal ultrasound demonstrated a normal appearance to the spleen and urinary bladder. The liver was subjectively small in size with a coarse architecture. The gallbladder had a small amount of gravity dependent, hyperechoic bile within it. The kidneys had decreased corticomedullary distinction with a few small cortical cysts. The adrenal glands were normal. The GI tract was normal. No lymph node enlargement or free fluid was noted. History of Sharpei Fever, Valley Fever, hypothyroid, osteoarthritis, diffuse hepatopathy, inspissated bile, chronic kidney disease meds: cbd chews, pepcid(20 mg bid), levothyroxine (did not get last night), amantadine as needed, gabapentin(uses once daily), fluconazole, neopolydex, simparica trio,. Owner weaned off Prednisone a few weeks ago. Was previously on ursodiol and denomarin from blue pearl- no change so owner stopped

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.

The left kidney is normal size (7.05 cm in length) with a normal shape and smooth peripheral contours. The cortex is variably thickened and hyperechoic to heterogeneous in appearance with a few cortical cysts observed. There is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.43 cm in length) with a slightly irregular shape. A 4.5 cm cortical cyst is arising from the cranial pole. The lesion causes capsular expansion. In the remainder of the kidney, the cortex is hyperechoic to heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.47 cm at caudal pole) (1.62 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.

The right adrenal gland is normal size (0.60 cm at cranial pole) (0.51cm at caudal pole) (2.05 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.

Spleen



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The spleen is normal in size (2.12 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.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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

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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with a mucocele. The liver enzyme elevations may be secondary to gallbladder disease. However, a concurrent microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) should also be considered.

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Secondary Findings:

- The bilateral renal changes are consistent with chronic interstitial nephritis with cortical cysts, dystrophic mineralization and trace pyelectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Hepatic tissue sampling (i.e., fine needle aspirate or biopsy- laparoscopic or surgical) should also be considered, if clotting status is appropriate. If surgical biopsies are pursued, consider a cholecystectomy with submission of the gallbladder for histopathology and cultures. Copper

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quantitation should also be performed on hepatic tissue samples. Three-view thoracic radiographs should be performed prior to anesthesia.

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- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/cholecystitis/Leptospirosis is recommended including broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid), fluid therapy, Ursodiol, hepatic antioxidants and other supportive measures.

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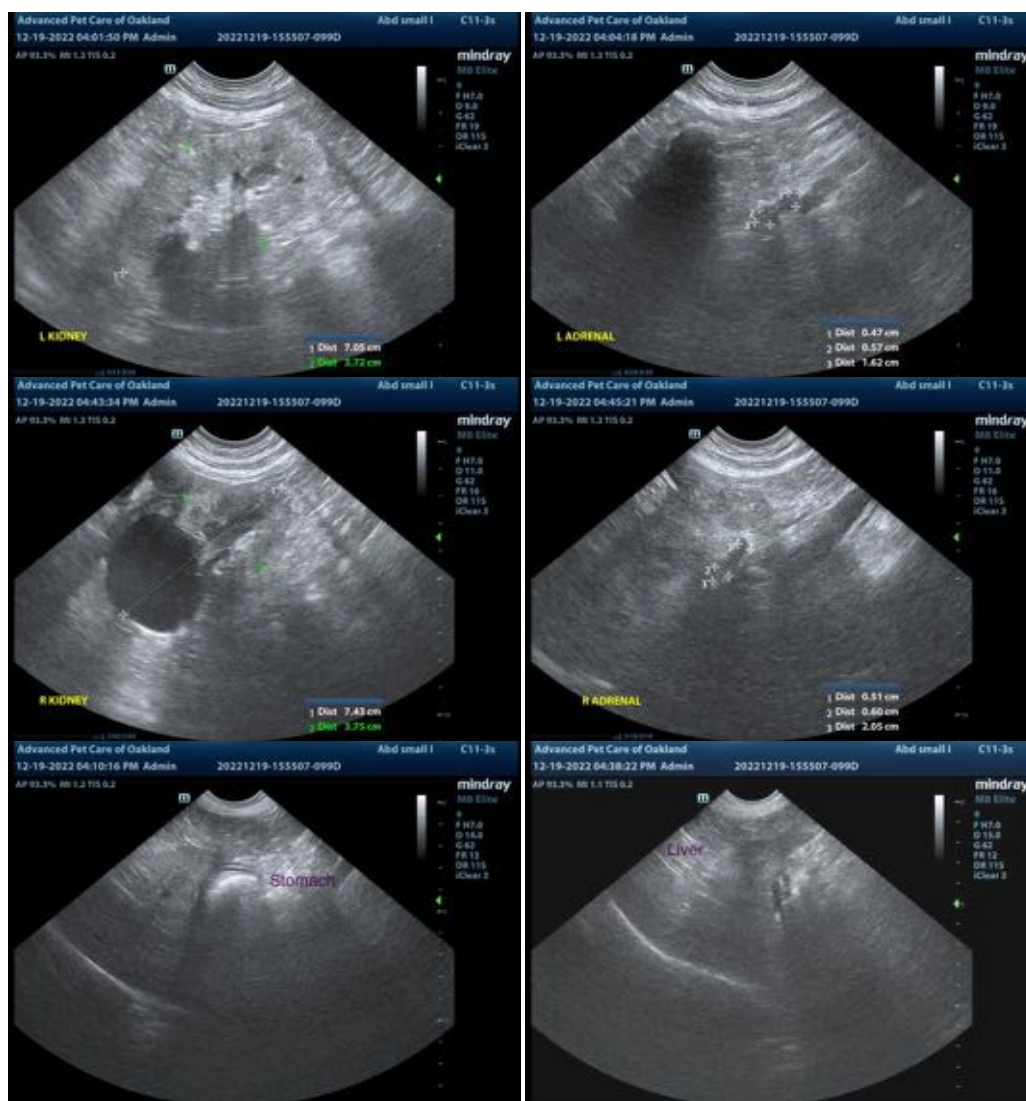
Dr. Sheldon

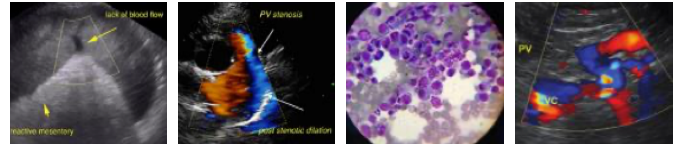
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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