



PATIENT

King Conforte

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

36 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

12802

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Uncontrolled diabetic since 8/2021-was on Prozac with no change has been on Vetsulin since 10/22/2021-pu/pd has gotten better however very hungry and has now gained wt. Cataracts OU. Current meds: Vetsulin 12U bid (6U this am w/1/2 breakfast)

Abnormal PE/Chem/CBC/UA Results: Libre system on 2x-avg ~300. At AERA-10/21/21 Retic 135.2, Glu 644, ALT 224, ALKP 623, Amyl 1542, Lip 5626, Cl 105, USG 1.040, PH 8, trace ketones, +1000 gluc. 106.21 LDDST normal, urine culture neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall is diffusely thickened (up to 0.66 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.12 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.53 cm at caudal pole) (2.30 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 (1.08 cm at cranial pole) (0.65 cm at caudal pole) (2.24 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

The spleen is normal in size (1.21 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Two small (<0.5 cm) hypoechoic nodules are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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

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The gastric lumen is distended with ingesta. 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 segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

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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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Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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Internal Medicine)

ULTRASONOGRAPHIC FINDINGS

- The bladder wall changes are most consistent with cystitis. However, some of the wall thickening may be artifactual due to lack of full repletion.
- The hypoechoic splenic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.
- If the patients' liver values are normal, the hepatic parenchymal changes are likely secondary to a benign hepatopathy (i.e., vacuolar, regenerative nodular hyperplasia, age-related remodeling). If the ALT is elevated, an inflammatory or hepatotoxic process may be present. Infiltrative neoplasia is possible but considered less likely.

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*An obvious cause for the patients' uncontrolled diabetes is not identified in the study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Consider a PLI to further assess for low-grade pancreatitis.
- If the above diagnostics are inconclusive and the patients' diabetes fails to respond to adjustments in the dose of the current insulin, switching insulins (i.e., to detemir) may be warranted.



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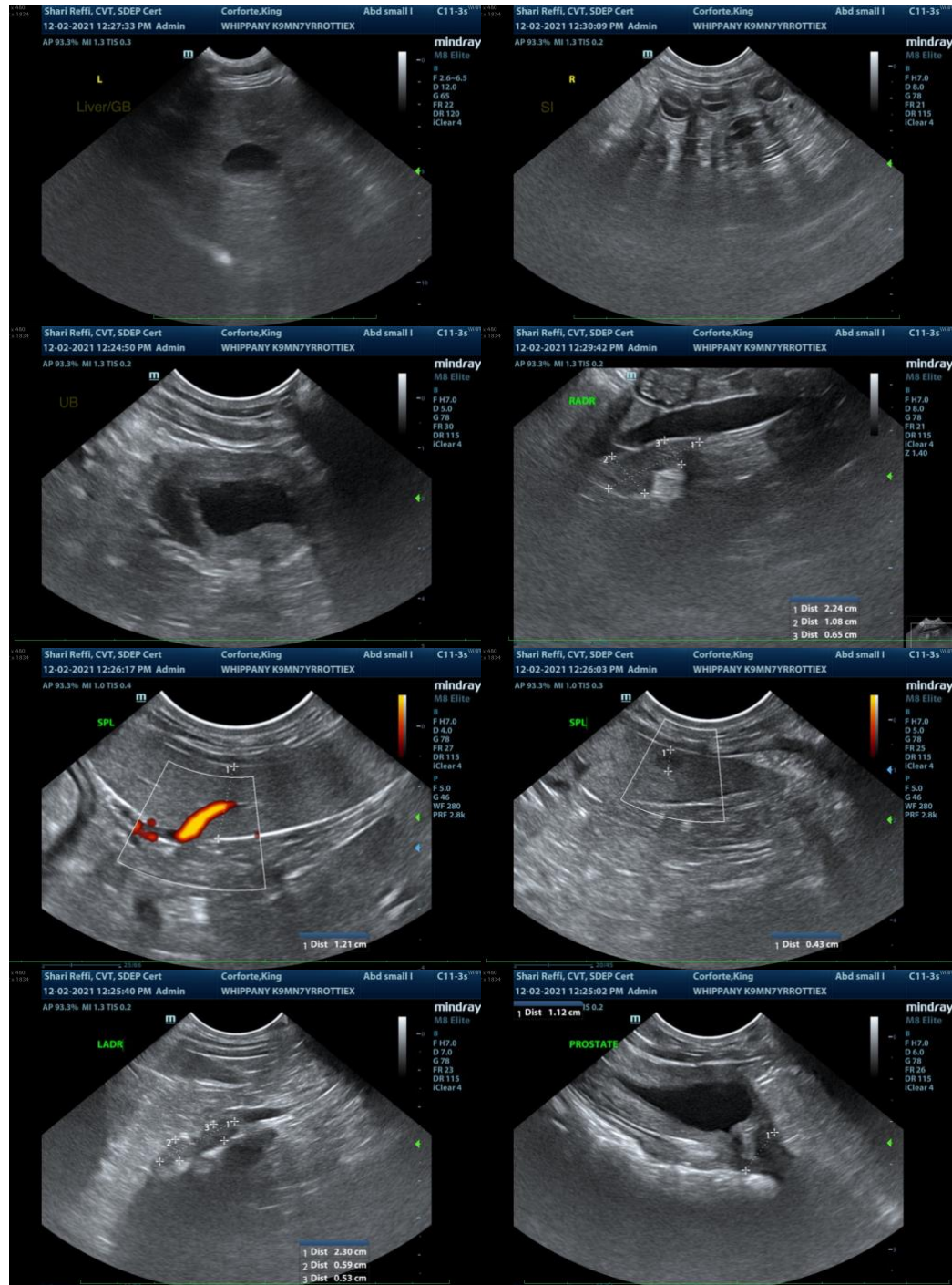
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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