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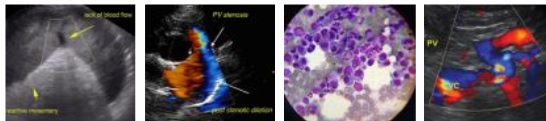


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Rosie Crane

SPECIES

Canine

BREED

King CharlesCavalier Spaniel

SEX

Spayed Female

AGE

7 Years

WEIGHT

15 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Vitality AH

REFERRING VET

Dr. Surroz

DATE

12/2/21

INVOICE
12807

PRESENTING CLINICAL SIGNS

History: Previous abdominal ultrasound spleen changes, history of spinal problems syringomyelia , rapid weight loss if owner doesn't feed a large amount Current concerns labored breathing and open mouth panting 3 x since Thanksgiving. History of food intolerance and UTI. Current Medications Gabapentin, apoquel

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney presented normal size (4.08 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (3.88 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

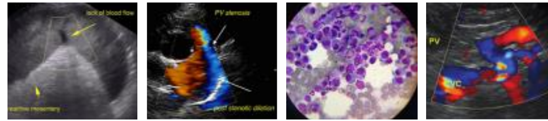
The left adrenal gland is normal size (0.34 cm at cranial pole) (0.37 cm at caudal pole) (1.37 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm at cranial pole) (0.45 cm at caudal pole) (1.58 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 (1.06 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.52 cm hypoechoic nodule is observed at the craniomedial aspect. Splenic vasculature is normal.

Liver



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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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 or overt infiltrative disease is noted.

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.

Free Abdomen

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

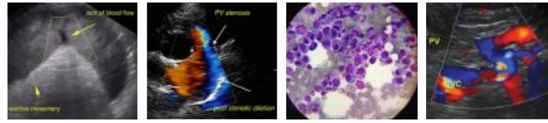
ULTRASONOGRAPHIC FINDINGS

- The trace right pyelectasia may be secondary to age-related remodeling or pyelonephritis
- The hypoechoic splenic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia. This lesion was previously observed and is similar in size to the previous exam.

  *An obvious cause for the patients' clinical signs is not identified in the study. Considerations include cardiac cachexia (if applicable), microscopic gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue or occult neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC/chemistry panel, urinalysis and T4 is recommended if not already performed.
- Three-view thoracic radiographs are also recommended if not already performed.



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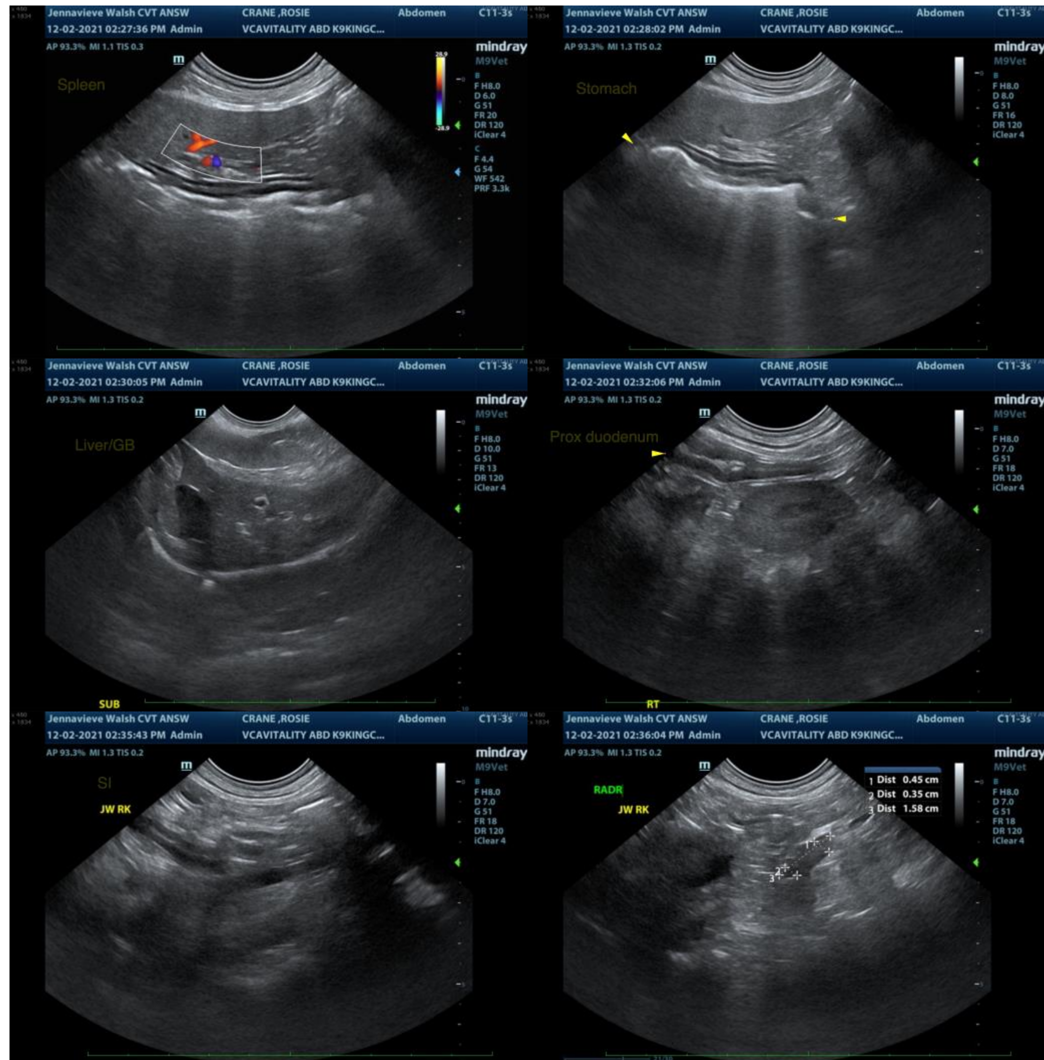
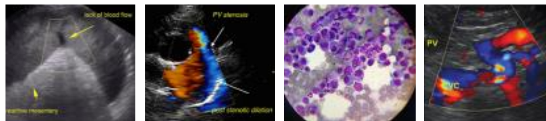
- Other diagnostic considerations include the following:

  1. Gi panel (send to Texas A & M)
  2. Fecal evaluation for ova and Giardia
  3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  4. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Results from the echocardiogram should be used to determine whether it is safe to put the patient under general anesthesia.





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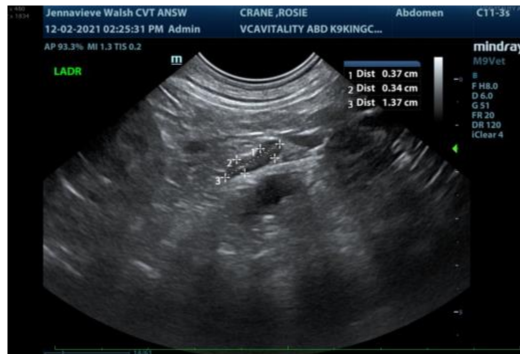

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea_nicastro2@hotmail.com