



PATIENT

Trudy McGuire

SPECIES

Canine

BREED

Norwich Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

13.3 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Wilkes

INVOICE

12799

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Increased liver values and lymphocytes on BW. Concern for cancer. Current meds: Denamarin, Dasuquin, Gabapentin

Abnormal PE/Chem/CBC/UA Results: Lymphs 13.26, Monos 1.17, PLT 517, SDMA 16, ALT 213, ALP 1101, Chol 401, USG 1.024, PH 5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. Several small cystic calculi are visualized within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Numerous nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Numerous nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.62 cm at caudal pole) (1.48 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 upper limits of normal size (0.78 cm at cranial pole) (0.57 cm at caudal pole) (1.74 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 (0.82 cm 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.

Liver

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to surrounding omental fat and diffusely homogeneous in appearance. A 3.14 cm isoechoic swelling is observed in the right caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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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.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculi
- Bilateral non-obstructive nephrolithiasis with minor age-related renal changes
- The hepatic swelling may represent a benign pathology (i.e., rounded liver lobe, hepatocellular swelling secondary to vacuolar hepatopathy) or potentially an emerging neoplastic process (i.e., adenoma, adenocarcinoma).

Secondary Findings

- Mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic swelling, if a conservative approach is desired, considered a repeat ultrasound in 3-4 weeks to assess for progression. If a conservative approach is pursued, consider an attempt at medical dissolution of the cystic calculi with a prescription urinary diet and broad-spectrum antibiotic therapy.
- If a more aggressive approach is desired, consider an abdominal CT scan and/or an abdominal exploratory with biopsy of the swollen hepatic region along with cystotomy and stone removal, analysis and culture.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.



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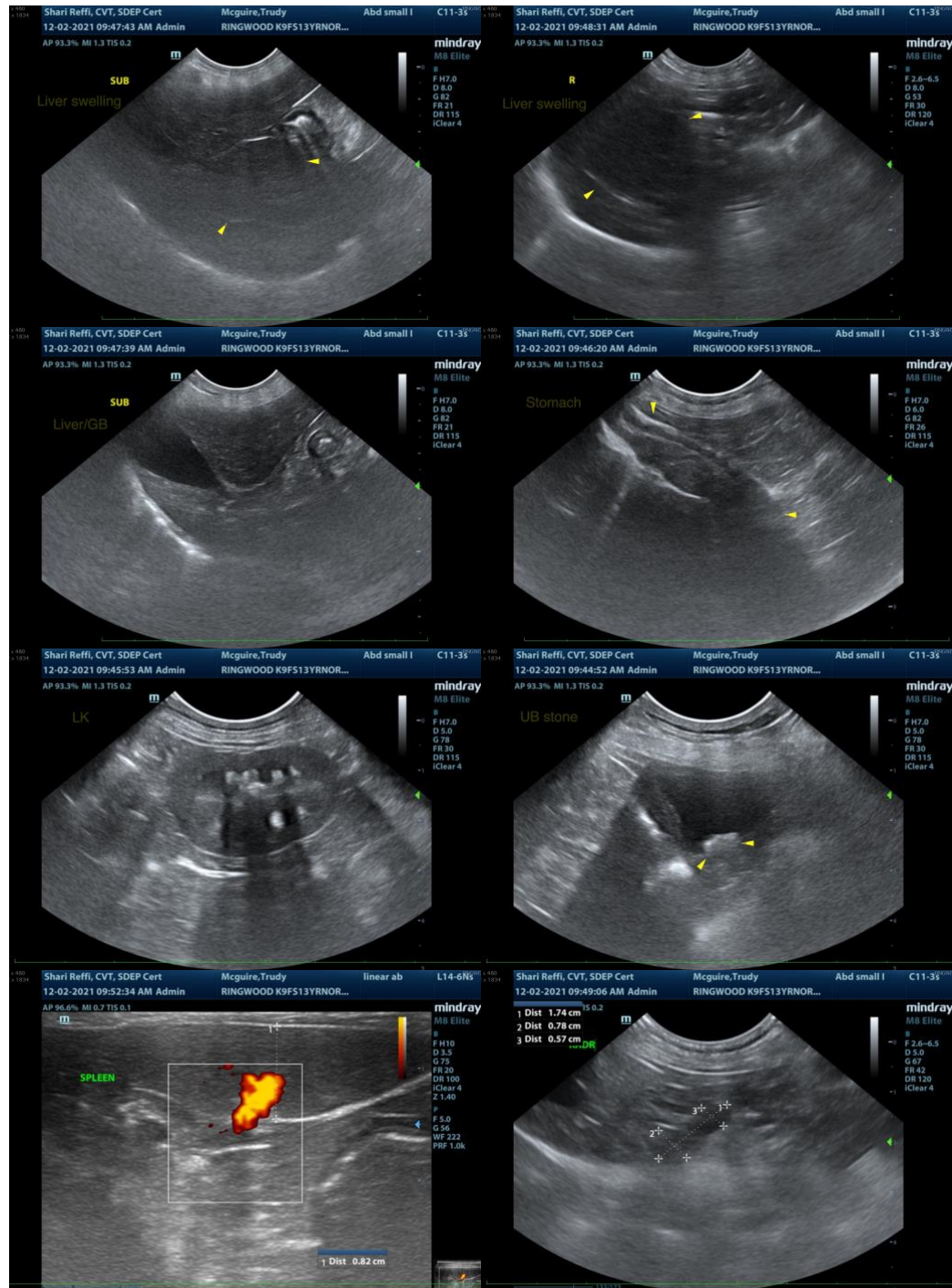
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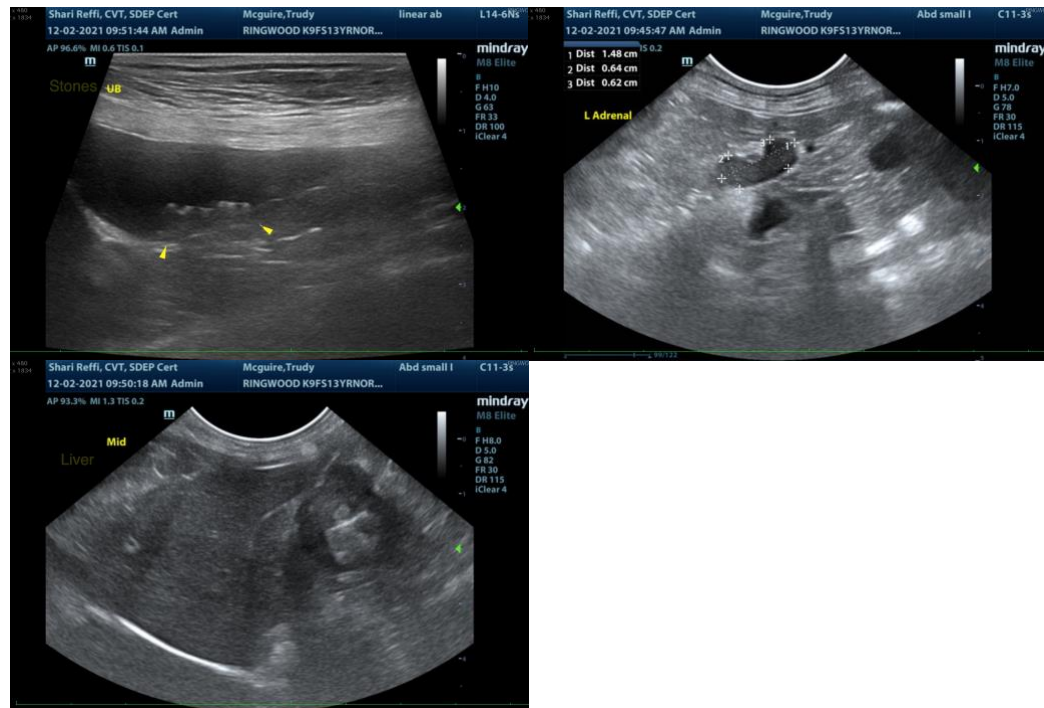
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com