



PATIENT PRESENTING CLINICAL SIGNS

Peanut Hays
History: Patient is still straining to urinate, lethargy, culture (-). History of splenectomy. Current meds: carprofen and Denamarin.
SPECIES Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 402. U/A: 3+ protein, 2-3 struvite crystals, USG: 1.035.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Beagle Mix
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 cm, are normal.

SEX

Spayed Female
The left kidney is normal size (6.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal

AGE

11 Years
The right kidney is normal size (6.17 cm in length); normal shape and architecture with 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.

WEIGHT

48.2 Lbs.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.56 cm 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.

INTERPRETED BY

Andrea Nicastro, DMV,
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(Small Animal
Internal Medicine)

The right adrenal gland is normal size (0.68 cm at cranial pole) (0.48 cm at caudal pole) (1.81 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.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

(Previously splenectomized)

HOSPITAL NAME

Animal General on
Hudson

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the right renal cortex and heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Wiliam Freedman

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

INVOICE

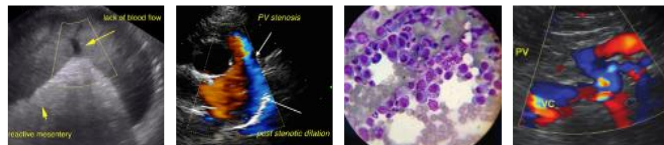
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Gastrointestinal

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.

DATE

12/29/21


PATIENT
Pancreas

Peanut Hays

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.

SPECIES
Free Abdomen

Canine

There is no evidence of free fluid. One to two prominent lymph nodes are observed in the midabdominal cavity, the largest measuring 1.62 in length. Surrounding mesentery is slightly hyperechoic.

BREED
ULTRASONOGRAPHIC FINDINGS

Beagle Mix

Primary Findings
SEX

Spayed Female

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral non-specific age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

AGE

11 Years

*An obvious cause for the patient's clinical signs is not identified in this study. Is it possible that the patient is straining to defecate (versus urinate), in which case a GI workup may be warranted?

WEIGHT

48.2 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY

- Despite the negative urine culture and sensitivity, consider empirical treatment for a urinary tract infection, due to the possibility of a false negative result. If the patient's clinical signs do not improve within 3-5 days of initiating therapy, antibiotics should be discontinued.
- Given the proteinuria, a UPC is also recommended.
- Also consider a urine BRAF test to assess for microscopic lower urinary tract neoplasia.
- If there is a possibility that the patient is straining to defecate, further GI workup (i.e., fecal evaluation for ova and Giardia, colonoscopy with GI biopsies), may be warranted.
- Given the history of lethargy, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

Andrea Nicastro, DMV,
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HOSPITAL NAME

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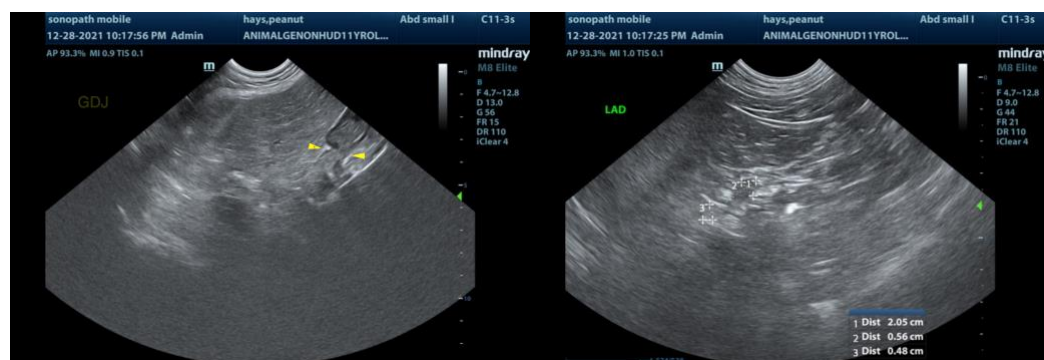
Dr. William Freedman

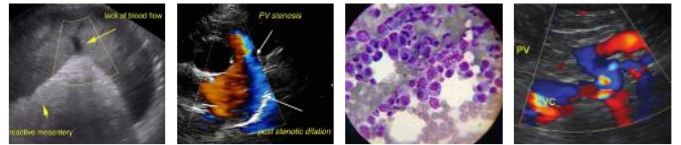
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SPECIES

Canine

BREED

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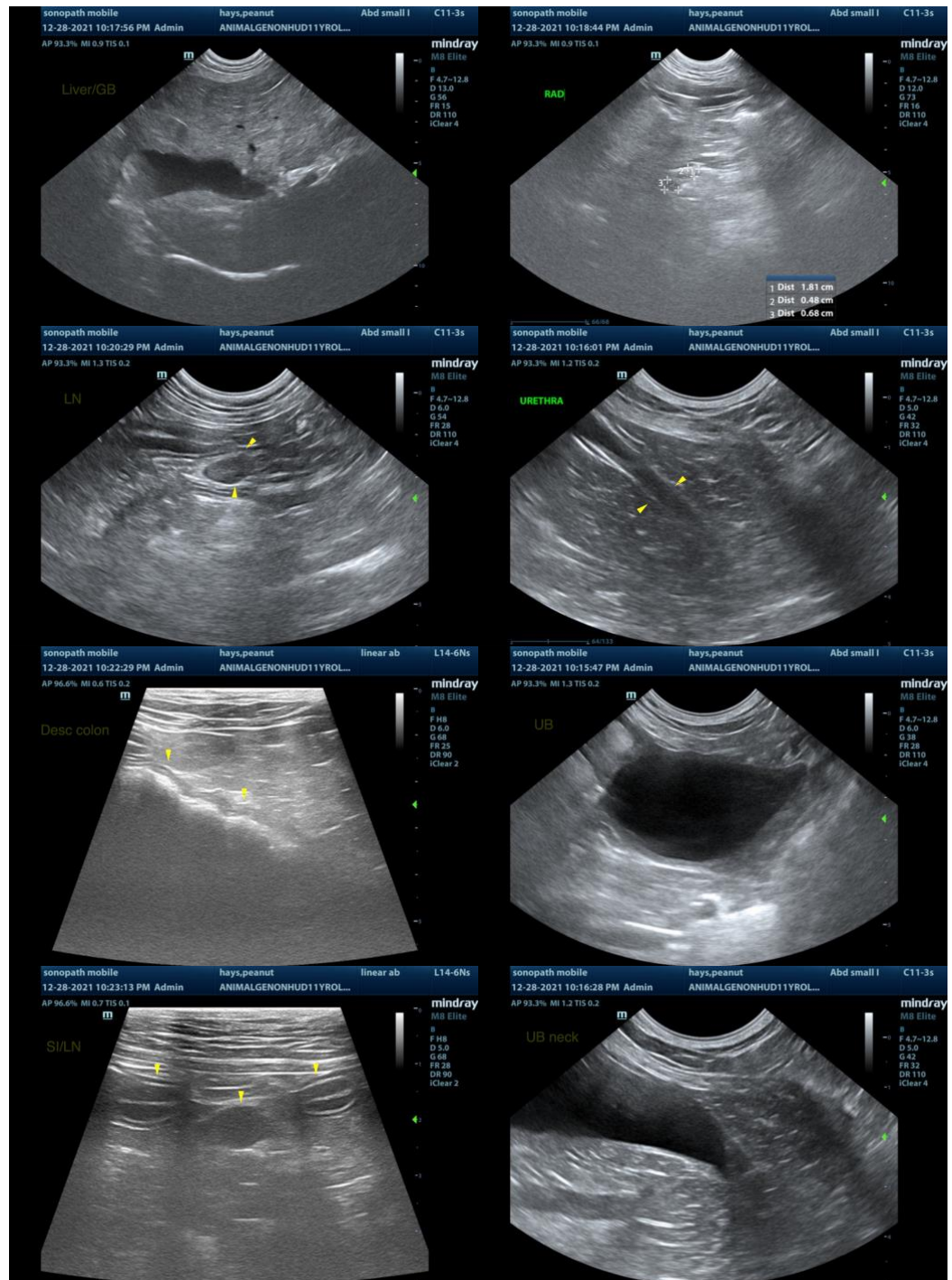
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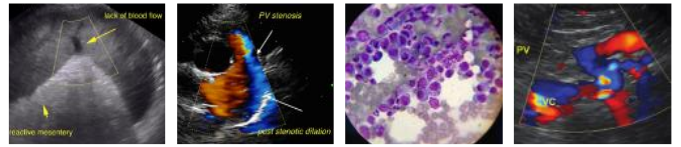
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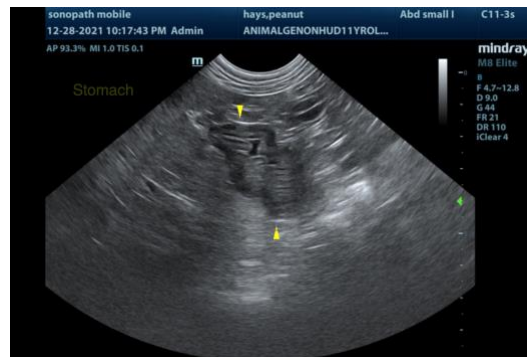
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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