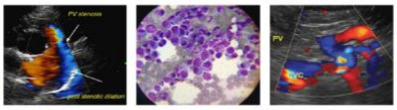


PATIENT

Cleo Anderson

SPECIES

Canine

BREED

Bolivan Chapi

SEX

Spayed Female

AGE

17 years 6 mos

WEIGHT

23.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10368

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Hematuria. Currently on clavamox and thryo tabs.

Abnormal PE/Chem/CBC/UA Results: (01/26/2022) U/A: USG 1.027, pH 5.0, Protein 100, Blood 250, WBC 8, RBC >50. CBC: RBC 4.71, Hematocrit 30.6, Hemoglobin 11.5. CHEM: AST 63, Cholesterol 669, Bile Acids Pre-prandial 31.4. (01/25/2022) T4: <0.5.

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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is normal in size (4.74 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.37 cm in the longitudinal plane). Echogenic debris is observed in the renal pelvis. Nephroliths are also observed in the region of renal pelvis. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.67 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.39 cm at caudal pole) (1.61 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.

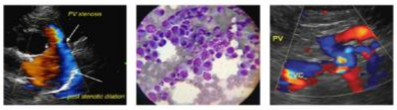
The right adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (2.01 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.47 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 3.40 cm ill-defined



PATIENT

Cleo Anderson

SPECIES

Canine

BREED

Bolivan Chapi

SEX

Spayed Female

AGE

17 years 6 mos

WEIGHT

23.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10368

DATE

2/15/22

hyperechoic area/nodule is observed on the left side. Hepatic vasculature 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 to large amount of aggregated echogenic to mineralized debris/sludge is observed within the lumen, most of which is gravity dependent, and some of which is adhered to the luminal wall. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly 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 gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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

Primary Findings

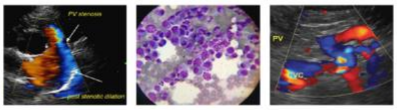
- Bilateral degenerative renal changes with left nonobstructive nephrolithiasis, bilateral dystrophic mineralization and pyelectasia (more severe on the left side)

Secondary Findings

- 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. However, correlation with the patient's blood work is recommended. The hyperechoic hepatic area/nodule trends toward the benign (i.e., regenerative nodule), with a lower possibility of emerging neoplasia.
- Gall bladder debris, non-mucocele
- The splenic changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample or a sample collected 5-7 days following the last dose of antibiotics.
- Given the elevated pre-bile acids, a 2-hour post-prandial sample is recommended to further assess for hepatic dysfunction.



PATIENT

Cleo Anderson

SPECIES

Canine

BREED

Bolivan Chapi

SEX

Spayed Female

AGE

17 years 6 mos

WEIGHT

23.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

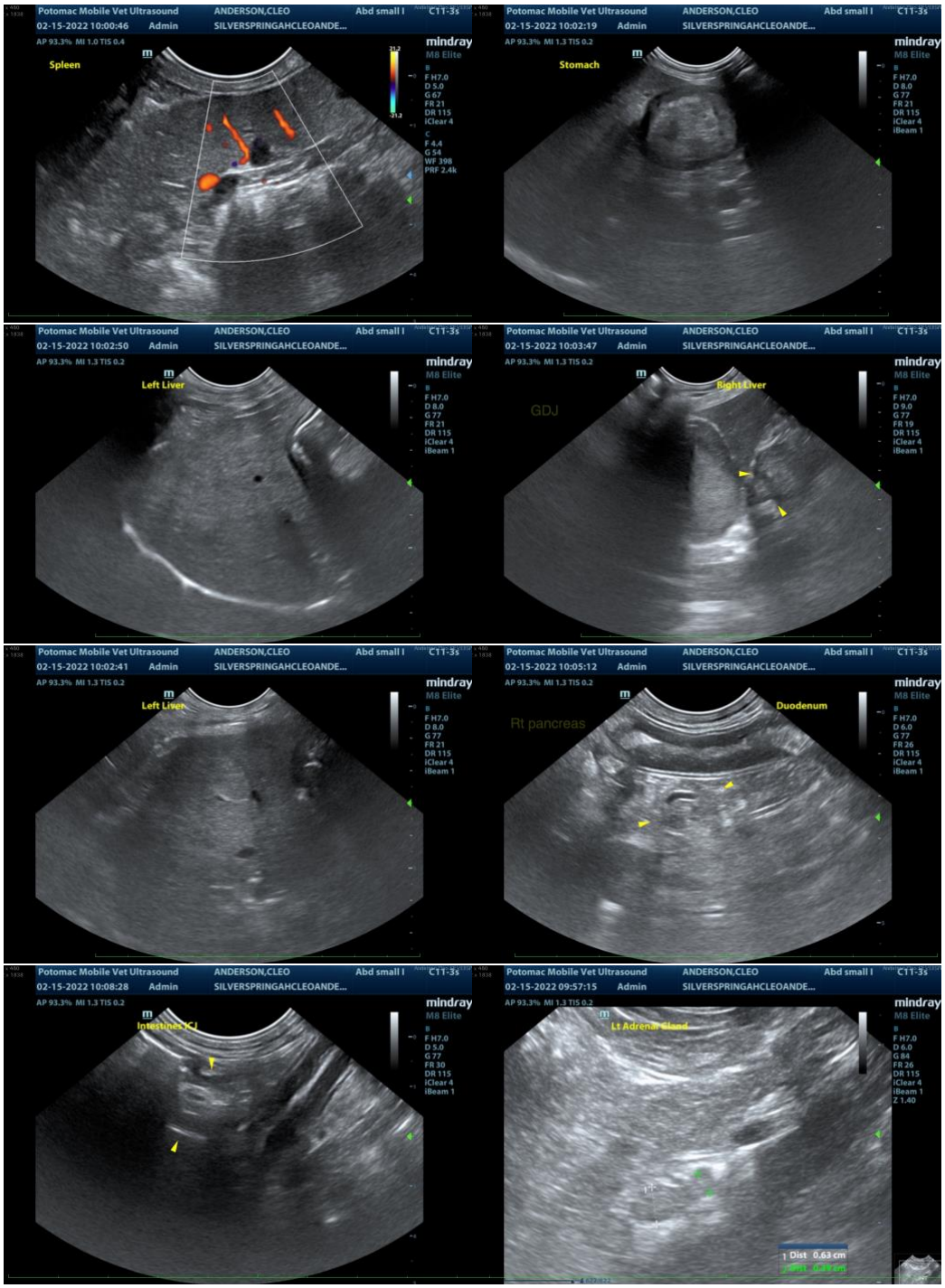
INVOICE

10368

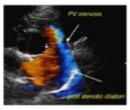
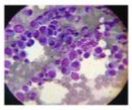
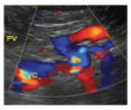
DATE

2/15/22

- Regarding the hematuria, if there is no evidence of infection, consider assessing the patients clotting status (i.e., PT/PTT), to assess for an underlying coagulopathy.
- If all tests evaluating for causes of hematuria are inconclusive, benign essential hematuria may be present, and the patient's hematocrit should be followed to assess for worsening anemia.
- Consider a repeat ultrasound in 4-6 weeks to assess for changes in the hyperechoic hepatic area/nodule.



IMAGING PERFORMED BY
www.potomacmvu.com 571 - 207 - 7467
Potomac Mobile Veterinary Ultrasound

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Cleo Anderson

SPECIES

Canine

BREED

Bolivan Chapi

SEX

Spayed Female

AGE

17 years 6 mos

WEIGHT

23.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

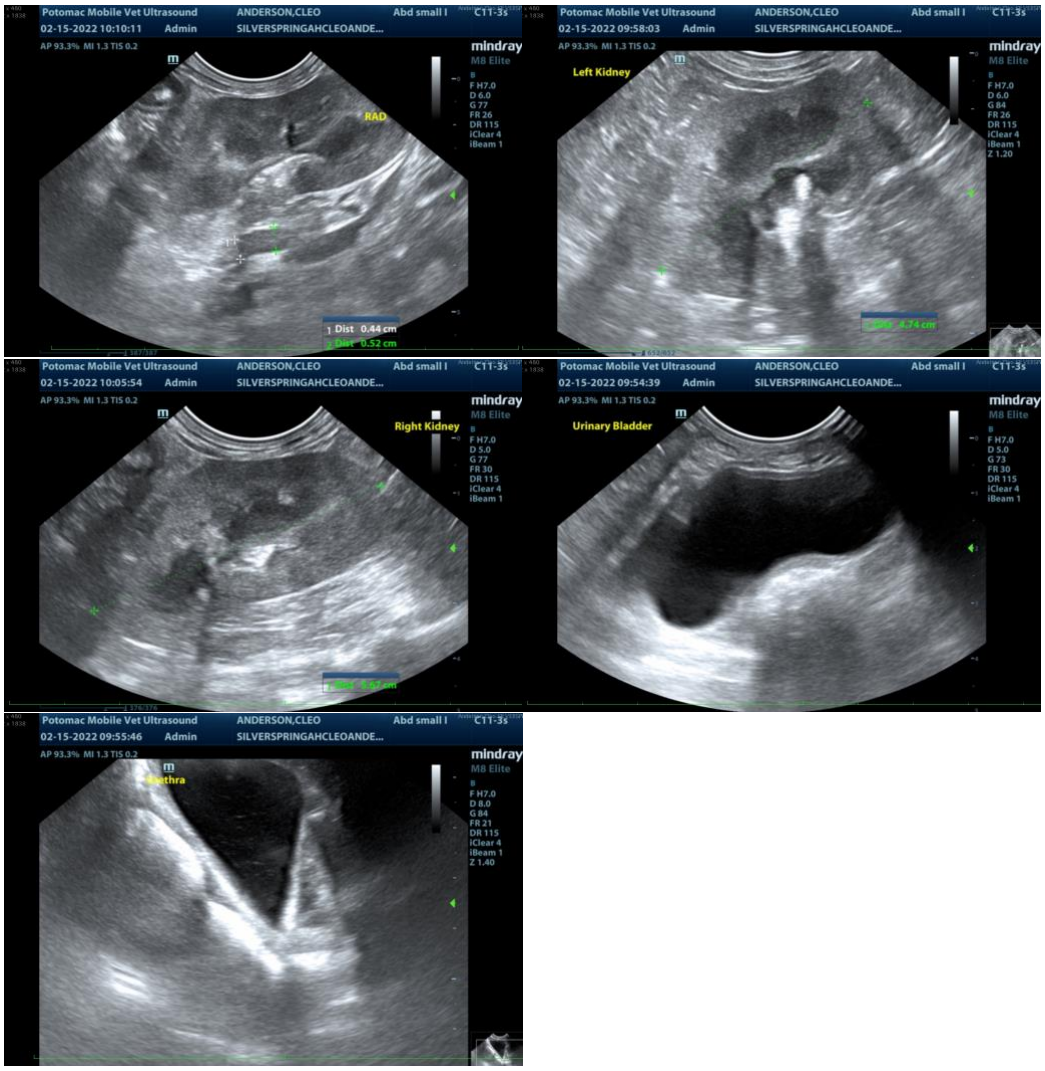
Dr. Cathy Jarrett

INVOICE

10368

DATE

2/15/22



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