



PATIENT

Rue Nicholais

PRESENTING CLINICAL SIGNS

History: losing weight, anorexia, lethargic, picking at food vomited twice yesterday and today

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: cpl abnormal Chem BUN creat increased ALT ALP increased CBC Platelets increased

BREED

Chihuahua

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 cm, are normal.

SEX

Spayed Female

The left kidney is normal size (3.27 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. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter

AGE

11 years

The right kidney is normal size (3.08 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. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter

WEIGHT

4.6 lbs

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.47 cm at caudal pole) (1.41 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

Jenn

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.41 cm at caudal pole) (1.57 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.

HOSPITAL NAME

Rockaway AH

Spleen

The spleen is not definitively visualized due to patient discomfort.

Liver

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.

REFERRING VET

Dr. Kahn

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are

DATE

2/17/22



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Rue Nicholais anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The muscularis layer of the pyloric antrum is prominent. There is retention of the 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.

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 reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral age-related renal changes with nonobstructive nephrolithiasis.
- The pyloric antral thickening may be a normal variant for this patient or may represent hypertrophy, inflammation, or less likely, emerging neoplasia.
- An obvious cause for the elevated liver enzymes is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated liver values, consider pre- and postprandial serum bile acids +/- hepatic tissue sampling (i.e., fine-needle aspirate or biopsy), depending on the degree of enzyme elevations.
- Regarding the azotemia, consider the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present)
 3. Baseline blood pressure measurement
- Also consider a GI Panel (send to Texas A&M), to further assess for microscopic pancreatic and small intestinal disease.

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- Three-view thoracic radiographs should also be considered to assess for occult neoplasia in the chest.

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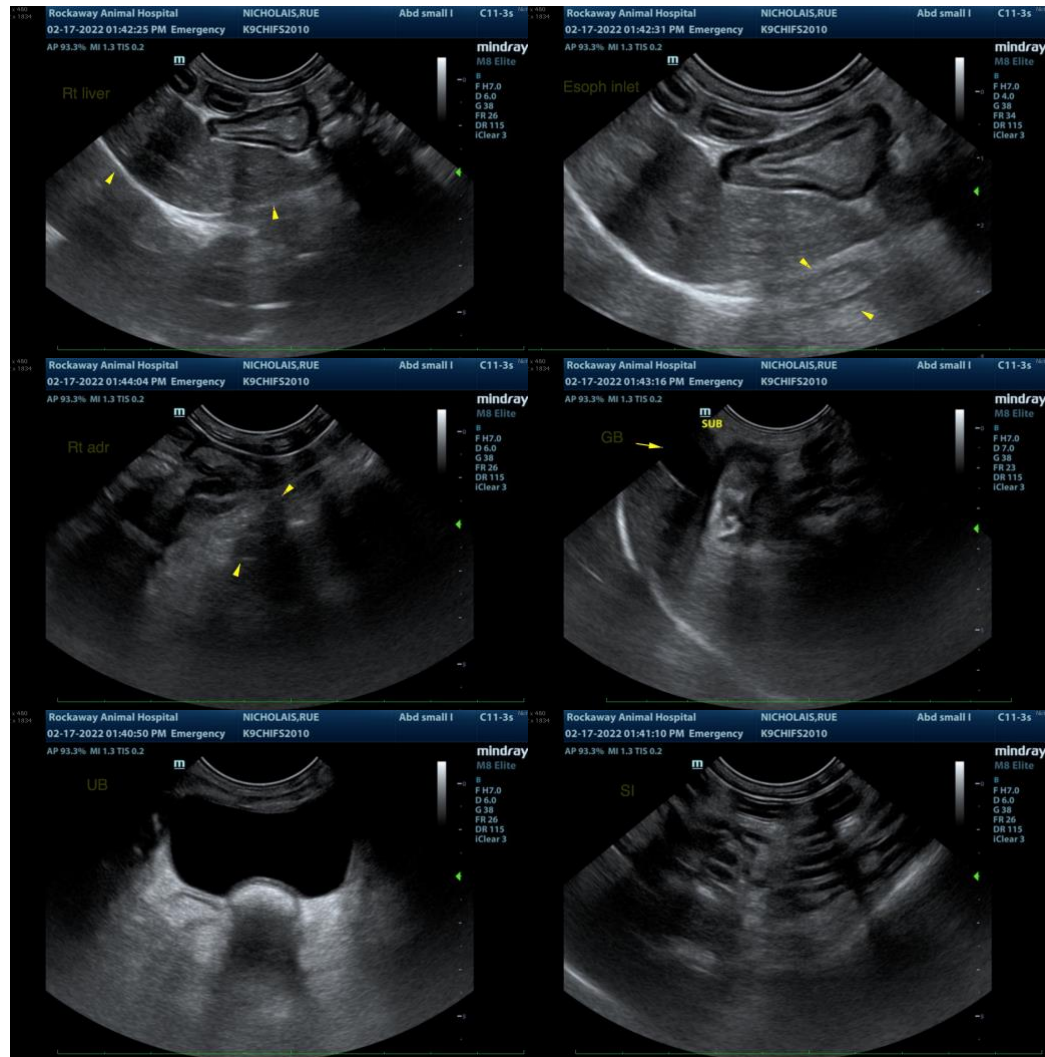
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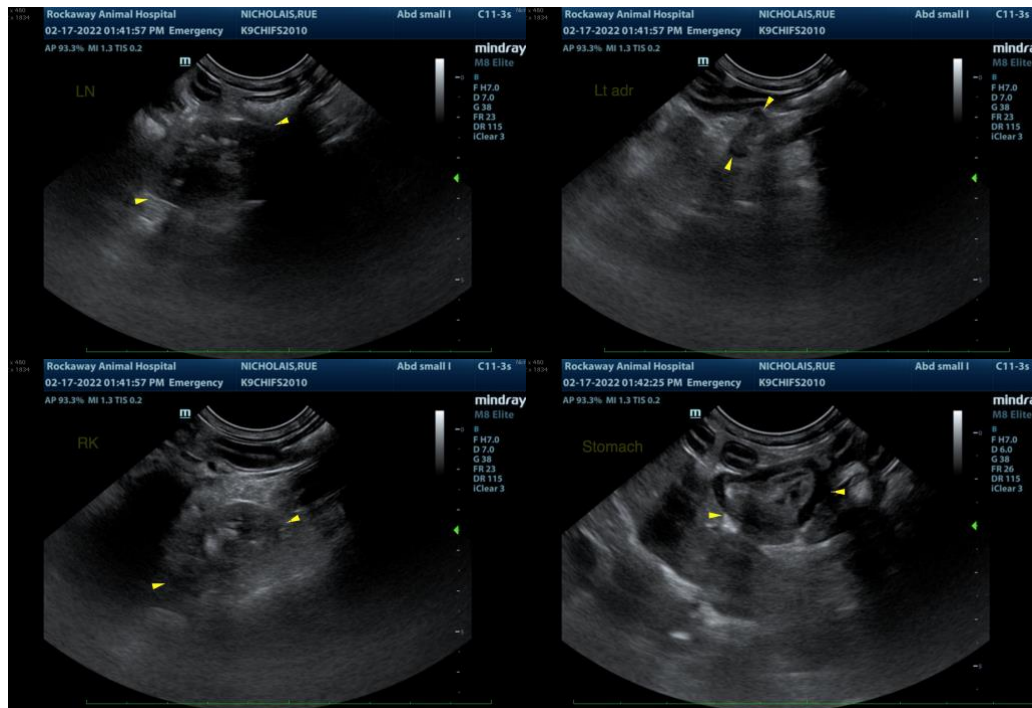
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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