

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Russell Harris
SPECIES Canine
History: pet presenting as urgent care appt for evaluation of ADR signs at home over the past several weeks every evening pet will act disoriented, stare into space and act very needy/clingy to owner. acts normally during the day with no vomiting/diarrhea/weight loss/cough or other neuro signs appetite is good, no changes in urination habits, pet is free fed (eats throughout the day) r/o open, concern for hepatic dysfunction, neuro, other BW/UA sent out (lg panel) - NSF BA pre: 54.1; post: 18.3 BP elevated (180 systolic) - improved to normal w/ amlodipine. O notes improvement (but not resolution) of clinical signs w/ resolution of hypertension

BREED Chihuahua
Abnormal PE/Chem/CBC/UA Results: BW/UA sent out (lg panel) - NSF BA pre: 54.1; post: 18.3 BP elevated (180 systolic) - improved to normal w/ amlodipine. O notes improvement (but not resolution) of clinical signs w/ resolution of hypertension.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Neutered Male
AGE 7 years, 9 mos
Urinary System
The urinary bladder wall is 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 3-4 cm, are normal.

The prostate is normal in size (0.50 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT 22 lbs
The left kidney is normal in size (4.41 cm in length) with a normal shape, architecture and smooth peripheral margins. A hyperechoic medullary band is observed at the corticomedullary junction. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
The right kidney is normal in size (4.44 cm in length) with a normal shape, architecture and smooth peripheral margins. A hyperechoic medullary band is observed at the corticomedullary junction. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

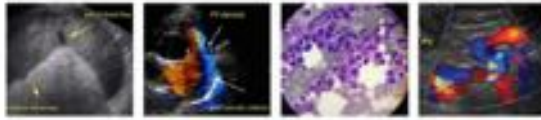
IMAGING PERFORMED BY Loetitia Saint-Jacques, LVT
Adrenal Glands
The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.40 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME MountainView AH
The right adrenal gland is in normal size (0.55 cm at cranial pole) (0.35 cm at caudal pole) (1.79 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET Dr Sarah Kalivoda
Spleen
The spleen is normal in size (1.10 cm in width 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.

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PATIENT

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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.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen (some of which is gravity dependent and some of which is suspended). The cystic and common bile ducts are normal/not seen.

BREED

Chihuahua

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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

SEX

Neutered Male

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.

AGE

7 years, 9 mos

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two medial iliac lymph nodes are visualized (the largest measuring 1.29 cm in length). The nodes are normal in shape and echogenicity.

WEIGHT

22 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Minor bilateral age-related renal changes. The remainder of the abdomen is unremarkable.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include underlying metabolic disease (i.e., hepatopathy), primary neurologic disease (i.e., cerebrovascular accident, tumor), cardiovascular disease, toxicity, other.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a blood ammonia level to further evaluate for hepatic encephalopathy.
- Also consider a cardiac work-up (i.e., thoracic radiographs, echocardiogram, ECG).
- Depending on the results of the above diagnostics, consultation with a board-certified neurologist +/- a brain MRI, CSF tap may be warranted, particularly if the patient's clinical signs persist.

HOSPITAL NAME

MountainView AH

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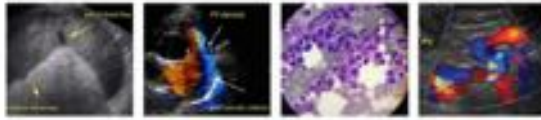
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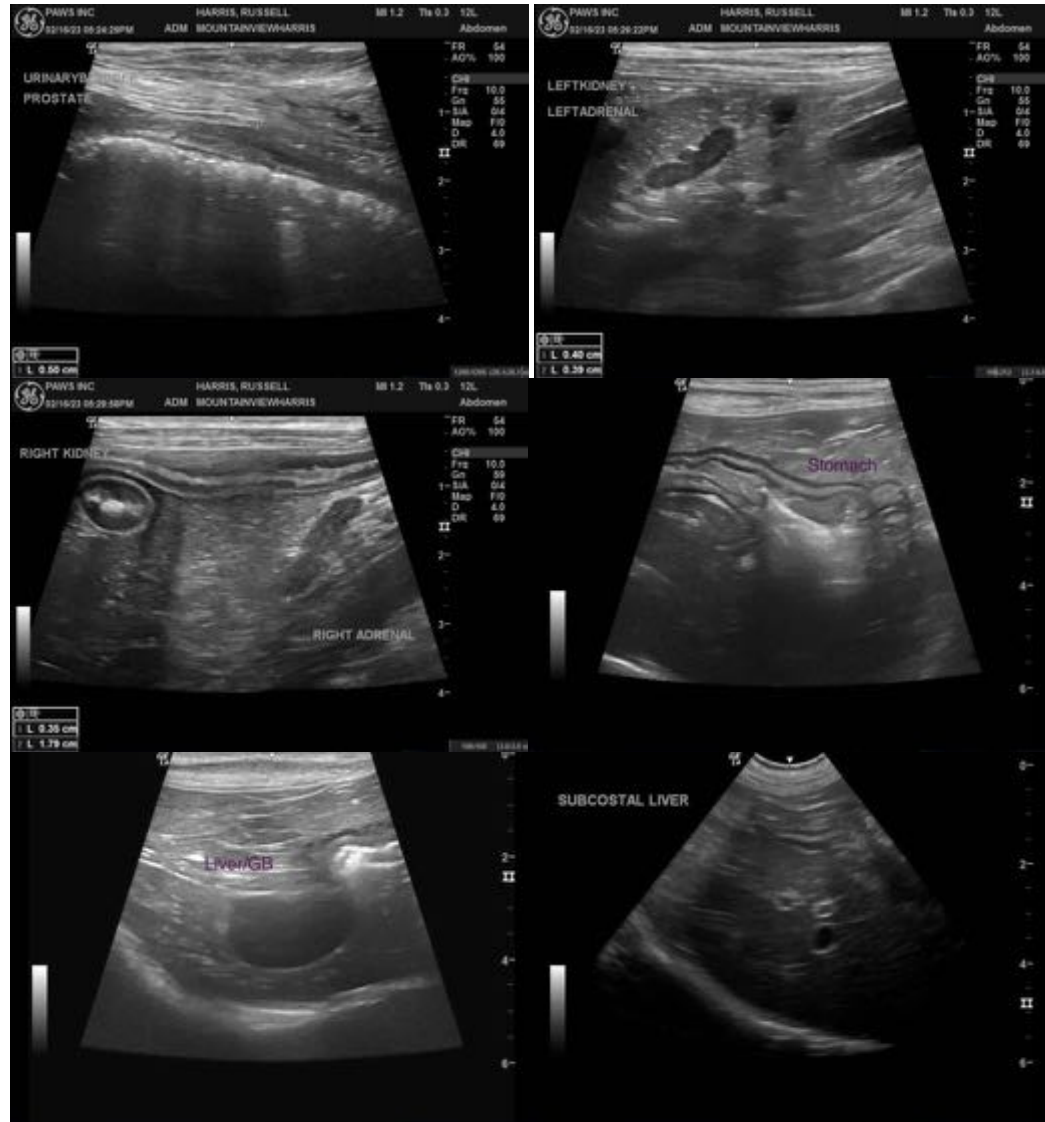
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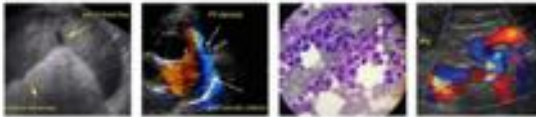
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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