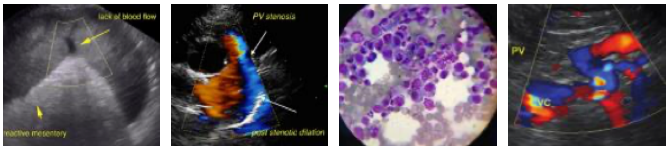
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thomas Redmond

SPECIES

Canine

BREED

Yorkie

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imagin Michigan

REFERRING VET

Family Pet Practice

INVOICE

13029

DATE

2/22/22

PRESENTING CLINICAL SIGNS

History: History of thyroid carcinoma removed 2020, history of chronic renal disease. Presented yesterday for lethargy and lick smacking. No V/D, still eating and drinking well.
Abnormal PE/Chem/CBC/UA Results: Bloodwork shows mild leukopenia, BUN of 80 with a normal creatinine, slightly low T4 of 1.15. USG 1.034. Urine culture negative

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.

The prostate is normal in size (0.61 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.94 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small cortical cysts are visualized. Mild pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.84 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small cortical cysts are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

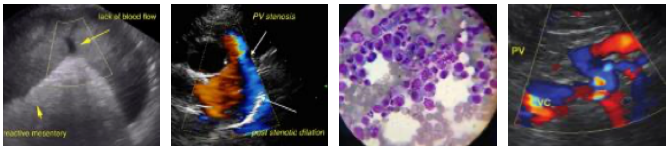
The left adrenal gland is prominent in size (0.46 cm at cranial pole) (0.56 cm at caudal pole) (1.61 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm at cranial pole) (0.52 cm at caudal pole) (1.59 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 to slightly prominent in size (1.13 cm in width at the level of the hilus) with subtly swollen peripheral contours. There is appropriate echogenicity and echotexture. A few irregular hyperechoic nodules are observed. Splenic vasculature is normal.

Liver



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thomas Redmond

SPECIES

Canine

BREED

Yorkie

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imagin Michigan

REFERRING VET

Family Pet Practice

INVOICE

13029

DATE

2/22/22

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few ill-defined hyperechoic nodules are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. 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:

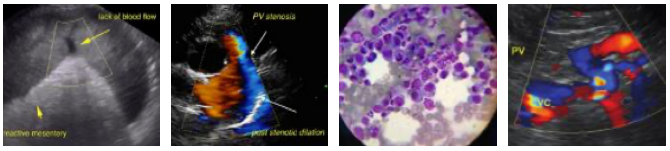
- Bilateral degenerative renal changes with cortical cysts.

Secondary Findings:

- Mild left adrenomegaly.
- The hyperechoic splenic nodules likely represent benign myelolipomas or foci of lymphoid hyperplasia with a low possibility of infiltrative neoplasia.
- The hyperechoic hepatic nodules trend toward the benign (i.e., regenerative nodules) with a lower possibility of emerging neoplasia.
- Age-related pancreatic remodeling/fibrosis. Concurrent low-grade pancreatitis may also be present, particularly if a positive Murphy's sign is present.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include nausea (secondary to underling gastrointestinal, pancreatic, or metabolic disease), partial seizures, dental disease (if applicable), other.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thomas Redmond

SPECIES

Canine

BREED

Yorkie

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imagin Michigan

REFERRING VET

Family Pet Practice

INVOICE

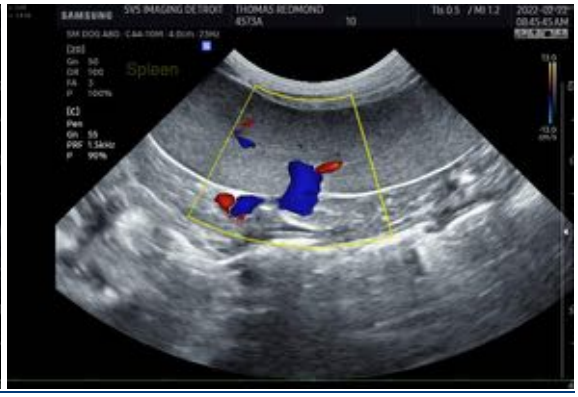
13029

DATE

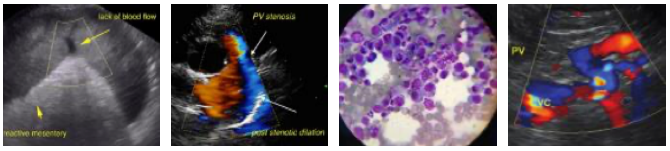
2/22/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork is recommended to assess overall metabolic function.
- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- Also consider initiation of a proton pump inhibitor as empirical treatment for acid reflux.
- Other diagnostic considerations include a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI) as well as a thorough neurologic examination.
- Given the microscopic hematuria, consider evaluation of a free catch urine sample to help determine if the hematuria on the original sample was iatrogenic (from the cystocentesis).



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thomas Redmond

SPECIES

Canine

BREED

Yorkie

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imagin Michigan

REFERRING VET

Family Pet Practice

INVOICE

13029

DATE

2/22/22

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com