



PATIENT

Libby Weinstein

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

9 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Velasco

INVOICE

13754

DATE

2/3/22

PRESENTING CLINICAL SIGNS

History: Libby has been doing well, except for elevated ALT/ALP on senior blood work exam. A 3 week course of antibiotic was given, using zeniquin and clavamox, with very slightly improvement in liver enzymes. Due to advanced dental disease, O initially declined US and elected dentistry. Dentistry performed, teeth extracted and patient did well, with slower recovery for 48 hours, then back to normal. 2 weeks later, patient was suddenly walking into walls and seemed dazed. BP is WNL. Blood work is pending. Zeniquin and metronidazole were started, with good response - patient is alert and eating. Abnormal PE/Chem/CBC/UA Results: See attachment. Additional History: Regenerative anemia, Leukocytosis with a neutrophilia and monocytosis, Mildly elevated nucleated reds, SDMA 18, Albumin 2.1, ALP 167, Normal ALT, Elevated bile acids (pre 61.3) (post 170.6).

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 mildly 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 left kidney presented normal size (3.69 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 hyperechoic medullary band is observed adjacent to the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (3.73 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 hyperechoic medullary band is observed adjacent to the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.40 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized.

Spleen

The spleen is normal in size (0.91 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.

Liver

The liver is subjectively normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mostly homogeneous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally detail with chyme. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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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.

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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

WEIGHT

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Primary Findings

- An obvious cause for the patient's hepatic encephalopathy is not identified in the study. Considerations include microscopic inflammatory disease (i.e., chronic active hepatitis), copper-associated hepatopathy, fibrosis, other.

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Secondary Findings

- Mild degenerative renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Although a surgical liver biopsy would be useful in determining the underlying cause of the patient's hepatic encephalopathy, it is unlikely to be a safe option for this patient given the recent neurologic events. Therefore, medical management of hepatic encephalopathy is recommended (i.e., antibiotic therapy +/- lactulose), along with other supportive measures such as hepatic antioxidants (i.e., Denamarin and Ursodiol), as well as symptomatic treatment, as needed.

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- Given the presence of a regenerative anemia, consider empirical treatment for gastric ulceration (i.e., a proton pump inhibitor, sucralfate).

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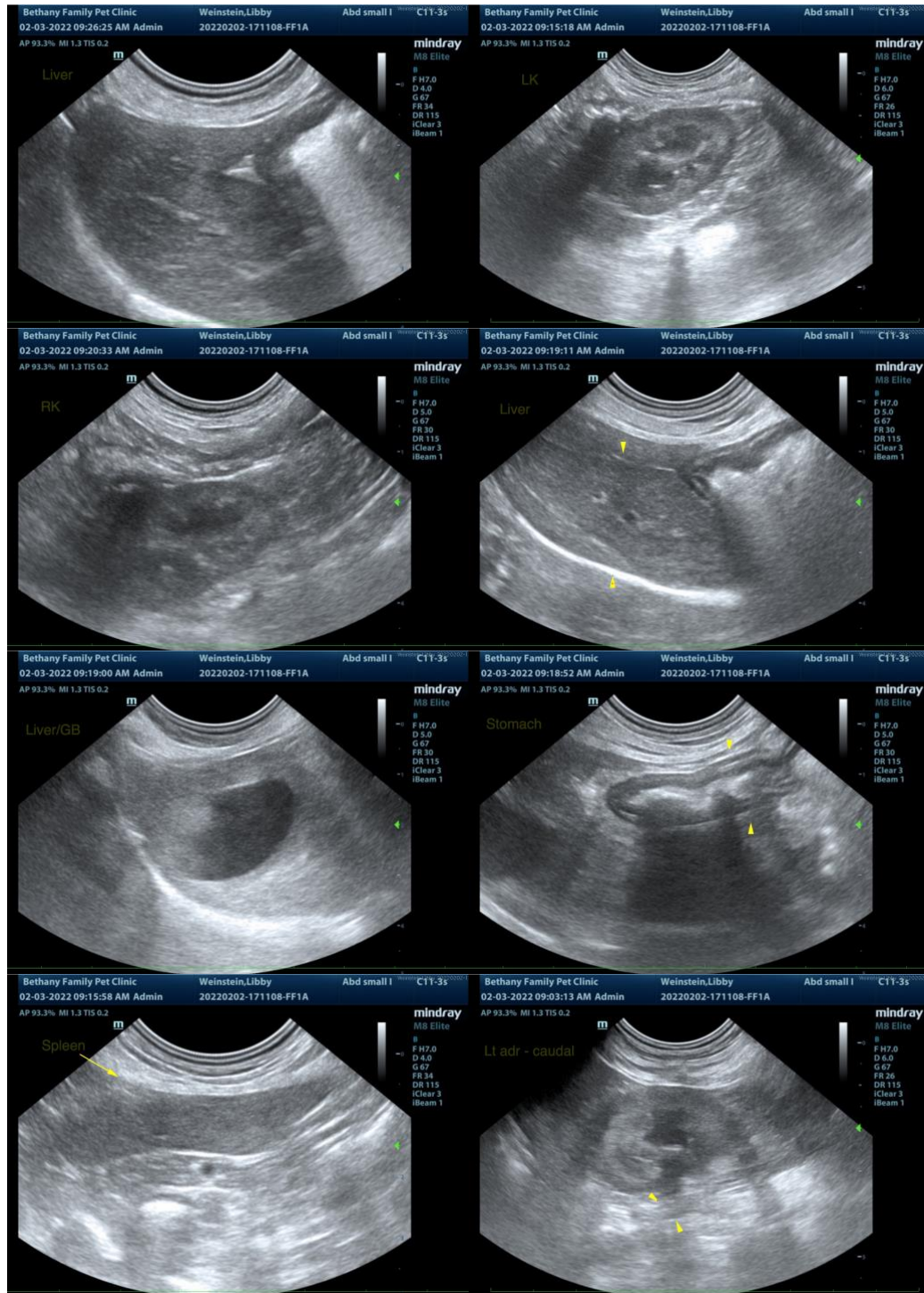
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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