



PATIENT

Dewey Stone

SPECIES

Canine

BREED

Chihuahua mix

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

6.4 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Bridgeland VC

REFERRING VET

Dr. Elock

INVOICE

14675

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Urinary tract infection based on culture, Klebsiella. Continues to have positive cultures despite repeated antibiotics based on sensitivity. Non-related history - has seizures and is on anti-convulsants. Has been pu/pd over last year.

Abnormal PE/Chem/CBC/UA Results: Klebsiella on urine culture.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is mildly thickened (up to 0.32 cm) with a slightly irregular mucosal surface. At least one cystic calculi (0.29 cm) is observed within the lumen. A small amount of gravity-dependent mineralized sand is also suspected. The region of the trigone is normal.

The prostate is normal in size (0.99 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.83 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. There is no evidence of infarcts or hydronephrosis.

The right kidney is normal in size (3.84 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. There is no evidence of infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.54 cm at cranial pole) (0.59 cm at caudal pole); 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 (0.61 cm at cranial pole) (0.48 cm at caudal pole); 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 mildly enlarged (1.51 cm in width at the level of the hilus) with a mild swelling approximately mid-spleen, just proximal to the hilus. The parenchyma is mildly and diffusely heterogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few small ill-defined hyperechoic nodules/areas are observed throughout the organ. Vascular 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 small to moderate amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cystic calculus/calculi with urinary bladder wall changes consistent with cystitis.

Secondary Findings:

- Bilateral chronic renal changes with dystrophic mineralization.
- Mild left adrenomegaly.
- The splenic parenchymal changes, including the subtle swelling could be consistent with a benign process (i.e., lymphoid hyperplasia or similar). Alternatively, emerging lymphoma cannot be completely excluded.
- The hyperechoic hepatic nodule/areas trend toward the benign (i.e., regenerative nodules) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended.
- Given the patient's age, baseline labwork including a CBC chemistry panel and T4 along with three-view thoracic radiographs are recommended prior to anesthesia to assess overall metabolic function and cardiopulmonary status.
- Regarding the splenic swelling, consider a FNA if clotting status is appropriate.



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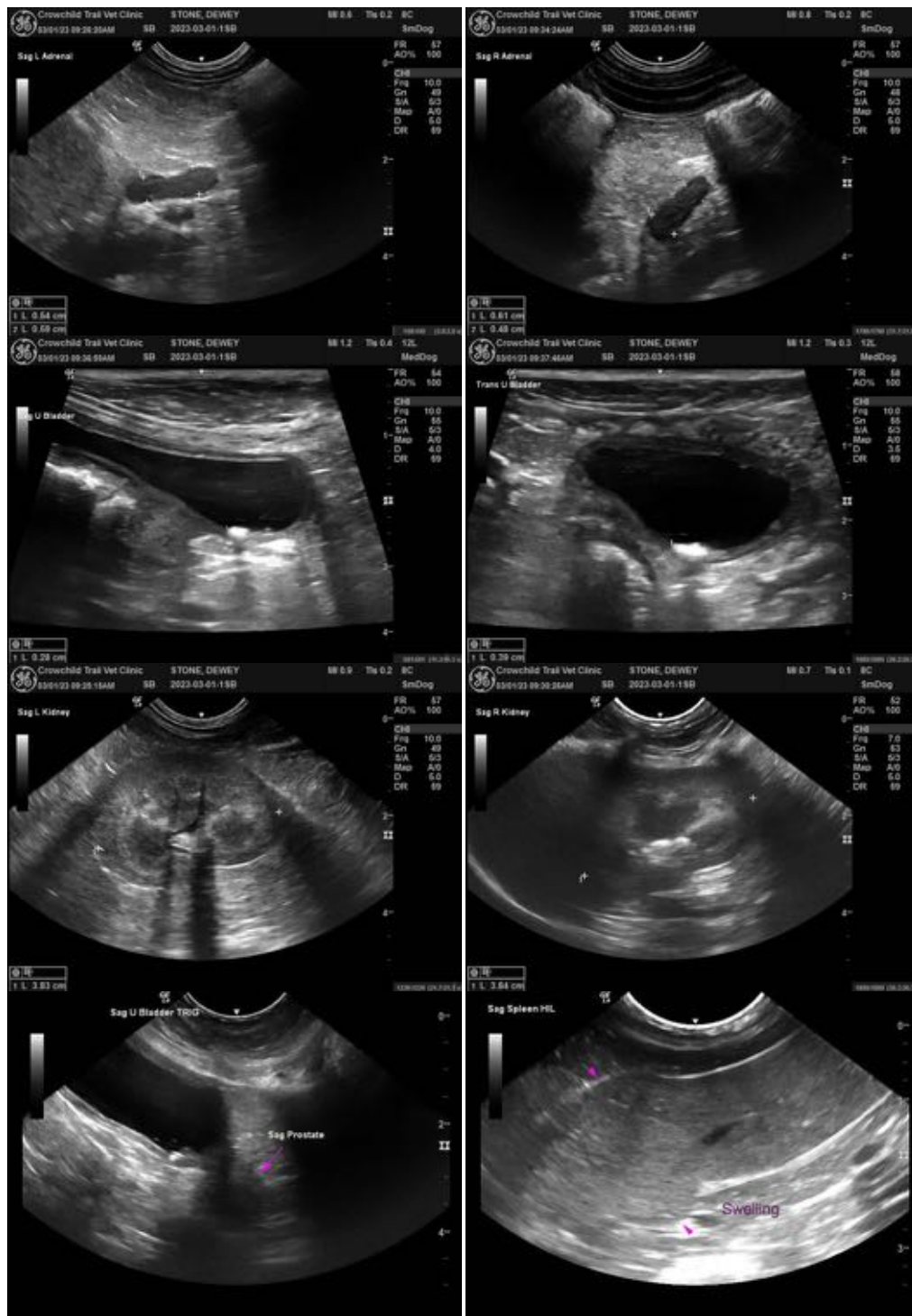
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com