

PATIENT PRESENTING CLINICAL SIGNS

Penelope Hyde

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Female Spayed

AGE

10

WEIGHT

20.8 kg

- Acute onset of vomiting and hematemesis plus soft stools(resolved)
- Abdominal pain and thoracolumbar pain resolved with pain medication
- Severe acute pancreatitis on BW
- Mild dehydration and hypokalemia
- Chronic comorbidities include Atypical Addison's Disease seems stable on current therapy and Addisonian crisis considered less likely
- Bilateral OA and mild vacuolar hepatopathy on rads and crystals in urine on U/A, non-hyaline casts present possible renal tubular damage

Abnormal PE/Chem/CBC/UA Results: RBC 9.34 5.65 - 8.87 x10¹²/L H Plateletcrit 0.59 0.14 - 0.46 %
 H Urea (BUN) 10.1 2.5 - 9.6 mmol/L H Potassium 3.1 3.5 - 5.8 mmol/L L Total Protein 84 52 - 82 g/L H
 Globulin 48 25 - 45 g/L H ALP 263 23 - 212 U/L H Amylase 2,407 500 - 1,500 U/L H Lipase 5,320 200 -
 1,800 U/L H Catalyst Pancreatic Lipase a >2,000 0 - 200 U/L H Specific Gravity > 1.050 pH 8.0 Urine
 Protein 500 Glucose neg Ketones neg Blood / Hemoglobin 50 Bilirubin neg Urobilinogen norm Leukocyte
 Esterase neg White Blood 1 /HPF Cells Red Blood Cells 6 /HPF Bacteria, Cocci None detected Bacteria,
 Rods None detected Squamous <1 /HPF rads
 1. There is no small intestinal obstruction.
 2. Mild vacuolar hepatopathy, less likely hepatitis or infiltrative neoplasia.
 3. There is mild bilateral coxofemoral osteoarthritis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

IMAGING PERFORMED BY

Crystal Hill

The left kidney is normal in size (7.04 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A few, small, cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. Moderate- to severe pyelectasia is present (1.06 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Hamilton REC

The right kidney is normal in size (7.13 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least two, small, cortical cysts are seen. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

REFERRING VET

Ho

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is slightly flattened (0.41 cm in width). Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

INVOICE

22702

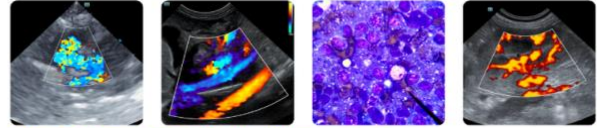
The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

DATE

3-16-26

Spleen

The spleen is normal in size (0.87 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.



PATIENT

Liver

Penelope Hyde

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

BREED

Gastrointestinal

Wheaton Terrier

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

SEX

Female Spayed

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

10

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

WEIGHT

20.8 kg

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization, cortical cysts and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD, fluid therapy (if applicable), or some combination thereof.
- The flattened caudal pole of the left adrenal gland is consistent with the patient's previous diagnosis of atypical hypoadrenocorticism. The right adrenal gland is not definitively visualized.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton REC

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

REFERRING VET

Ho

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

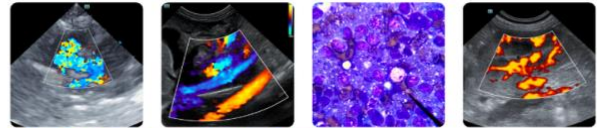
22702

- A fecal evaluation for ova and Giardia is recommended (if not already performed).
- A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level should also be considered.

DATE

3-16-26

- Consider a 3-4-week limited antigen or hydrolyzed protein diet (if the patient's current clinical condition is stable).
- Ultimately, an upper GI endoscopy with biopsies may be necessary to get a definitive diagnosis. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.



PATIENT

Penelope Hyde

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Female Spayed

AGE

10

WEIGHT

20.8 kg

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Crystal Hill

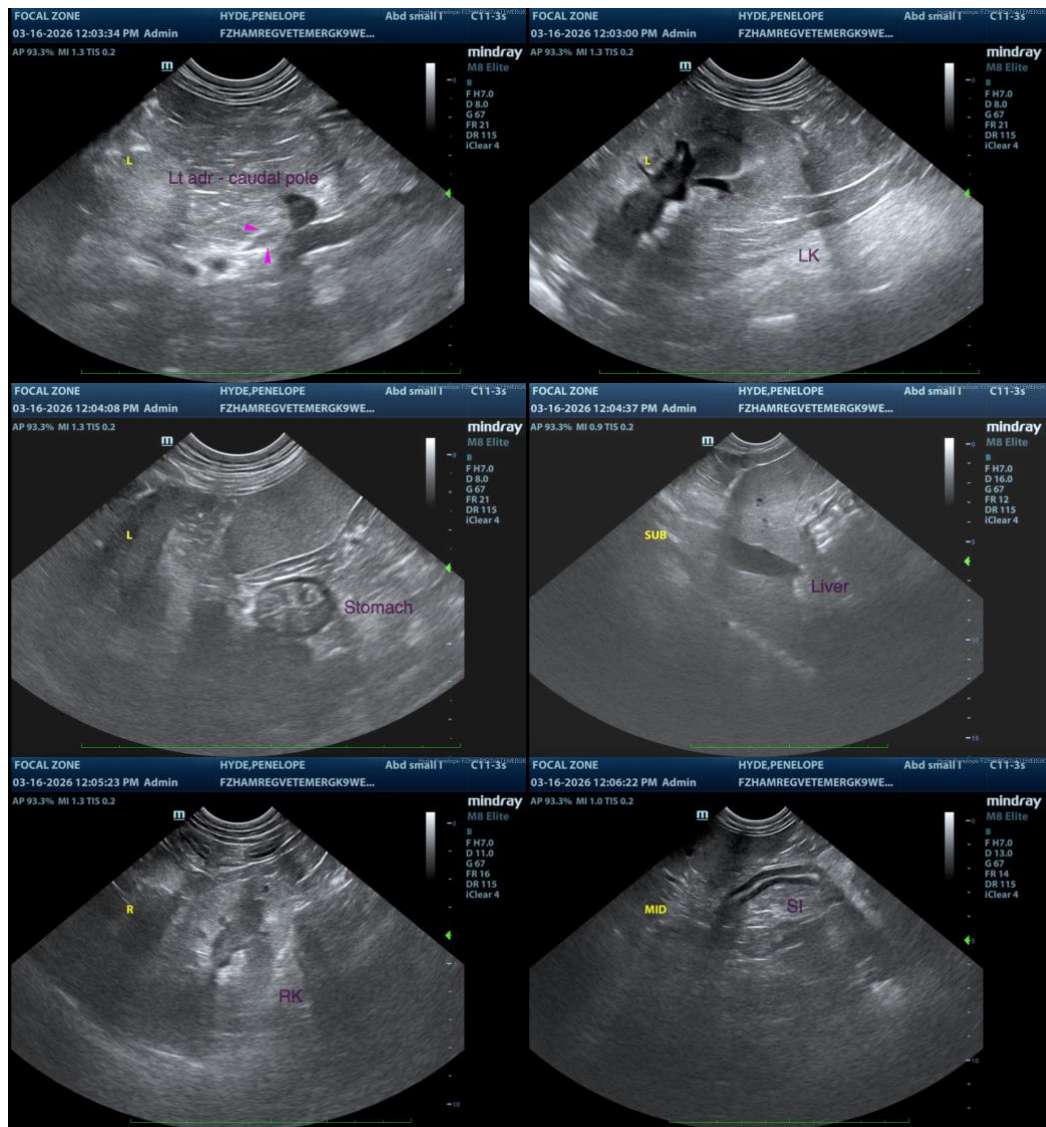
HOSPITAL NAME

Hamilton REC

REFERRING VET

Ho

- Regarding the urinalysis finding and the bilateral sonographic renal changes, consider a urine culture and sensitivity. A UPC should also be considered if proteinuria persists in the absence of infection.



INVOICE

22702

DATE

3-16-26

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