**PATIENT**

Bourgeois Fisher

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Intact Male

**AGE**

13 Yrs.

**WEIGHT**

20 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

PMVU

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

13153

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

History: Previous history of pancreatitis, elevated ALP, vomiting, and inappetence for a few days. Currently on gabapentin and ondansetron.

Abnormal PE/Chem/CBC/UA Results: (10/15/2021) CHEM: ALP 1122 and CHOL 528. U/A: USG 1.036, pH 6.0, PRO 3+, Crystal 3+ Calcium Oxalate Dihydrate.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness. Several cystic calculi are visualized. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (3.56 x 2.64 cm) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with numerous small ill-defined cystic areas throughout the gland. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.68 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci and a few tiny nephroliths are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.28 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. A 0.76 cm cortical cyst is observed near the cranial aspect. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.50 cm at caudal pole) (1.77 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.

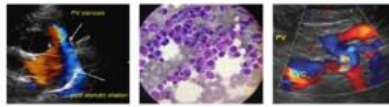
The right adrenal gland is normal size (0.54 cm at cranial pole) (0.41 cm at caudal pole) (2.02 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (1.35 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 enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance. A 1.97 x 1.23 cm hypoechoic nodule is observed on the left side. 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 moderate amount of aggregated echogenic partially dependent to suspended 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.

***Other***

The left testicle is subjectively normal in size (2.10 x 0.97 cm) with normal peripheral contours. A 0.69 x 0.41 cm hypoechoic nodule is observed along with a few mineralized foci. The remaining parenchyma appears homogeneous.

The right testicle (1.13 x 2.64 cm). A 1.01 x 0.79 cm hypoechoic nodule is observed along with relatively large foci of mineralization, the largest measuring 0.38 cm in diameter.

**INTERPRETED BY**

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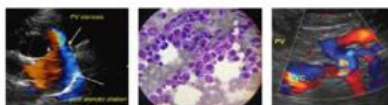
**ULTRASONOGRAPHIC FINDINGS****Primary Findings:**

- Cystic calculi.

**Secondary Findings:**

- Bilateral non-specific age-related renal changes with nephrocalcinosis.
- The diffuse hepatic parenchymal changes trend toward the benign (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).
- The hypoechoic nodule could be consistent with a benign process (i.e., regenerative nodule). However, an inflammatory focus or emerging neoplasia are also possible.
- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Bacterial prostatitis is possible, particularly if there is evidence of lower urinary tract signs. Correlation with clinical findings is recommended.
- The testicular changes are most consistent with age-related remodeling and incidental mineralization. However, emerging neoplasia in both testicles cannot be excluded.

\*An obvious cause for the patient's current clinical signs is not identified in this study. Considerations include low-grade pancreatitis, microscopic gastrointestinal disease (i.e., dietary indiscretion, acute gastroenteritis), underlying metabolic issue, other.



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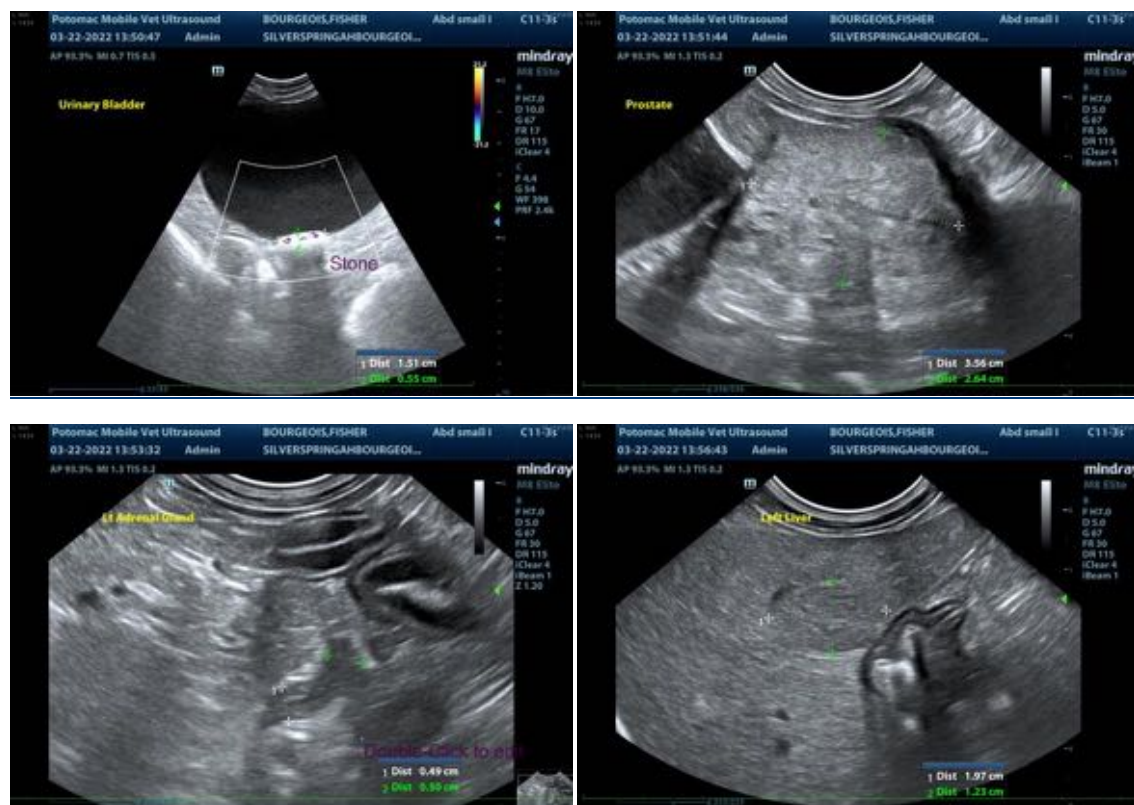
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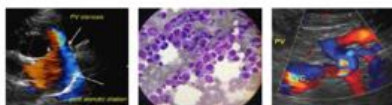
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a cPLI to further assess for pancreatitis.
- Supportive care for acute gastroenteritis is recommended.
- If clinical signs do not improve within 24-72 hours of medical management, a more advanced GI workup may be warranted. Given the patient's age, consider three-view thoracic radiographs to assess for occult disease in the chest.
- Regarding the cystic calculi, a cystostomy with stone removal analysis and culture can be considered when the patient's condition stabilizes. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystostomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.





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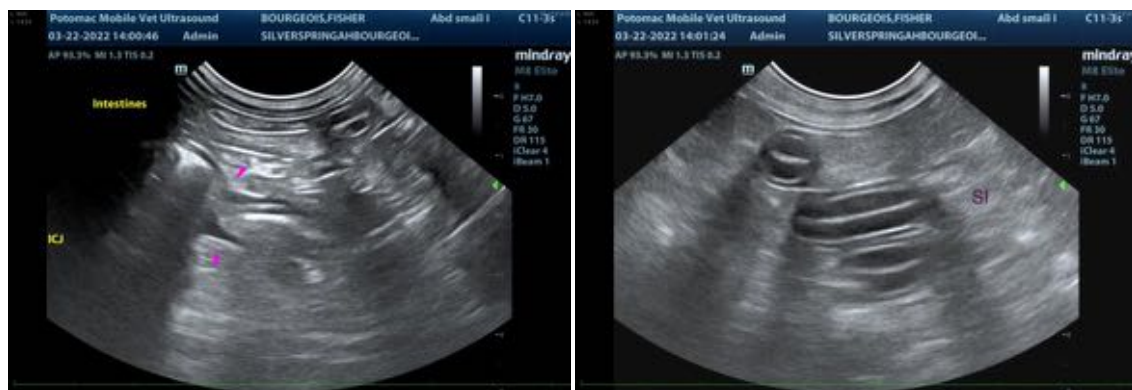
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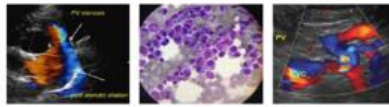
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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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Andrea.nicastro@sonopath.com

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