



PATIENT PRESENTING CLINICAL SIGNS

Mya Elmes History: Reduced appetite, weight loss, tachycardia and pale. Deramaxx and Gabapentin started with no real improvement.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild reticulocytotic (likely physiologic) very mild increase in ALT, T4 WNL, somewhat low specific gravity.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Border Collie X

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

SEX

Female Spayed

The left kidney is normal in size (5.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

12 years

The right kidney is normal in size (4.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

25.1 kg

Adrenal Glands

The region of the adrenal glands is evaluated. The glands themselves are not definitively visualized. However, no obvious pathology is observed in this region.

INTERPRETED BY

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

Spleen

The spleen is not definitively visualized in this study. It is unknown whether the patient has had a prior splenectomy.

IMAGING PERFORMED BY

Crystal Hill

Liver

The liver is prominent in size with slightly rounded contours. The parenchyma is of appropriate echogenicity with a coarse echotexture and subtly mottled parenchyma. A few, small ill-defined hypoechoic nodules are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Preston AC

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent, hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Winkels

Gastrointestinal

The 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 thickness is normal 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.

INVOICE

12573

Pancreas

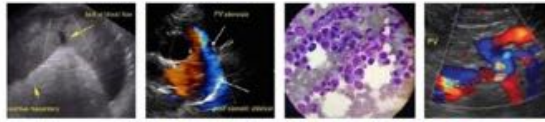
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

DATE

3.29.23

Free Abdomen

A large amount of slightly echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.



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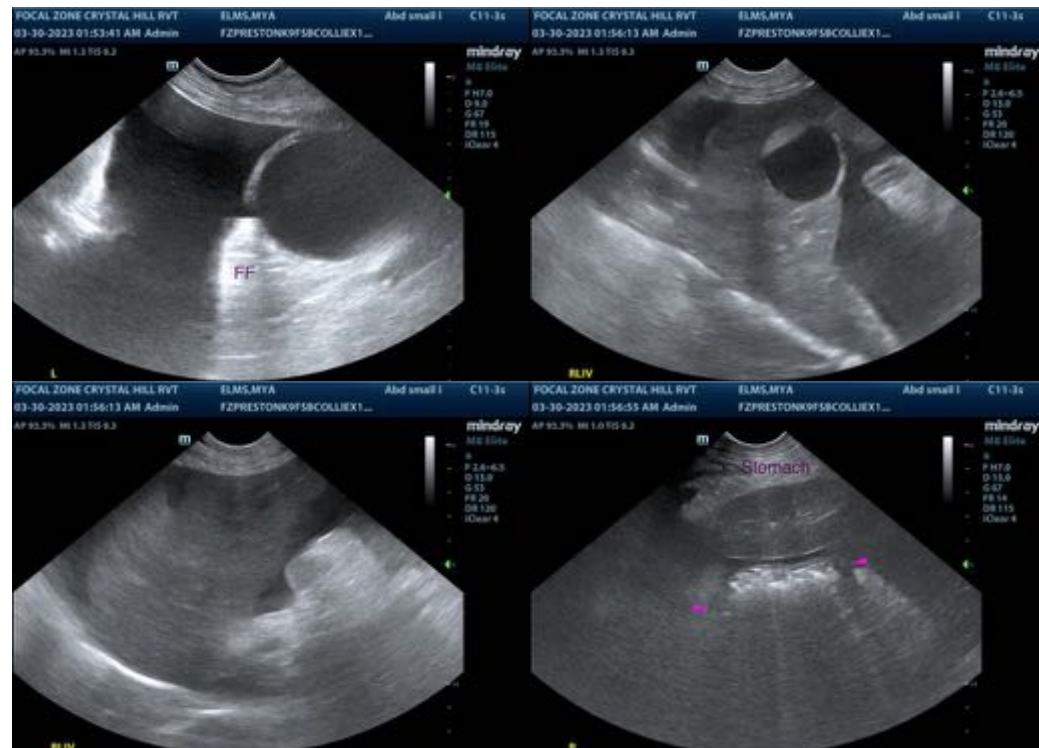
ULTRASONOGRAPHIC FINDINGS

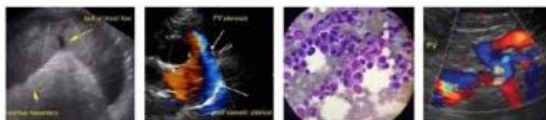
Findings

- The ascites may be secondary to increased hydrostatic pressure, hemorrhage, increased vascular permeability (i.e., secondary to neoplasia, other), or low oncotic pressure (less likely).
- The hepatic parenchymal changes could be consistent with a benign process (i.e., regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper), other hepatopathy) with a lower possibility if infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytology evaluation (+/- PCV, if hemorrhagic) of the abdominal fluid is recommended.
- Three-view thoracic radiographs +/- an echocardiogram and ECG should also be considered to assess cardiopulmonary status.
- Ultimately, an abdominal CT scan may be necessary to get a definitive diagnosis.
- The patient's PCV should be serially monitored to assess for the development of anemia.





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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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