

## PATIENT

Jimmy Signorelli

## SPECIES

Canine

## BREED

Mini Poodle

## SEX

Neutered Male

## AGE

May 22, 2010

## WEIGHT

18.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Pet Care Professionals

## REFERRING VET

Dr. Kate Cappe, DVM

## INVOICE

10470

## DATE

3/3/22

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Blind OU (diabetic cataracts). Moderate/severe dental disease  
Chronic anal gland inflammation/ possible mass in ventral rectum adjacent to anal glands

Abnormal Labwork Values: Diabetic - not well controlled, currently on 8 U Vetsulin BID  
Will email full lab results

Current Medications: Vetsulin 8 U BID

Fine Needle Aspirates: Client did not approve sedation nor FNA

## 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 moderately 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 prostate is normal in size (0.94 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.17 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.19 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.50 cm at caudal pole) (1.43 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 (0.61 cm at cranial pole) (0.55 cm at caudal pole) (2.00 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 (1.52 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 in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



## PATIENT

Jimmy Signorelli

focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

## SPECIES

Canine

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

## BREED

Mini Poodle

### **Gastrointestinal**

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

## SEX

Neutered Male

### **Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

## AGE

May 22, 2010

### **Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## WEIGHT

18.4 lbs

### **Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Gall bladder sludge – non-mucocele. Otherwise, largely geriatric abdomen.

\*\*An obvious cause for the patient's unregulated diabetes mellites is not identified in this study.

## IMAGING PERFORMED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

Pet Care Professionals

- Repeat baseline blood work including a CBC, chemistry panel, urinalysis and T4 as well as a urine culture and sensitivity, are recommended.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- Given the concern for possible delayed insulin absorption, a 24-hour blood glucose curve is recommended. Blood samples should be obtained at 2-hour intervals. If the glucose drops below 200 mg/dl, blood glucoses should be checked every 30 minutes until the glucose reaches its nadir and starts to increase again.
- Depending on the results of the above diagnostics, switching insulin types (i.e., to NPH, detemir or glargine) may be warranted.

## REFERRING VET

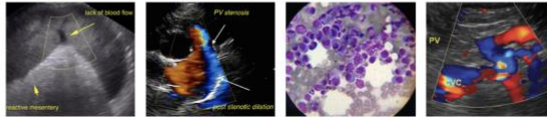
Dr. Kate Cappe, DVM

## INVOICE

10470

## DATE

3/3/22



**PATIENT**

Jimmy Signorelli

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

Neutered Male

**AGE**

May 22, 2010

**WEIGHT**

18.4 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Pet Care Professionals

**REFERRING VET**

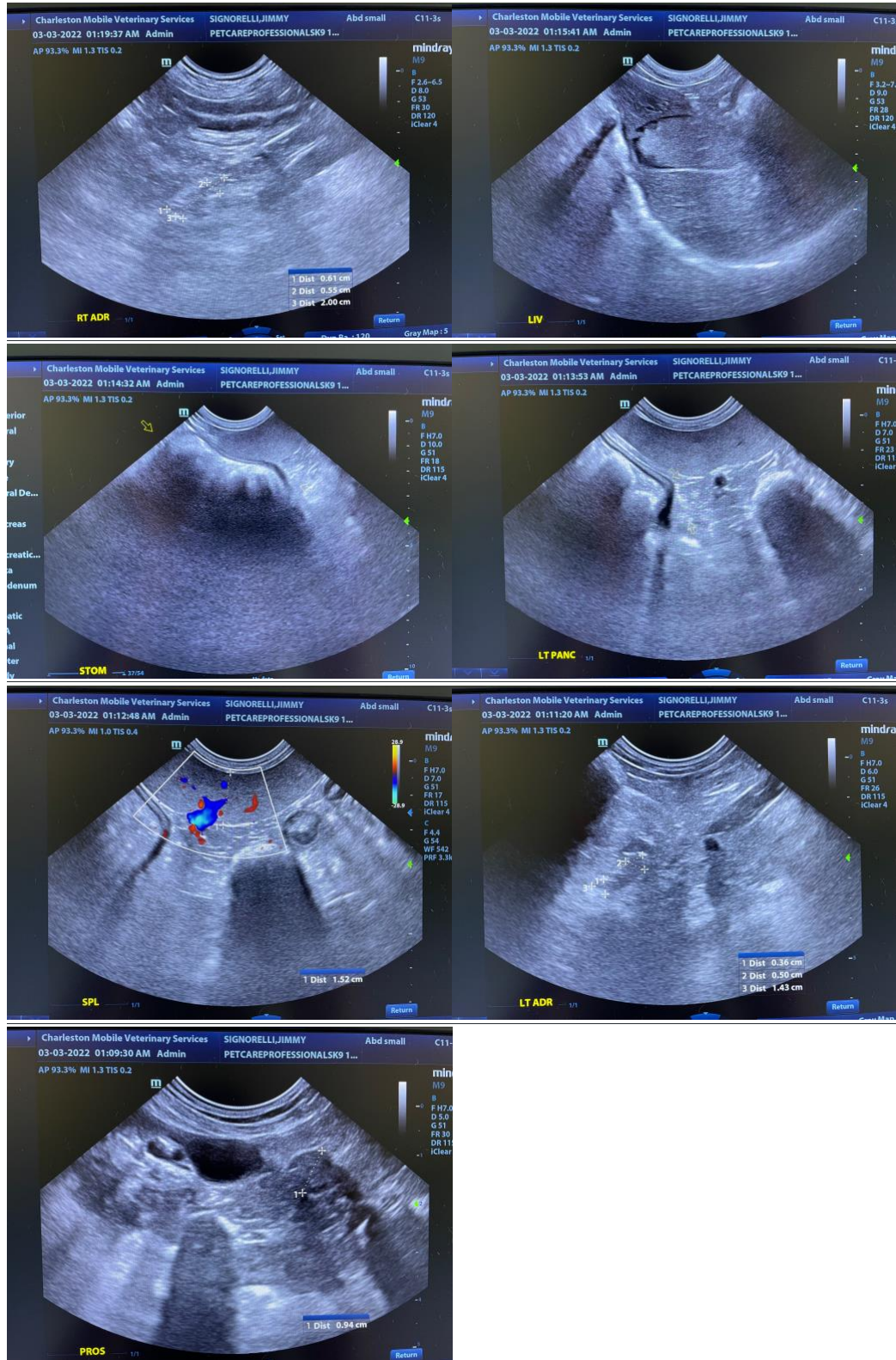
Dr. Kate Cappe, DVM

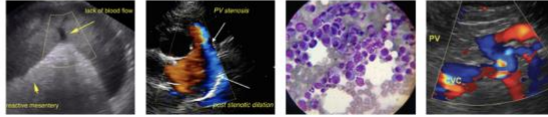
**INVOICE**

10470

**DATE**

3/3/22





**PATIENT**

Jimmy Signorelli

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.

**SPECIES**

Canine

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.

**BREED**

Mini Poodle

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

**SEX**

Neutered Male

**AGE**

May 22, 2010

**WEIGHT**

18.4 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Pet Care Professionals

**REFERRING VET**

Dr. Kate Cappe, DVM

**INVOICE**

10470

**DATE**

3/3/22