



PATIENT

Harry Lynn

SPECIES

Canine

BREED

Harry

SEX

Neutered Male

AGE

9 Years

WEIGHT

22.6 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

14483

DATE

3/31/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for: Drinking a lot of water tonight, V+ up his breakfast in his crate sometime today. Dripping urine, mouth, face, ears and feet are cold to the touch. Lethargic, did not want to eat dinner, losing weight. Current Medications: Prozac

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: NR, no m/a Respiratory: Mild BV sounds bilat. Abdominal: Tender on abdominal palpation U/A – proteinuria (100/+++), epithelial cells, RBC, few WBC CBC – WBC (23) Neu (21.16) RBC (10) HGB (24) HCT (66.8) CHEM – Phos (5.7) TP (4.6) ALT (220) EPOC – HCT (63) Lactate (4.32) 4DX – negative all Cortisol – >30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of suspended echogenic debris is observed within the lumen. The bulb of a foley catheter at the cystourethral junction. No cystic calculi are observed. The region of the trigone appears normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (6.77 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.08 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.60 cm at caudal pole) (2.79 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 (0.82 cm at cranial pole) (0.68 cm at caudal pole) (2.46 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 (1.40 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal



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lesions are observed. Intrahepatic biliary tracts appear normal. The hepatic veins and caudal vena cava are subjectively dilated.

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The gall bladder lumen is mildly to moderately distended. The wall is thickened (up to 0.59 cm) and edematous with a "double walled" effect. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. A small amount of shadowing material is observed in a bowel loop which may be jejunum or colon but does not appear overtly obstructive. 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. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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Pancreas

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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

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The abdominal lymph nodes are normal/not visible.

A moderate amount of anechoic free fluid is present. The mesentery throughout the abdomen is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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- The gallbladder wall changes could be consistent with increased hydrostatic pressure (i.e., secondary to congestive heart failure) or obstructive vascular disease within the thorax (i.e., clot, extraluminal compression by a tumor). Other differentials for the gallbladder wall changes include cholecystitis, anaphylaxis, hypoalbuminemia.
- The subjectively dilated hepatic vessels and caudal vena cava, along with slightly prominent liver, could be consistent with passive congestion (i.e., secondary to increased hydrostatic pressure).
- The ascites may be secondary to increased hydrostatic pressure, low oncotic pressure or increased vascular permeability.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs along with an echocardiogram +/- ECG and blood pressure should be considered.
- Submission of the abdominal fluid for analysis and cytologic evaluation is also recommended.
- Given the urinalysis changes, a UPC and urine culture and sensitivity are also recommended.
- While awaiting test results, supportive care +/- broad spectrum antibiotic therapy should be considered.

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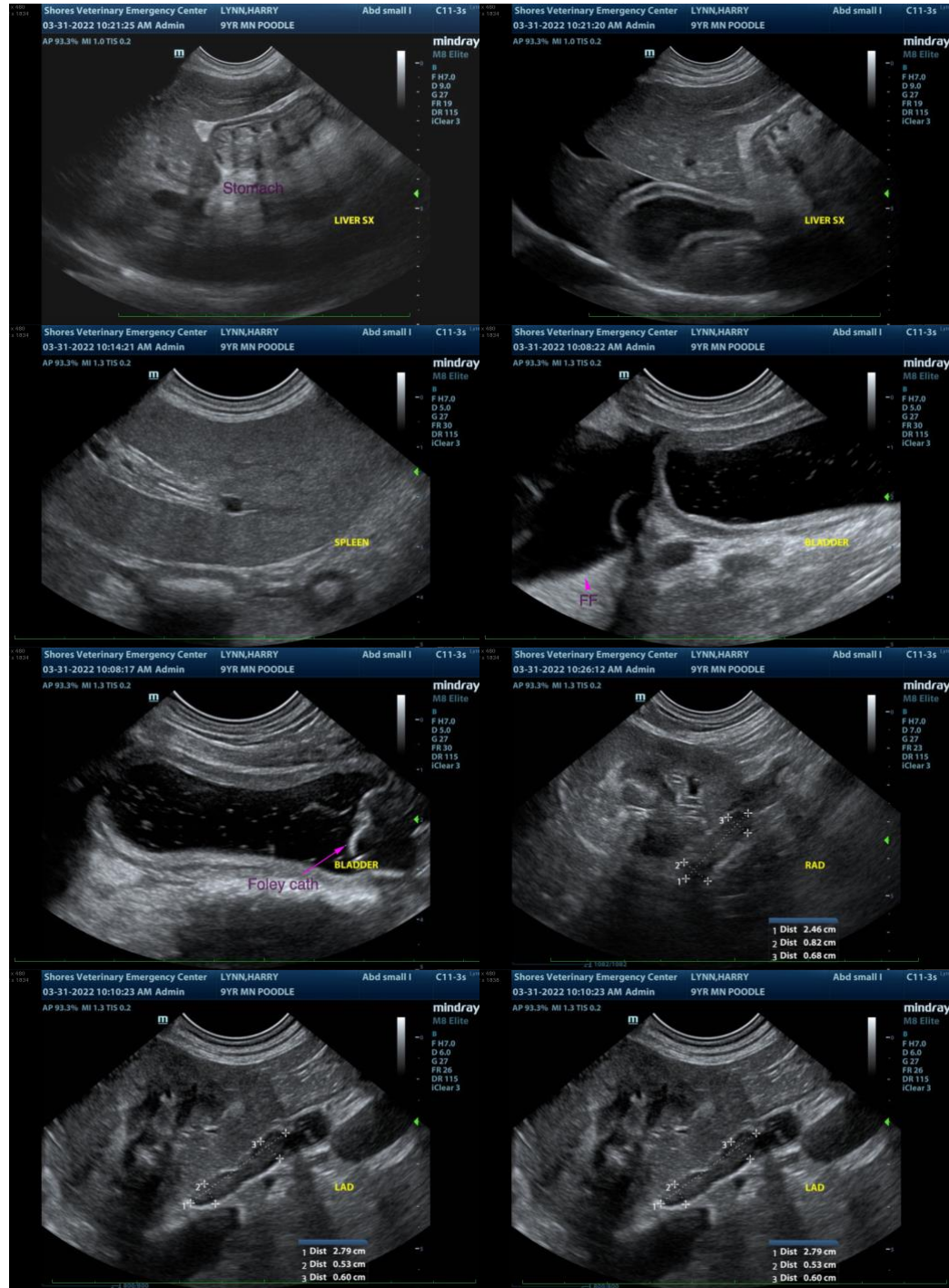
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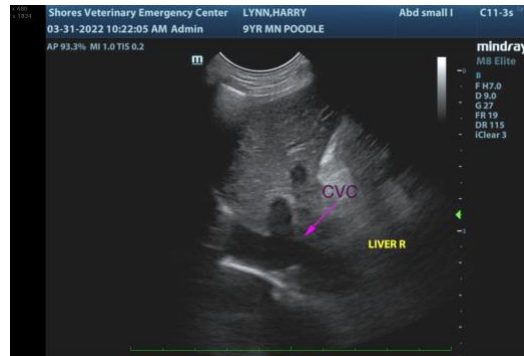
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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