

**PATIENT PRESENTING CLINICAL SIGNS**

Studley McIver

History: 11 yr 10 mo Staffordshire Terrier X presenting for bicavity US for episodes of weakness and collapse. Also has been having episodes of urinating in the house. Current meds: 1) Proin ER 74 mg SID, 2)Carprofen 50 mg BID. Discussed neuro referral after echo/AUS screen if no significant abnormalities found. BP: 140 mmHg. Previous AUS 7/18/2022, Eric Lindquist, DVM, DABVP, Sonopath) Hx splenectomy 9/2022 - Bx myelolipoma \*Having bi-cavity ultrasound exams.

**SPECIES**

Canine

**BREED**

Staffordshire Terrier Mix

Abnormal PE/Chem/CBC/UA Results: +CBC/Chem/T4/Accuplex unremarkable with exception of ALP 560(>131) in-house urine culture March 2023 neg. ACTH Stim 3/27/23 neg for Cushing's.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and 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 the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

11.9 years

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

60 lbs

The left kidney is normal in size (6.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.97 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

The right adrenal gland is in normal size (0.69 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

VCA Hanson

**Spleen**

History of previous splenectomy. The region of the splenic fossa is unremarkable.

**REFERRING VET**

Valerie Whalen, DVM

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

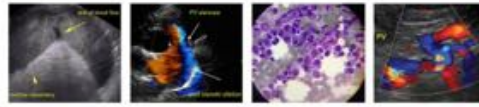
**INVOICE**

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

**DATE**

4.10.23



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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 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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

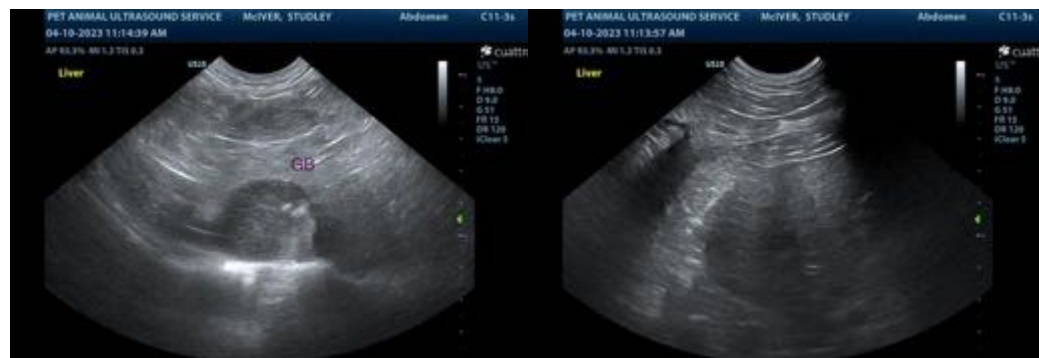
**Findings**

- Minor bilateral chronic renal changes with left pyelectasia. The left pyelectasia may be secondary to pyelonephritis, age-related remodeling, or some combination thereof.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include cardiovascular disease, primary neurologic disease, underlying metabolic issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended (if not already performed).
- An ECG +/- Holter monitor may also be warranted.
- Depending on the results fo the echocardiogram report and the above diagnostics, referral to a board-certified surgeon to a board-certified neurologist may be warranted.

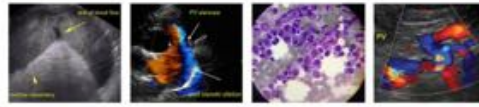


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)