



**PATIENT**

Kobe Turdiu

**PRESENTING CLINICAL SIGNS**

History: Pancreatitis, diabetes, ketosis, enlarged liver Current meds: insulin CRI, unasyn, cerenia  
Abnormal PE/Chem/CBC/UA Results: WBC 30.95, neuts 29.38, ALT 176, ALP 835, CPL abnormal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Cockapoo

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal. The proximal urethral wall is normal in thickness. The proximal urethral lumen is mildly dilated.

**SEX**

Male, neutered

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

**AGE**

14 Yrs.

The left kidney is normal size (6.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Hyperechoic shadowing diverticular foci are seen. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

59.5 lbs.

The right kidney is normal size (6.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Hyperechoic shadowing diverticular foci are seen. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is mildly enlarged (0.57 cm at cranial pole) (0.89 cm at caudal pole) (2.69 cm in length) with slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Jessica Miller

The right adrenal gland is mildly enlarged (1.59 cm at cranial pole) (0.72 cm at caudal pole) (1.83 cm in length) with slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Newton VH

*Spleen*

The spleen is contracted with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

Dr. Kim

*Liver*

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A few polypoid like lesions are observed along the luminal

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surface. A scant amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Kobe Turdiu

**Gastrointestinal**

**SPECIES**

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.

Canine

**BREED**

Cockapoo

**Pancreas**

**SEX**

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is heterogeneous in appearance. No distinct focal lesions are observed. In the region of the base, the mesentery effacing the serosal surface is mildly hyperechoic. There is no evidence of peripancreatic effusion.

Male, neutered

**AGE**

**Free Abdomen**

14 Yrs.

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

**WEIGHT**

59.5 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

**Primary Findings:**

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

- The pancreatic changes are suggestive of chronic active pancreatitis with age-related remodeling +/- fibrosis.

**Secondary /Findings:**

**IMAGING  
PERFORMED BY**

Jessica Miller

- Bilateral renal changes consistent with diabetic nephropathy and dystrophic mineralization.
- The bilateral adrenal changes are most consistent with hyperplastic change.
- The splenic contraction is most consistent with dehydration.
- Suspected benign diffuse hepatopathy, likely secondary to diabetes mellitus.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Kim

- Supportive care for diabetic ketoacidosis and pancreatitis is recommended including fluid therapy, regular insulin, gastric protectants and antiemetics as needed, and broad-spectrum antibiotic therapy.
- A urine culture and sensitivity, preferably on a pre-antibiotic urine sample, is also recommended to assess for an occult urinary tract infection.
- Given the patient's advanced age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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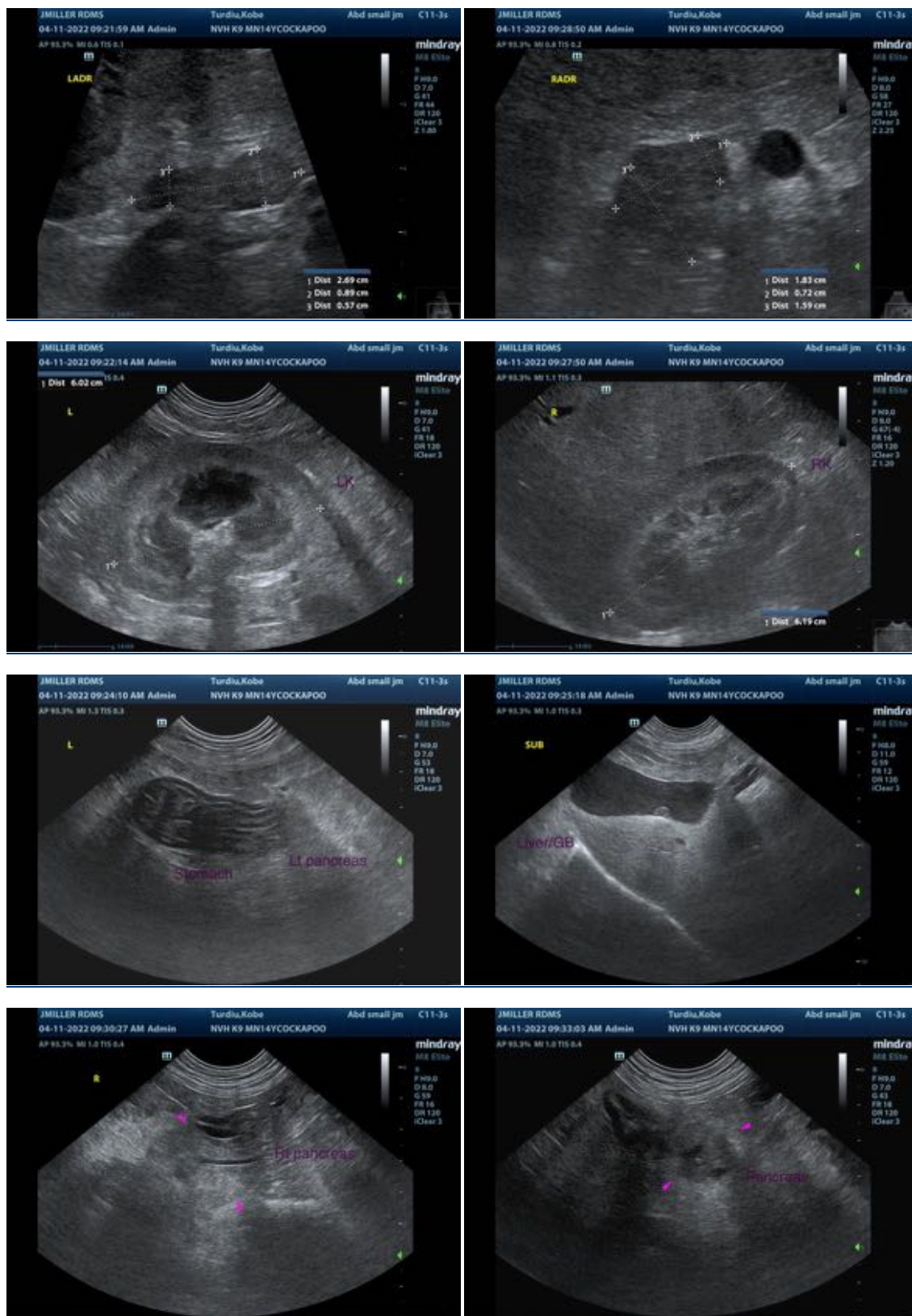
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com