



PATIENT PRESENTING CLINICAL SIGNS

Libby Virgilio

History: HX OD nictitans up- Vet Vision did US and found white material back of eye.. went in SX and looked purulent.. May have been due to a fractured and abscessed tooth. She is currently on Clindamycin 150mg 3 cap po bid . Just finished Rimadyl 75mg 1 po bid, Gabapentin 100mg 2 bid Proin 50mg 1 po bid.. works. With in day after procedure eye started to improve. Is Blind- very recently. Has Halo by Muffin tail and helps a lot.. more confident. . E/D well. Is PU/PD but improved with meds.. No c/s/v/d. Has done jt supplements in past. HX bilat ACLs. If teeth not the cause VV rec CT scan. HX looking at thyroid and was wnl. Ci2-3 Gi2-3, Slab FX 108 and much disease and GR 108/208 and 109..OPens mouth wide- no pain (she was extremely painful at VV and couldn't open mouthor retropulse eye. OU-cataracts , PLR present but slow, OD- nictitans slightly elevated, Retropulse both globes wnl!, not painful. AU- erythematous. Integ- multiple patches of alopecia with easily epilating hair at edges.. left thorax, medial right hind .. not pruritic, and not pruritic at home. M/S- bilat medial buttress 1)Swelling right eye- improved on antibiotics and Rimadyl r/o: tooth root abscess, tumor, etc 2)Severe dental/periodontal disease.. 3)Skin disease and elevated Glucose, alt and alk phos r/o cushing's, (already R/O thyroid per owner- may 2019 T4 only),
Abnormal PE/Chem/CBC/UA Results: albumin 2.6, ALP 731, GGT 14, thrombocytosis, fecal negative.

SPECIES

Canine

BREED

Lab mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

72 lbs.

INTERPRETED BY

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

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 left kidney is normal size (6.98 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. Mild pyelectasia is present (0.27 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Amy Mayhew LVT

Adrenal Glands

The left adrenal gland is enlarged (2.54 cm at cranial pole) (1.11 cm at caudal pole) with an irregular shape. A 2.55 x 2.03 cm hyperechoic to heterogeneous mass is observed at the cranial to mid-aspect. A 0.71 x 0.66 cm hyperechoic nodule is observed at the caudal aspect. There is loss of glandular detail. The gland is compressing surrounding vasculature. However, it is unclear if vascular invasion is occurring.

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The right adrenal gland is enlarged (3.18 x 3.03 cm) with an irregular shape and a mass effect. A 2.14 x 2.71 cm hyperechoic cavitated area is observed within the gland. There is complete loss of glandular detail. There is compression of surrounding vasculature. However, vascular invasion is difficult to determine

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Spleen

DATE

4/12/22



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The spleen is normal in size (1.55 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta and gas. 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.

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Pancreas

WEIGHT

72 lbs.

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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(Small Animal Internal
Medicine)

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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Primary Findings:

- Bilateral adrenomegaly with a mass effect in both glands. Differentials include bilateral tumors, a unilateral tumor with nodular hyperplasia in the contralateral gland or bilateral nodular hyperplasia.

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Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mild left pyelectasia may be secondary PU/PD, pyelonephritis and/or age-related remodeling.

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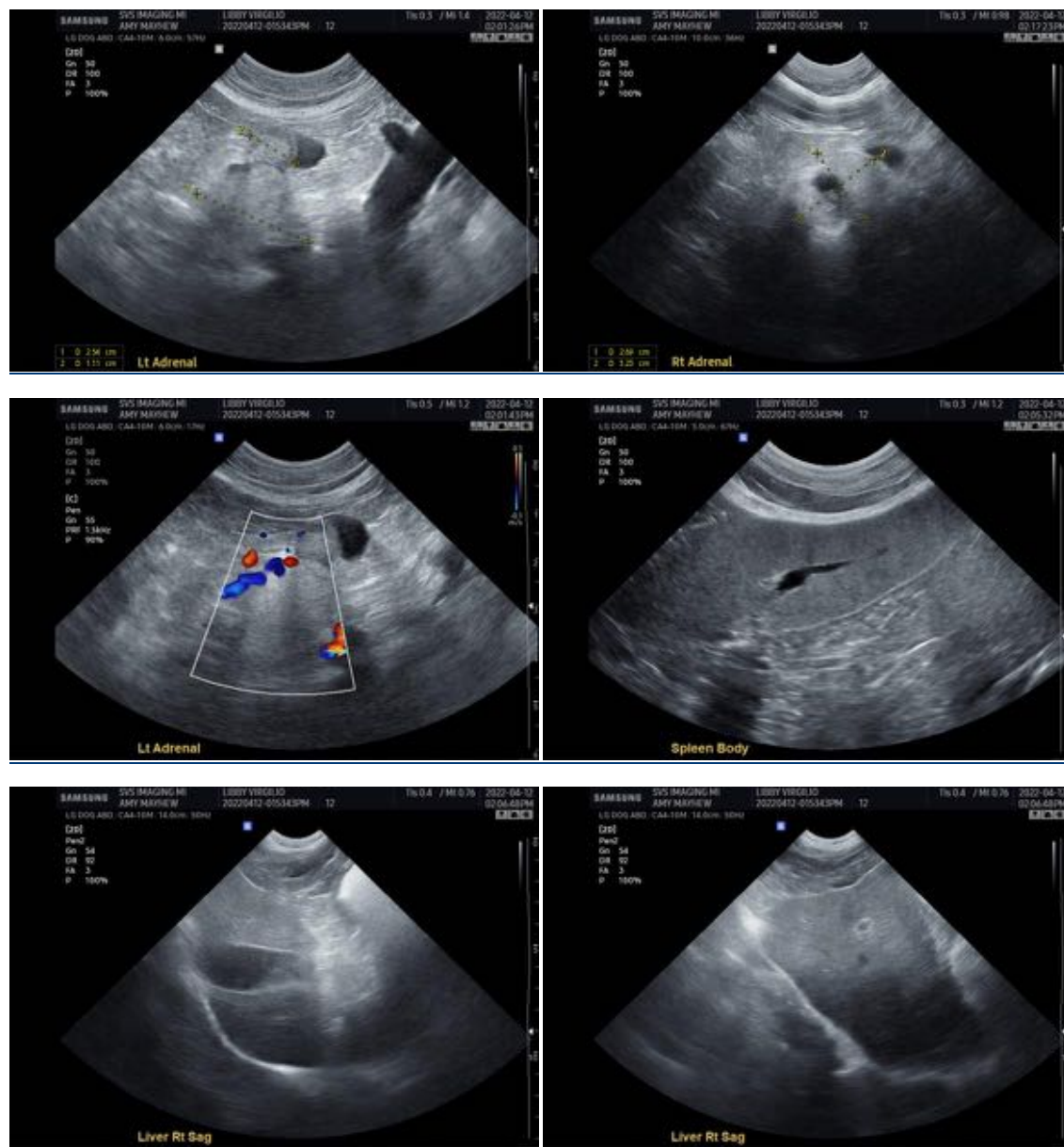
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the adrenal changes, a baseline blood pressure measurement is recommended along with three-view thoracic radiographs to assess for pulmonary metastatic disease. A UPC should also be considered if proteinuria is present. Further recommendations should be based on the results of the above diagnostics as well as the low-dose Dexamethasone suppression test.



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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*)

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