



PATIENT PRESENTING CLINICAL SIGNS

Charlie Farinelli

Clinical Exam Findings:

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

-No clinical signs of urinary issues but hx of RBC and WBC on UA, also had marked rods
-Discussed with client consistently abnormal UA and had liver value increase (now resolved) recommend screening AUS (+/- Braff depending)
-Discussed in mean time treat with clavamox 375mg 1/4 BID x 10d then check UA 3d post antibiotics. Stick with Denamarin until AUS
-Repeat UA is improved with no more bacteria and 0-2 RBC per HPF
-ALT went from 199 to 80. Discussed if AUS normal may d/c denamarin and then recheck 6-8 weeks after stopping.
Abnormal lab-work values: Sending via email
Current Medications: Thyro tabs 0.2mg 1/2 BID, Heartgard monthly, Apoquel 3.6mg 1/2 SID as needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12/01/2007

The urinary bladder is mildly distended with mostly anechoic urine. The wall is mildly thickened (up to 0.53 cm) and irregular, with an irregular mucosal surface. A 0.20 cm anechoic cystic structure is observed in the apical wall. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

14.2 lbs

The prostate is normal in size (0.89 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Coastal VC

The left kidney is normal in size (3.74 cm in length) with a slightly irregular shape. The cortex is variably thickened and isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. A cortical infarct is suspected at the caudolateral aspect. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.96 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.46 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.

The right adrenal gland is in normal size (0.72 cm at cranial pole) (0.48 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.

REFERRING VET

Dr Finan

Spleen

INVOICE

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The spleen is normal in size (1.47 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. One to two small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

DATE

4.13.23



PATIENT *Liver*

Charlie Farinelli

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance, with a few, small, ill-defined hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

SPECIES

Canine

The gall bladder 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/not seen.

BREED

Toy Poodle

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.

SEX

Neutered Male

Pancreas

The right limb of the pancreas is normal in size 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.

AGE

12/01/2007

Free Abdomen

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

WEIGHT

14.2 lbs

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall changes are most consistent with cystitis, with a lower possibility of emerging neoplasia. There is some possibility that the wall thickening may be artifactual due to lack of full repletion. The significance of the cystic structure in the apical wall is unclear.

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.
- Minor age-related pancreatic remodeling
- Bilateral chronic age-related renal changes with dystrophic mineralization, trace pyelectasia and a suspected left cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.



PATIENT

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- Consider a urine culture and sensitivity to rule out occult infection.
- If the urine culture is negative and urinary signs recur, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.

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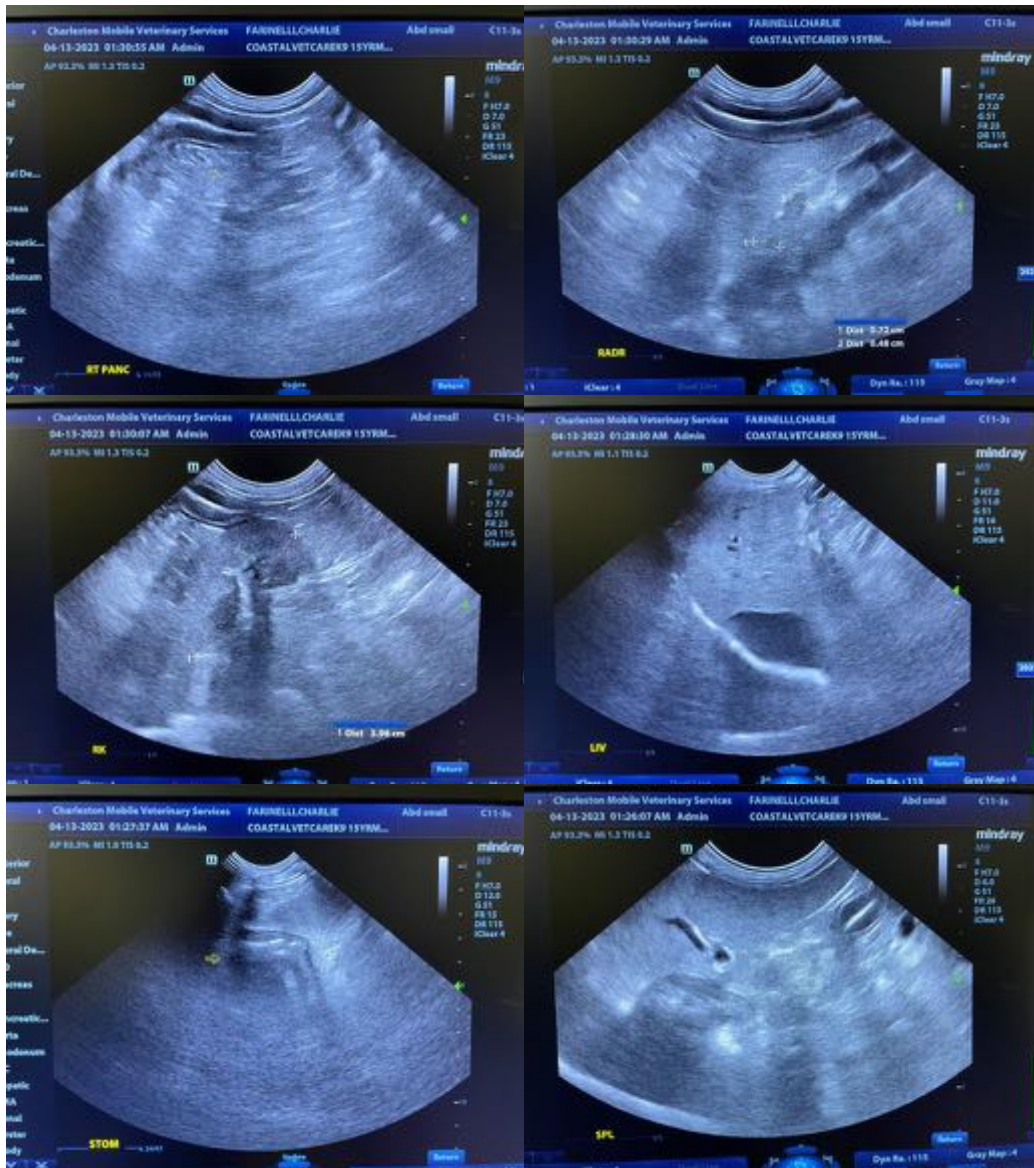
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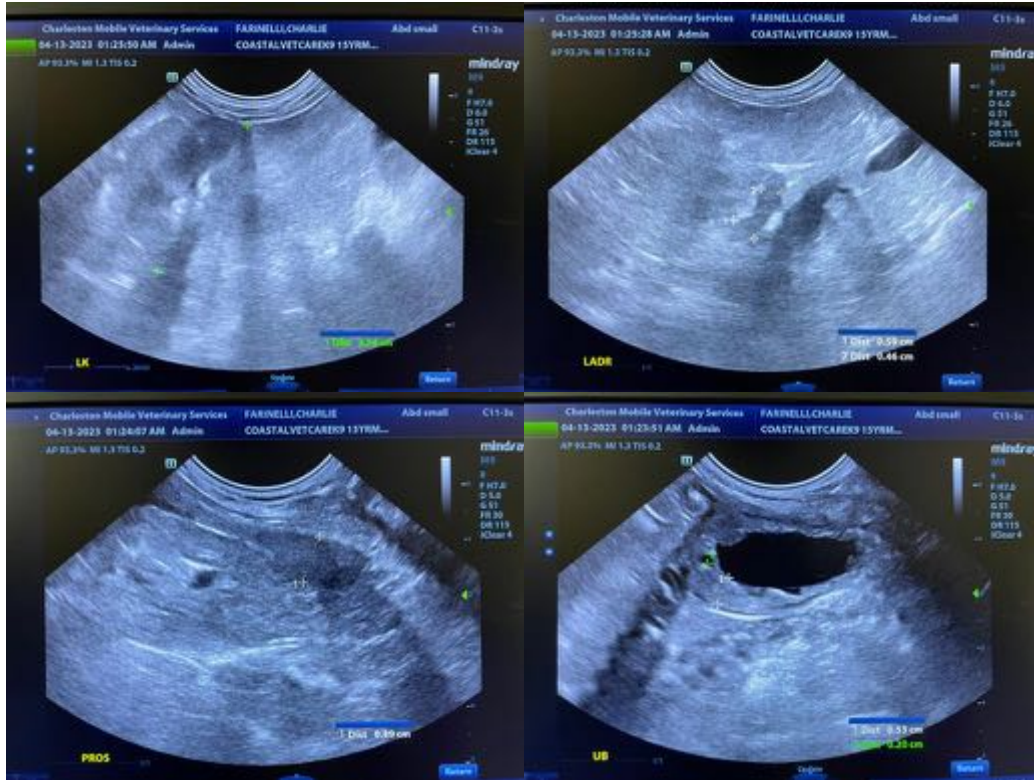
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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