

PATIENT PRESENTING CLINICAL SIGNS

Natania Hanger
Clinical Exam Findings: Presented for chronic intermittent vomiting with acute worsening
Acute onset diarrhea, anorexia, and lethargy

SPECIES

Canine

Abnormal labwork values: BUN 109, Glu 216, Lipase 5299, GGT 17, ALKP >> 2000, ALT 482, WBC 21.37, Neut 19.14, Eos 0.01

BREED

Mixed

Current Medications: Cerenia, Immodium, and Meclizine (not prescribed for patient)

Fine Needle Aspirates: Client did not approve sedation nor FNA

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

01/06/07

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

WEIGHT

30.5 lbs

The left kidney is normal in size with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic, with several varying-sized cortical cysts. There is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
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The right kidney is normal in size (5.98 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is enlarged (0.84 cm at cranial pole) (0.86 cm at caudal pole) (2.37 cm in length); with a relatively normal shape and smooth curvilinear peripheral contours. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is enlarged (1.32 cm at cranial pole) (0.77 cm at caudal pole) (2.03 cm in length); with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail. A few pinpoint hyperechoic foci are visualized within the glandular parenchyma. The phrenicoabdominal vein and surrounding vasculature appear normal.

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Dr. Pignatello

Spleen

The spleen is normal in size (1.30 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mottled in appearance. A 5.15 x 2.98 cm swelling/mass is observed in the region of the right medial lobe. Hepatic vasculature and intrahepatic biliary tracts are

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4/18/22



PATIENT	of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.
Natania Hanger	
SPECIES	The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.
Canine	
BREED	Gastrointestinal
Mixed	The gastric lumen is moderately distended with fluid and echogenic debris and is hypomotile. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is mildly thickened (up to 0.72 cm) with retention of the 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.
SEX	Pancreas
Spayed Female	The right limb is prominent to enlarged (2.85 x 1.39 cm) with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly
AGE	Free Abdomen
01/06/07	There is no evidence of free fluid. What appears to be a prominent to enlarged hypoechoic lymph node, measuring 1.69 x 0.63 cm, is observed in the right cranial abdomen. Surrounding mesentery is hyperechoic.
WEIGHT	Other
30.5 lbs	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • The pancreatic changes are suggestive of chronic active pancreatitis. • Gastric ileus • Hepatic swelling/mass in the region of the right medial lobe. This lesion may represent neoplasia (i.e., adenoma, adenocarcinoma). Alternatively, a benign process (i.e., regenerative nodular hyperplasia) may be present. The diffuse hepatic parenchyma changes are nonspecific and could be secondary to a benign, age-related process (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia, remodeling), inflammatory hepatopathy, hepatotoxicosis (i.e., copper), other hepatopathy. • Bilateral nephropathy with pyelectasia, more pronounced on the left side • Suspected lymphadenopathy in the right cranial quadrant with regional peritonitis. The lymphadenopathy may be secondary to reactive lymphadenopathy, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma).
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Secondary Findings

- Bilateral adrenomegaly
- Parenchymal changes consistent with hyperplasia
- Urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's age and history of vomiting, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.

Supportive care for pancreatitis/acute gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics, promotility agent (i.e., metoclopramide) and pain medication as needed.

Given the lab-work and sonographic renal changes, a urinalysis and urine culture and sensitivity are recommended. Also consider a UPC, if proteinuria is present.

Other diagnostic considerations include the following:

1. GI panel including serum cobalamin and folate, TLI and PLI
2. Further testing for Cushing's Disease can be considered if the patient is symptomatic. Testing should be postponed until the patient is stable from a gastrointestinal standpoint.

Given the prominent/enlarged lymph node in the right cranial quadrant, consider a repeat ultrasound in 2-3 weeks to assess for progression.

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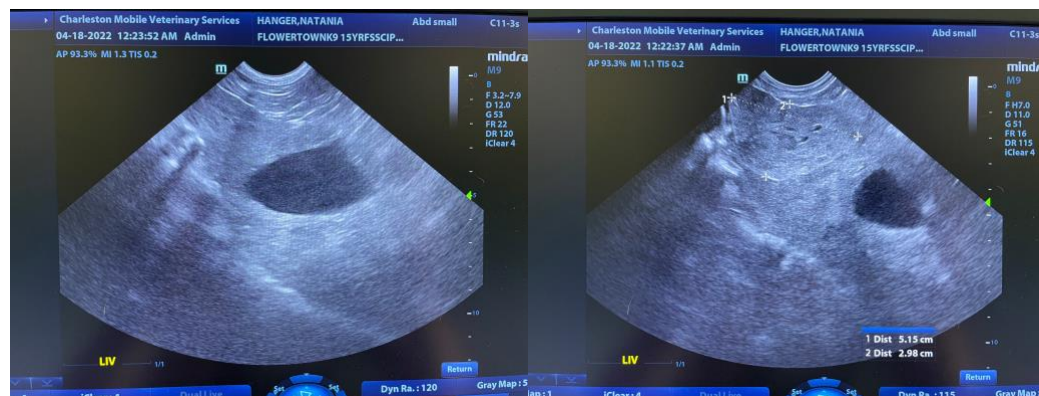
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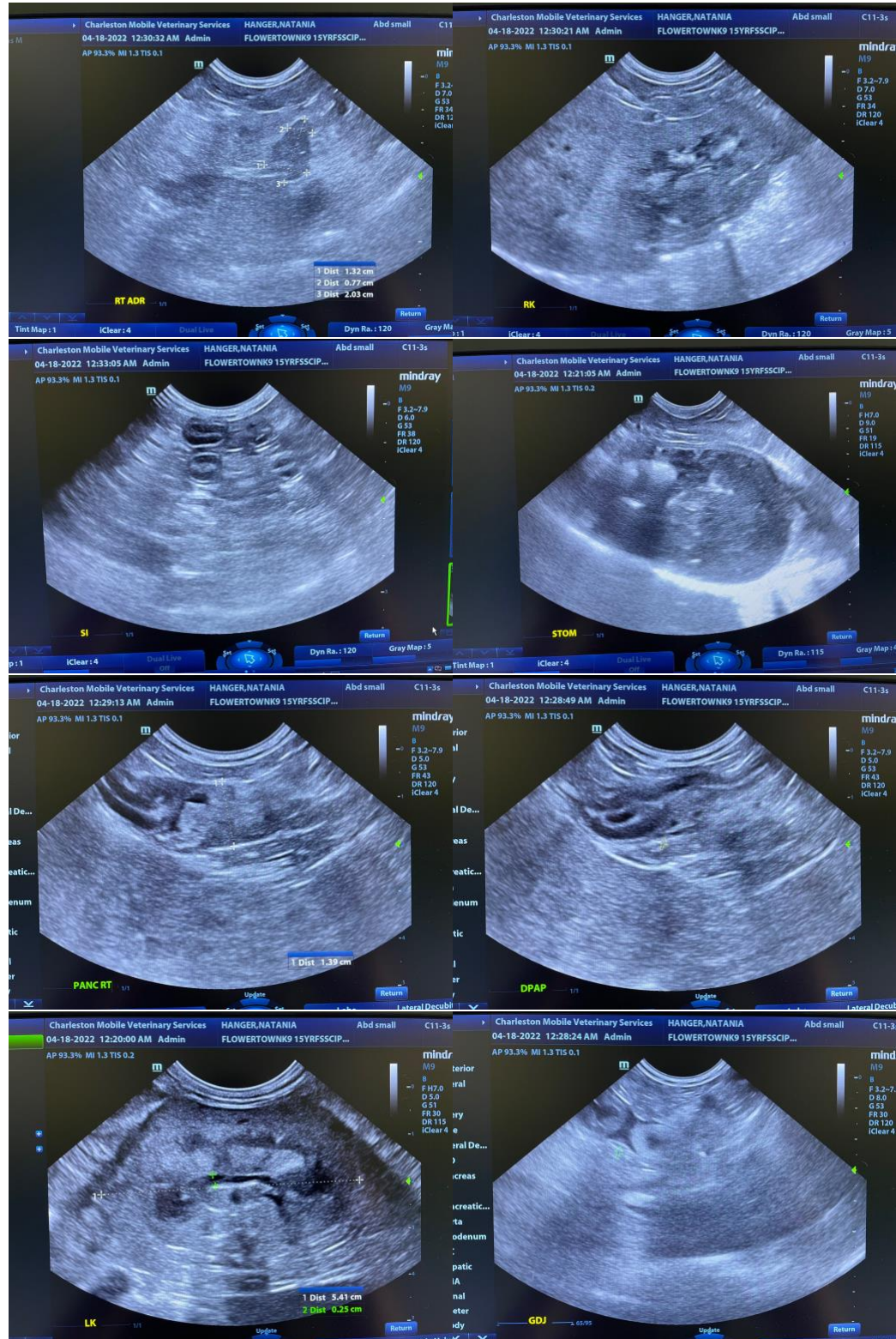
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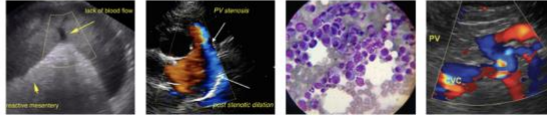
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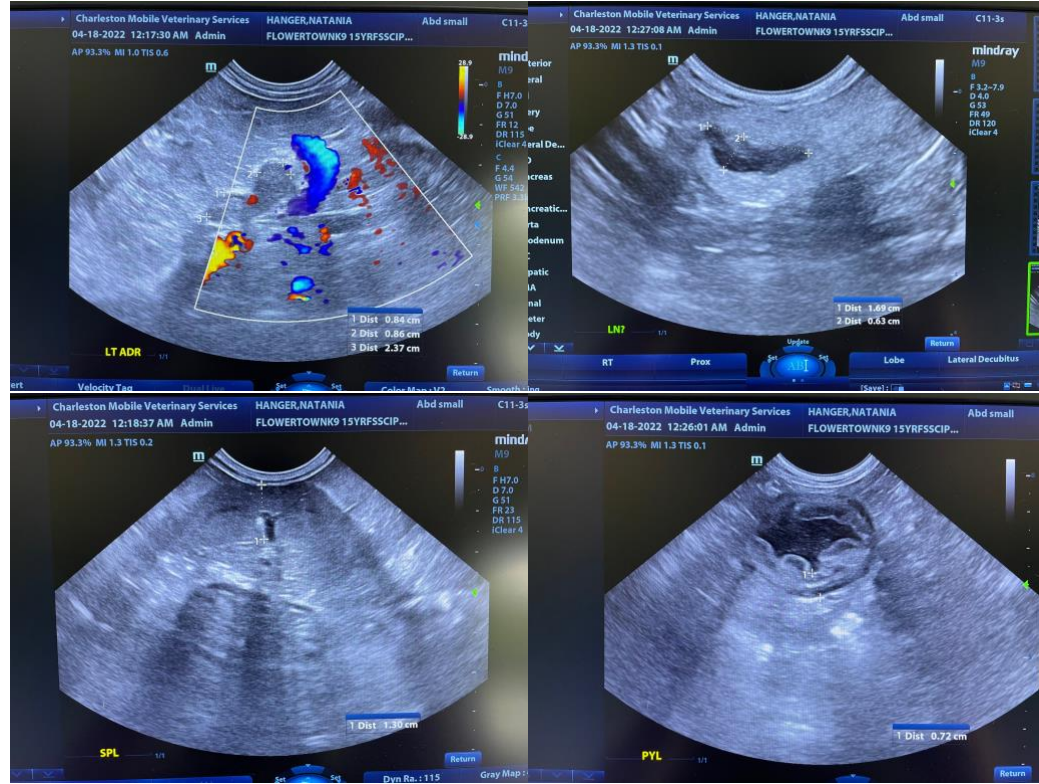
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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