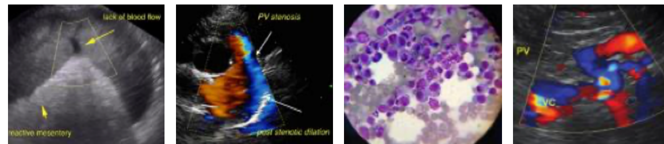

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1-800-838-4268 info@sonopath.com

PATIENT

Teddy Bariezas

SPECIES

Canine

BREED

Maltese mix

SEX

Male, neutered

AGE

Not provided

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13222

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: ADR, gas filled small intestines on rads. R/o FB vs enteritis vs other Current meds: plasma lyte, pepcid, metro
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is slightly thickened (up to 0.32 cm) with a mildly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A small to moderate amount of suspended echogenic debris is observed within the lumen. There is a questionable 0.78 cm cystic calculus within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.33 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. A few tiny cortical cysts are visualized. Renal vasculature is normal.

The right kidney is normal in size (4.08 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.66 cm at cranial pole) (0.56 cm at caudal pole) (1.56 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

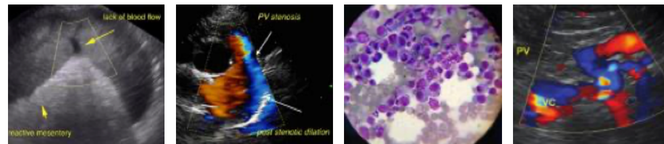
The right adrenal gland is mildly enlarged (0.89 cm at cranial pole) (0.60 cm at caudal pole) (1.40 cm in length); normal shape; homogeneous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.19 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal to slightly prominent 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. The portal vein; caudal vena cava



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ratio is approximately 1:1. 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.

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 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.

Pancreas

The left 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.

Free Abdomen

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

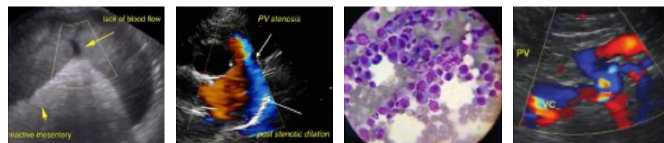
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with dystrophic mineralization.
- Mild bilateral adrenomegaly.
- Urinary bladder debris. The bladder wall changes may be artifactual due to lack of full repletion or may be secondary to cystitis. Correlation with clinical findings is recommended. There is a questionable cystic calculus that is seen in only one video clip. This may be a true stone or may represent imaging artifact.
- Gallbladder debris- incidental.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further evaluation of the caudal abdomen via radiographs is recommended to assess for a cystic calculus. Alternatively, a recheck ultrasound of the urinary bladder can be considered in 2-3 weeks.
- To further evaluate the patient's clinical signs, consider three-view thoracic radiographs to assess for occult disease in the chest, infectious disease testing (i.e., tick borne) and a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI).



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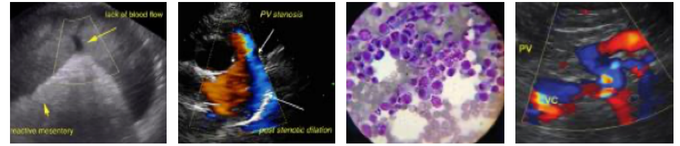
- Also consider orthopedic and neurologic evaluations to assess for non-metabolic causes for the patient's clinical signs.



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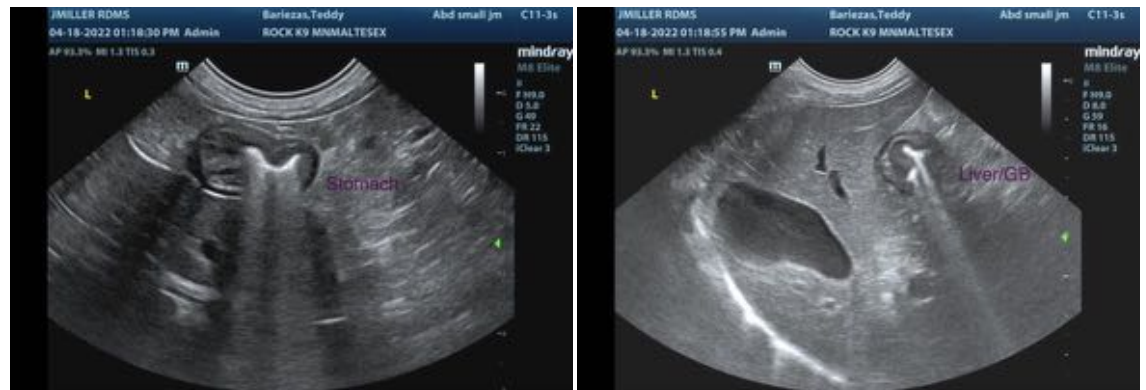

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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