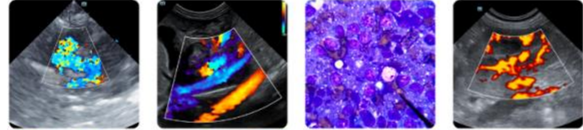
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT

Sadie Rodgers

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Female Spayed

AGE

1/11/2014

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Palmetto VH

REFERRING VET

Dr. Jeffrey Ramsey

INVOICE

22889

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: The patient is an elderly canine presenting for a recheck of a heart murmur. A heart murmur, previously graded as 1/6 or 2/6, was diagnosed approximately one year ago via an echocardiogram. The patient's heart murmur has since increased in grade to 3/6 as noted at a visit in October. No coughing or exercise intolerance is present, and the patient is able to go on two-mile walks. There has been a recent slight weight loss. The patient has a history of a subcutaneous cyst on the top of the head which was previously evaluated and determined not to be of concern. Bilateral lenticular sclerosis was diagnosed and rechecked by an ophthalmologist in February. The patient has a history of multiple dental cleanings, with the most recent one being discussed last year but deferred due to the cardiac condition. The patient is current on preventative medications and receives Trazodone as needed for anxiety, specifically during flights. Sadie's ALP is high (300s), which is historically high, no PU/PD, discussed AUS at time of Echo to view the liver and bile ducts.
Sedated with butorphanol for the study

Abnormal lab-work values: Will send lab results separately
Grade 4/6 heart murmur.
Current Medications: N/A
Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended and is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A 0.12 cm cystic calculus is observed within the lumen. A scant amount of echogenic debris is also seen. The region of the trigone and the proximal urethra, visible to a depth of 2.0-3.0 cm, are normal.

The left kidney is normal in size (2.88 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.90 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.44 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 normal in size (0.55 cm at cranial pole) (0.36 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.

Spleen

The spleen is normal in size (1.02 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.

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Liver

The liver is subjectively normal 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. The portal vein to caudal vena cava 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/not seen.

Gastrointestinal

The gastric lumen is moderately gas-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 segmentally dilated with chyme. 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.

Pancreas

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

A small area of hyperechoic mesentery is observed mid- to caudal abdomen. The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

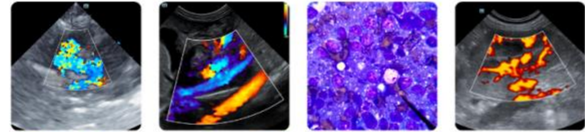
- Bilateral nonspecific age-related renal changes with nonobstructive nephrolithiasis
- Small cystic calculus
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

- The area of hyperechoic mesentery in the mid- to caudal abdomen likely represents a focal area of peritonitis (likely sterile). The significance is unclear.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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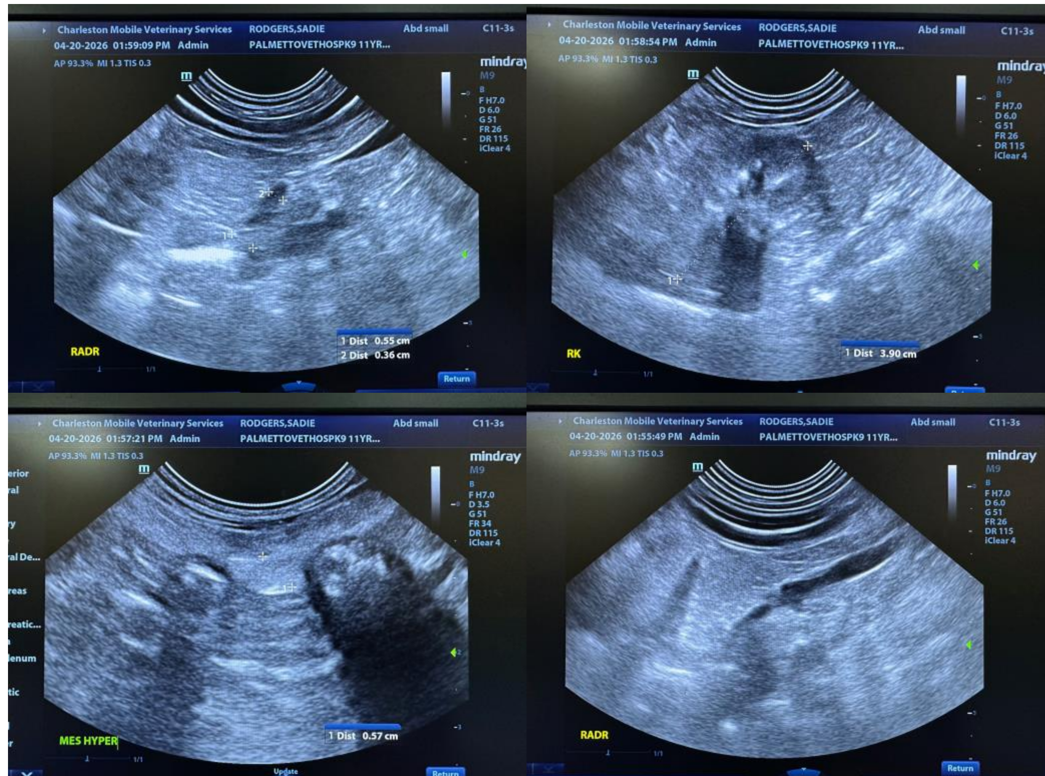
- Regarding the cystic calculus, a cystotomy with stone removal, analysis and culture can be considered. If pursued, an ultrasound of the urinary bladder should be performed on the day of surgery to make sure the stone is still present. If surgery is not pursued, consider an attempt at medical dissolution.

- Further recommendations should be based on the echocardiogram report.



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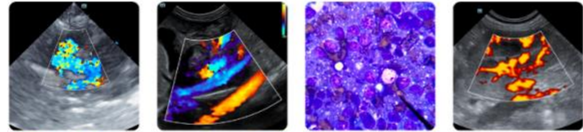

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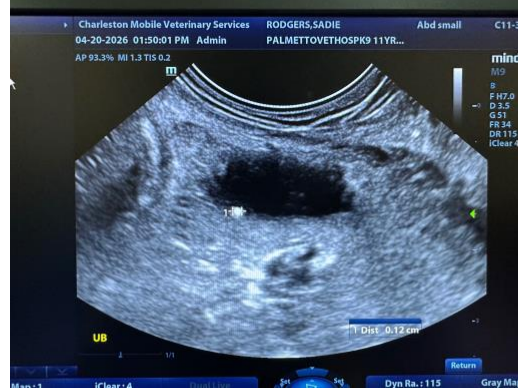

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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