

**PATIENT**

RockStar Kadenacy

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

10 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr Sarah Kalivoda

**INVOICE**

12802

**DATE**

4.21.23

**PRESENTING CLINICAL SIGNS**

History: slightly cyanotic during the scan and increased RR effort SPO2 checked 88-90% Patient presents with a history of progressive cough over the last few weeks. It seems to be worse while patient is in motion, not when resting. Patient has a history of mild mitral and tricuspid regurgitation which was diagnosed on previous echo 12/22. Patient appears to have increased respiratory effort and presents a distended abdomen. Patient is also diabetic and is currently on insulin. BP is 200. Working diagnosis Pulmonary hypertension, cardiomegaly, CHF MEDS: Prozac 5 units BID, Cerenia 24 mg SID, cough tablets 102 tab BID, Nat Path Lou Jun Zo Tang powder 1/2 tsp BID

Abnormal PE/Chem/CBC/UA Results: BP- 200/210/200, LABS: Relevant Laboratory Results / Abnormalities: RBC 9.05. (5.65-8.87) Hemoglobin 22.4. (13.1-20.5) Reticulocytes 117.7. (10-110) Platelets 594 (148-484) Glucose 236. (70-143) BUN 42 (7-27) TP 10.4 (5.2-8.2) Albumin 4.3 (2.2-3.9) Globulin 6.1 (2.5-4.5) ALT 236 (10-125) ALP 1633 (23-212) Total Bilirubin 3.3 Cholesterol 330 (110-320)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal. The penile urethra is evaluation. No obvious abnormalities are seen.

The prostate is normal in size (0.67 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 (6.09 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. An ill-defined medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.43 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. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

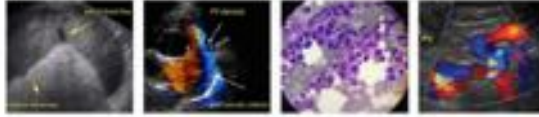
**Adrenal Glands**

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.49 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 (0.89 cm at cranial pole) (0.51 cm at caudal pole) (1.88 cm in length) 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 (1.22 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Three hypoechoic-to-heterogenous nodules are visualized (the largest measuring 1.24 cm in diameter). The lesions appear to cause minimal capsular expansion. Splenic vasculature is normal.



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### **Liver**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled in appearance with several, small, ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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

Chihuahua Mix

### **Gastrointestinal**

The gastric lumen is mildly to moderately distended with ingesta. 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. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

## SEX

Neutered Male

## AGE

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### **Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic to slightly hyperechoic 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.

## WEIGHT

10 kg

### **Free Abdomen**

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

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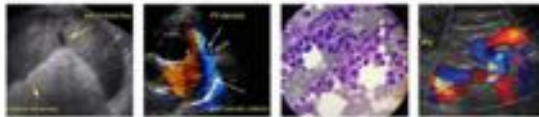
## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The splenic nodules are concerning for a neoplasia process (i.e., round cell tumor). However, a benign process (i.e., multifocal inflammatory disease, granulomas, foci of lymphoid hyperplasia, or similar) cannot be excluded. Changes are similar to the previous sonogram.
- 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 in light of the patient's liver enzyme pattern. However, most of these etiologies must still be considered. Changes are similar to the previous sonogram.

### Secondary Findings

- Bilateral chronic renal changes. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gall bladder debris, incidental/non-mucocele
- The small intestinal mucosal speckling is sometimes seen with enteritis. Correlation with the patient's clinical history is recommended.



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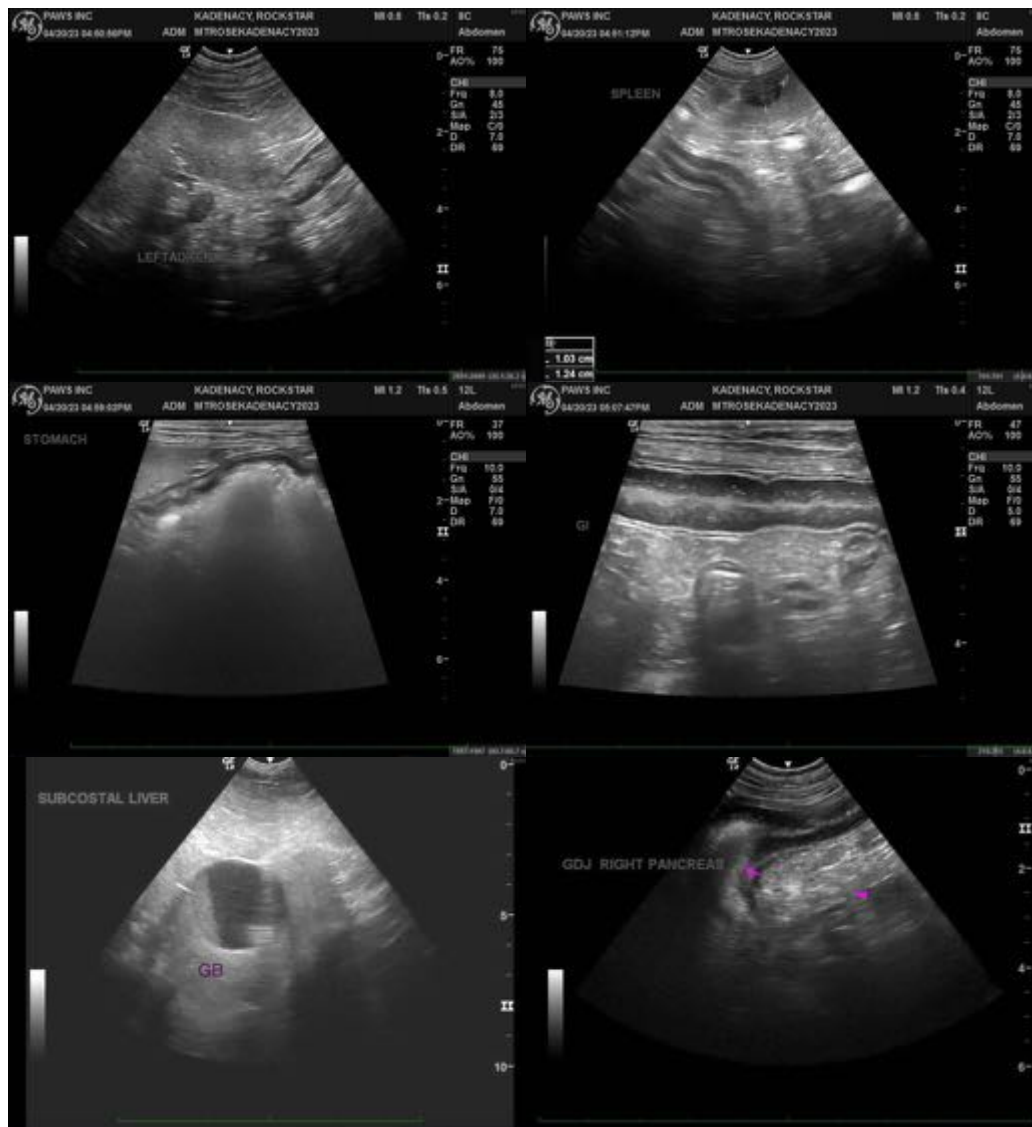
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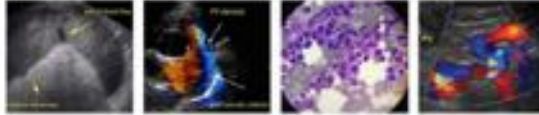
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- With regard to the splenic nodules, fine-needle aspirates of the nodules can be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used. If aspirates are to be pursued, also consider aspiration of the liver.
- Consider a cPLI to further evaluate for chronic pancreatitis, particularly if the patient's clinical history is supportive of this diagnosis.
- Further recommendations should be based on the patient's echocardiogram report.





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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](mailto:info@SonoPath.com)

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