

PATIENT

Isabelle Prince

SPECIES

Canine

BREED

Havanese

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

10.74 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Karen Fowler

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Kiera Hanrahan

INVOICE

13263

DATE

11/23/22

PRESENTING CLINICAL SIGNS

History: Sleeping all day long, not going downstairs (whimpering), tail is tucked more often, not going outside to toilet but going in the house. Recently diagnosed with collapsing trachea. Has been having difficulty breathing, sounds like coughing/gagging episode she cannot catch her breath. Does less coughing when on tussigon but 1/4 of a 5mg tablet 'knocks her out' so o stopped giving it.
Abnormal PE/Chem/CBC/UA Results: Albumin 4.0 2.7 - 3.9 g/dL Gross lipema present. CBC WNL, PT/PTT normal. Mini chem WNL. Fecal negative for ova and Giardia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*37 still images and 9 video clips are available for interpretation.

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

One still image of the right kidney is available for interpretation. The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

No images provided.

Spleen

No images provided.

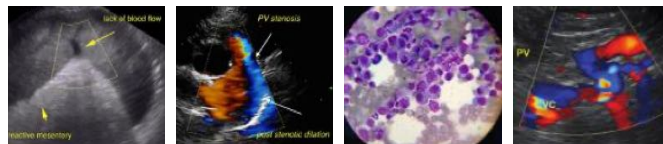
Liver

In the available images, the liver appears prominent in size with normal curvilinear peripheral contours. The hepatic parenchyma is isoechoic relative to the right renal cortex. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. In the 2 available images, the gallbladder is moderately distended with a normal wall thickness and anechoic luminal contents. The cystic and common bile ducts are not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the visible portions of small intestine (still images), the wall is normal in thickness and the lumen is not overtly dilated. The colonic wall appears normal.

Pancreas



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No images provided.

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Free Abdomen

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There is no evidence of free fluid in the available images. There is no obvious evidence of lymphadenopathy in the available images.

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Havanese

ULTRASONOGRAPHIC FINDINGS

- Mild, chronic age-related renal changes.
- In the available images, no other obvious pathology is observed. However, this study is incomplete.

SEX

Female, spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Yrs.

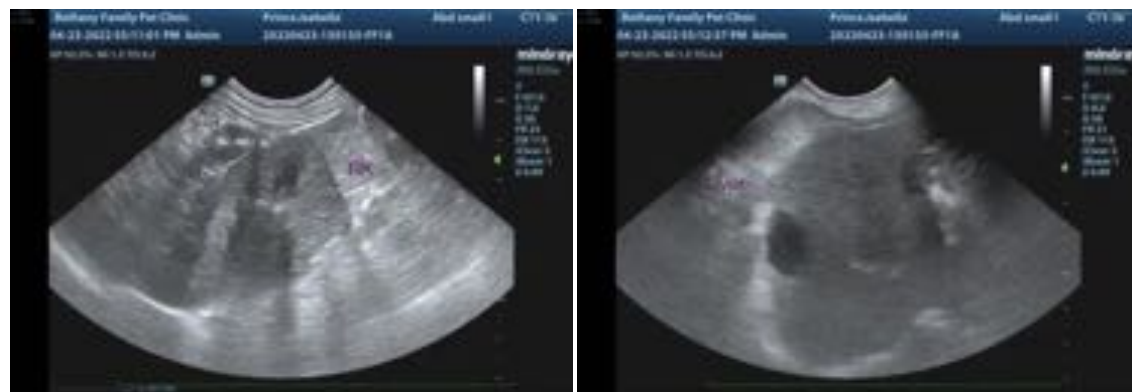
- Video clips of all abdominal organs are recommended to assess for evidence of underlying pathology.
- Also consider orthopedic and neurologic examinations to assess for evidence of pain, which may be causing the patient's clinical signs.
- If the accidents in the house are urinations, consider a urinalysis and urine culture and sensitivity.

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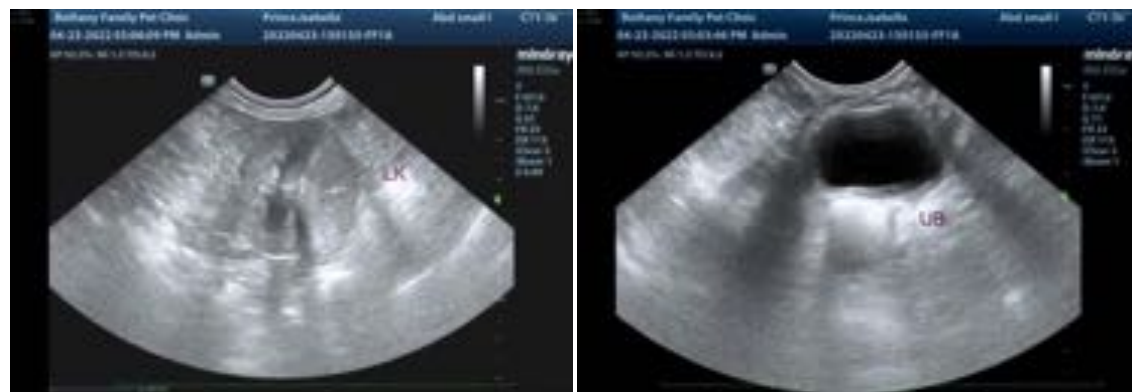
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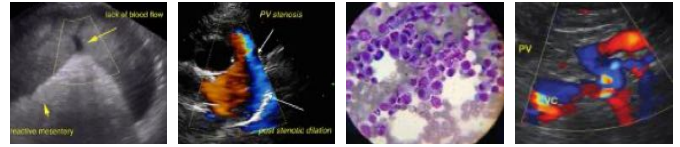


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com