

PATIENT

Duncan Savage

SPECIES

Canine

BREED

Cairn Terrier

SEX

Male Neutered

AGE

9/28/15

WEIGHT

16.10

PRESENTING CLINICAL SIGNS

Patient is dribbling urine after going to the bathroom and takes a long time to empty his bladder. No blood in urine. No odor to the urine. No increased in drinking or urine volume.

Abnormal lab-work values: USG 1.029, 1+ proteinuria. Calcium oxalate crystals in urine. Microalbuminuria present.

Health issues: Oily, clear, odorless drips. O finds it in the house. Drips on the floor around the house and on the patio. Eating/drinking/ playing well. No diarrhea. History of coughing. Unsure where it is coming from - O does not think it is his anal glands and they were normal and the drops on the floor do not have an odor. When pt comes in from outside. O does not see it anywhere that he likes to lay or sleep.

Prevention: Yes per O

Medications: None

It is a real mystery as to what these drops are. I suspect they are saliva as they are clear, odorless and slightly viscous/oily. I would expect that if it was urine, there would be other clinical signs. If you can try and pinpoint the source that would be great. In the meantime, we will send out a urine sample to evaluate for a urinary tract infection.

Abnormal lab-work values: N/A bloodwork
Current Medications: none

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of mineralized sand +/- tiny cystic calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 3.5-4.0 cm, are normal. Penile urethra is unremarkable.

The prostate is normal in size (0.66 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 (4.28 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. At least one, small, cortical cyst is seen. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.87 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, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.50 cm at cranial pole) (0.52 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 (0.67 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule,

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Diplomate ACVIM
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HOSPITAL NAME

Waterway AH

REFERRING VET

Eliza Roland



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cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.98 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 normal- to prominent in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic, partially dependent sludge observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are 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 heterogenous in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

One- to two prominent mesenteric lymph nodes are visualized (one measuring 0.74 x 0.47 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor urinary bladder sand +/- tiny cystic calculi
- The gallbladder changes are suggestive of a developing mucocele.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative



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neoplasia and other hepatopathies are considered less likely. However, correlation with the patient's liver values is recommended.

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

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Cairn Terrier

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- Baseline lab work including a CBC chem and T4 is recommended to assess overall metabolic function.
- A urine culture and sensitivity is also recommended.

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- A rectal examination is also recommended to assess the pelvic urethra for thickening/abnormalities.

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- Consider obtaining a lateral caudal abdominal/pelvic radiograph to assess for calculi in the pelvic urethra, as this area cannot be visualized sonographically.

- Depending on the results of the above diagnostics, further work-up may be indicated.

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Diplomate ACVIM
(Sm Animal Internal Med)

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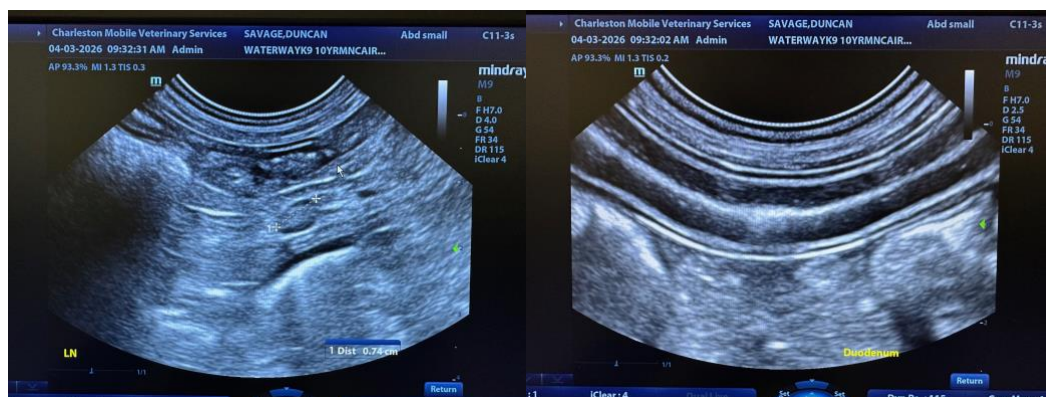
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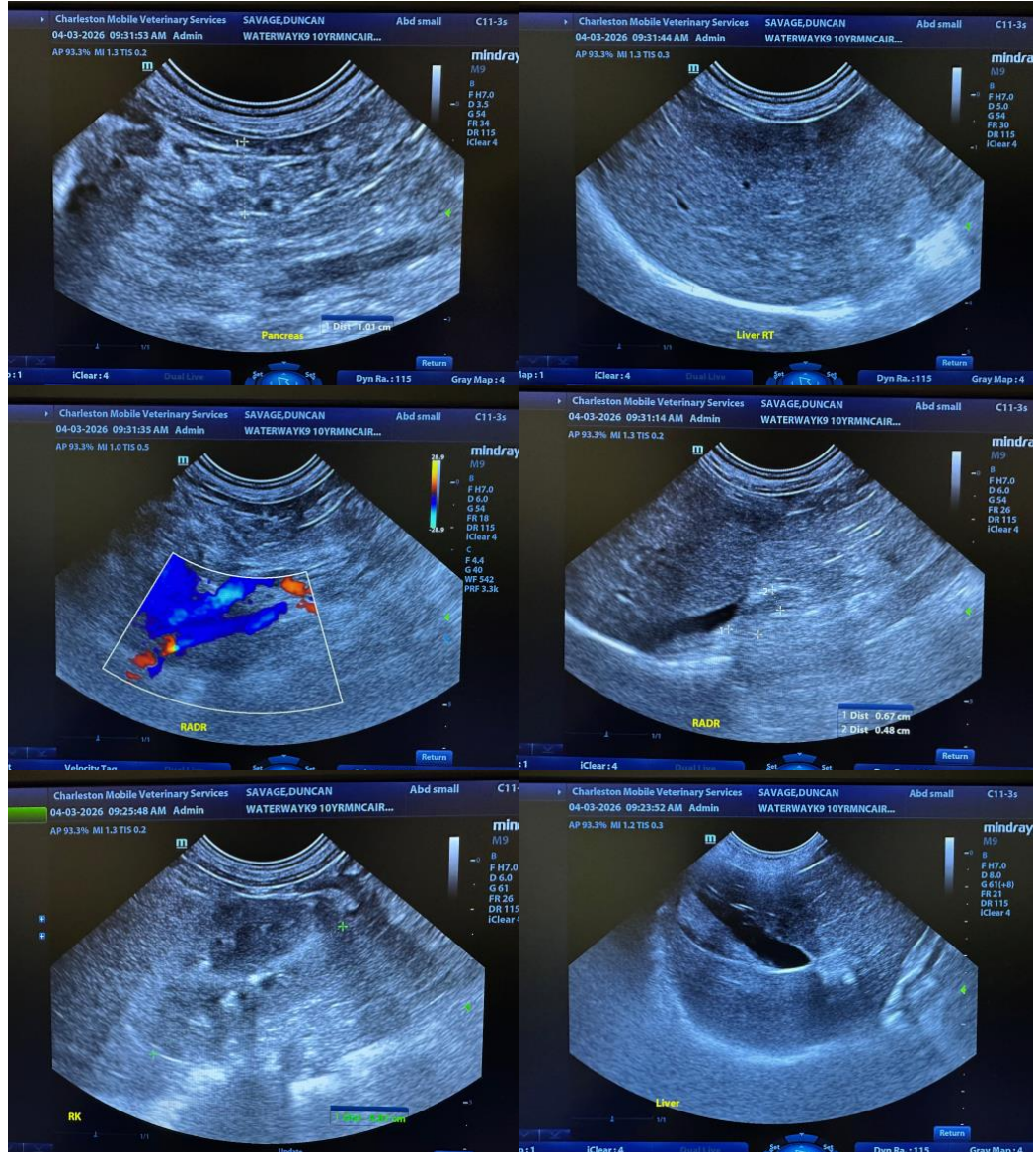
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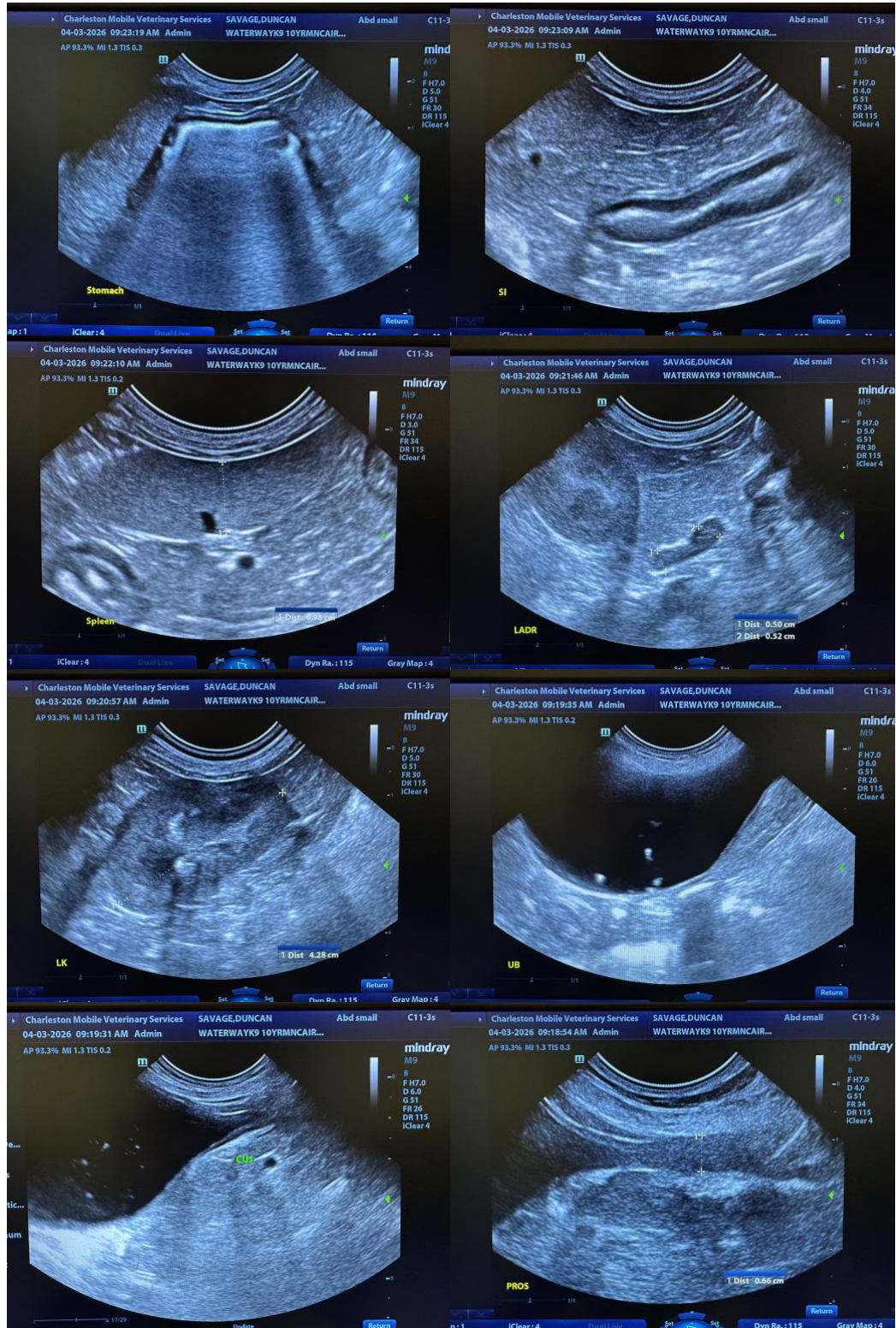
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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