



PATIENT

Chloe Foxworth

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

09/03/2008

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Andi Winney

INVOICE

10656

DATE

4/4/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Presented on 4/1/22: Urinary incontinence, licking rear end, and having trouble walking
- BAR and friendly
- Ocular: lenticular sclerosis OU,
- Aural: notable cerumenous debris AU with stenotic canal AS.
- Integument: hair coat appears healthy with no alopecia, ectoparasites or masses noted
- Musculoskeletal: mild muscle wasting in hind limbs
- Cardiovascular: heart sounds auscultate wnl, no murmurs or arrhythmias noted, pss
- Respiratory: increased bronchovesicular sounds through lung fields but no excessive crackles
- Abdomen: abdomen is soft on palpation with no pain, masses or organomegaly noted
- Urogenital: bladder soft on palpation, external genitalia appears wnl, right anal sac very full of thick material but expressed fully, mild debris AS with small mass noted on palpation
- Neurologic: mentation appropriate, cranial nerves appear wnl, CPs wnl x4
- Lymphatics: lymph nodes palpate wnl
- Oral: mm pink and moist, grade II-VI pd with moderate tartar on molars and canines

For ECHO Only: Blood Pressure

85/61 MAP: 69

HR/RR/BP: 100/30/85/61

Is there a Heart Murmur? INo

Current Medications

None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is thickened (up to 0.57 cm) and irregular, particularly in the region of the apex. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney is normal in size (4.62 cm in length). The cortex is diffusely thickened and hyperechoic to heterogenous in appearance. There is a poor corticomedullary distinction. Several cortical cysts are present, at least one of which is septated. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is small in size (3.04 cm in length); with an irregular shape. The cortex is diffusely thickened, irregular and hyperechoic. There is a poor corticomedullary distinction. At least one nonobstructive nephrolith is visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.52 cm at cranial pole) (0.60 cm at caudal pole) (1.65 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 (0.87 cm at cranial pole) (0.67 cm at caudal pole) (2.07 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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

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Spleen

The spleen is normal to slightly prominent in size (1.72 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The echogenicity and echotexture are normal. A few hypoechoic to slightly heterogenous nodules are observed, the largest measuring 0.81 cm in diameter. Splenic vasculature is normal with no evidence of thrombosis.

BREED

Chihuahua

Liver

The liver is subjectively prominent in size with swollen curvilinear 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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen, some of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are normal.

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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 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 or overt infiltrative disease is noted.

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Pancreas

The base and limbs 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.

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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

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Primary Findings

- Bilateral chronic nephropathy with nonobstructive nephrocalcinosis and left cortical cysts.
- Urinary bladder wall changes consistent with cystitis
- Suspected benign hepatopathy. Sonographic changes could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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Secondary Findings

- Gall bladder debris, non-mucocele.



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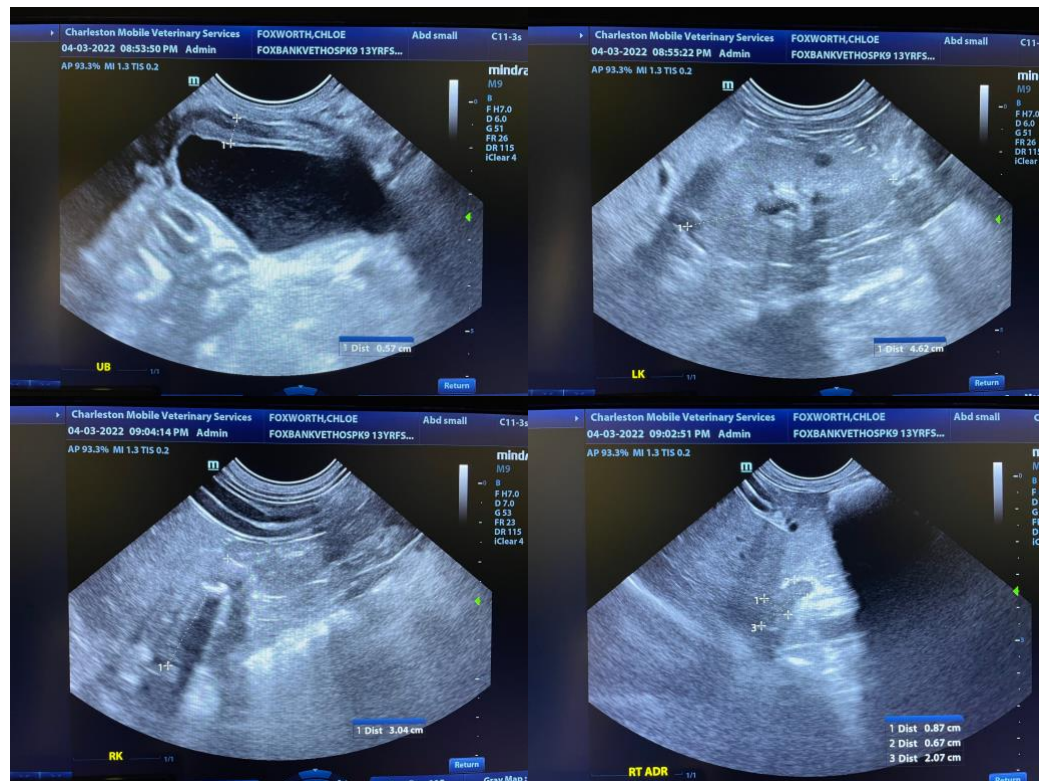
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- Mild bilateral adrenomegaly
 - The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- **An obvious cause for the patient's anemia is not identified in this study. However, chronic renal disease or other metabolic issue should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's azotemia and sonographic changes, a urine culture and sensitivity, UPC and baseline blood pressure measurement are recommended.
- Consider transitioning to a prescription renal diet.
- Serial monitoring (i.e., every 2-3 months), of the patient's renal values is recommended.





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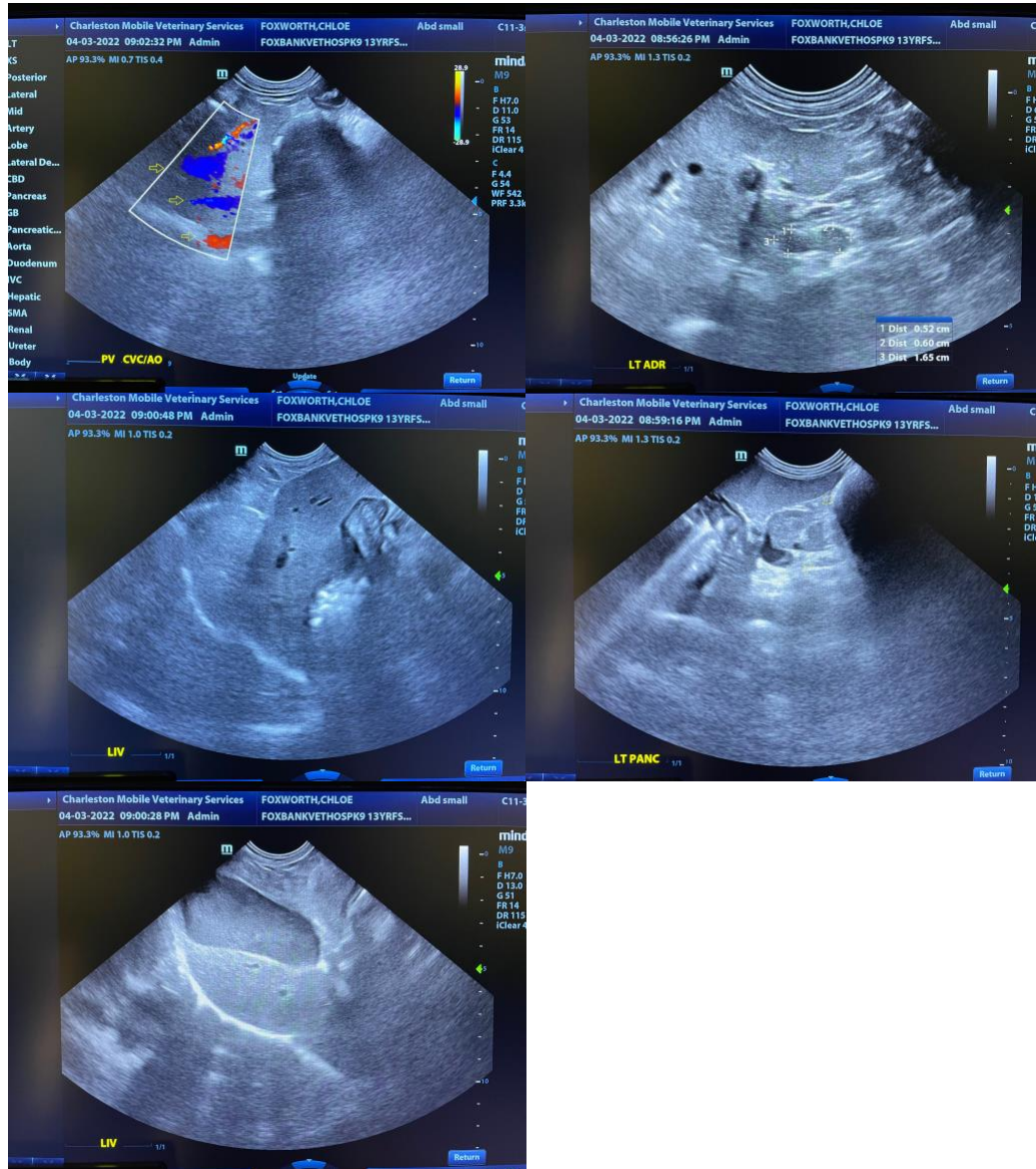
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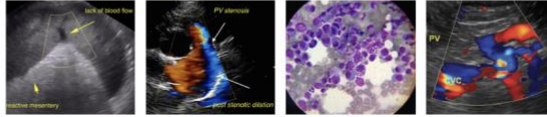
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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