



PATIENT

Maddie Chapa

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

3 years

WEIGHT

106.9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Lynette Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr Steven D'Ambrose

INVOICE

10678

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: One year history of Addison's disease, well controlled with Prednisone and Percorten. Two weeks history of PU/PD and possible UTI based on urinalysis. Pet was placed on Clavamox and recheck urinalysis showed no improvement. Urine culture and MIC are pending. Fast scan of bladder showed a possible irregular area, concern about growth vs thickening.

Abnormal PE/Chem/CBC/UA Results: Lytes: April 2 NA: 155 K: 3.7 Na/K: 42 Cl: 114 UA USG: 1.010 pH: 8.0 Leuk: 100 WBC: 50 Bacteria: rods and cocci Epi: Non squamous: 1-2/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is thickened (up to 1.04 cm), and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney presented normal size (8.21 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

The right kidney presented normal size (8.84 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

The region of the adrenal glands is evaluated. The glands are not definitively visualized. However, they are likely small/atrophied, given the history of hypoadrenocorticism.

Spleen

The spleen is normal in size (2.24 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 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. No pathological hepatic lymphadenopathy observed.

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.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural



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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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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.

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Primary Findings

- The urinary bladder wall changes are suggestive of cystitis. Infiltrative neoplasia is also possible but considered less likely given the patient's age.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Antibiotic recommendations should be based on the urine culture and sensitivity. Given the electrolyte values, particularly the sodium, chloride and potassium, it may be reasonable to slightly reduce the Percorten dose (i.e., by 15-20%) with a recheck of the patient's kidney values and electrolytes 7-10 days after administration. Complete bloodwork including a CBC chemistry panel and T4 is recommended to assess overall metabolic function, if not already performed.

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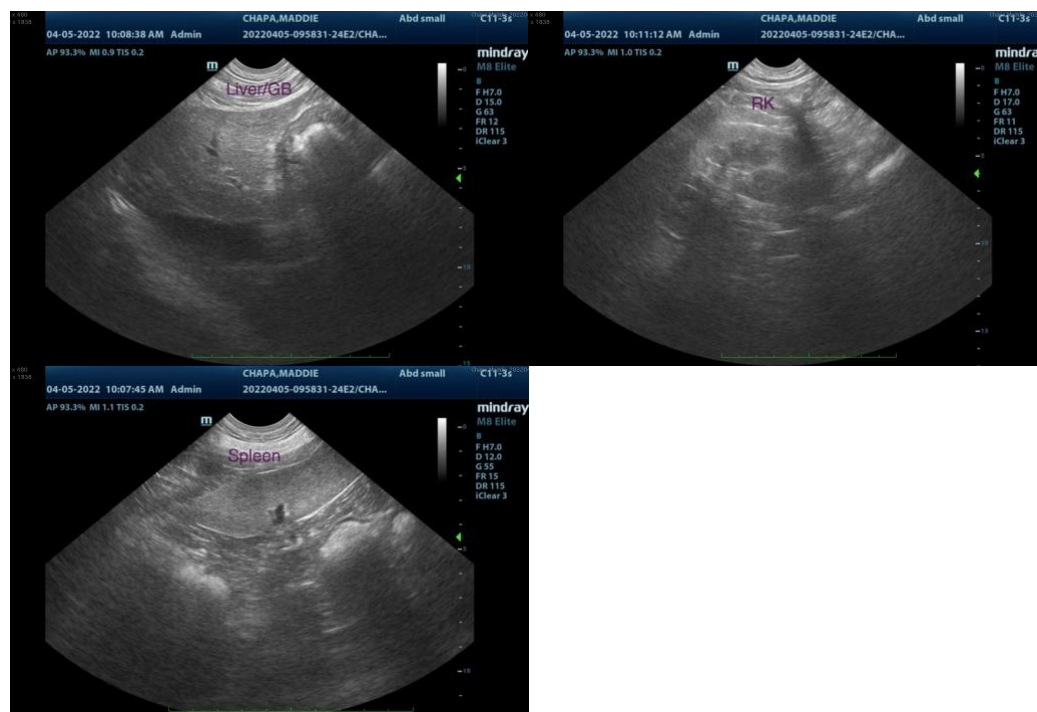
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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