



PATIENT

Zena Sninsky

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

10 years

WEIGHT

8.06 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Ctr

REFERRING VET

Dr. Lupole

INVOICE

10721

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Last August had poor appetite and dh, took to rdvm, liver enzymes elevated. Tx with metronidazole, got better. Has had off and on appetite/loose stool issues every couple of months since, usually resolved with bland diet/probiotic/metronidazole. Now the same loss of appetite and loose stools since 3/21, seems painful in the abdomen. Owner said she will eat rabbit droppings in the yard. Previous Health Concerns: no Current Medications: Metronidazole

Abnormal PE/Chem/CBC/UA Results: Cranial organomegaly, tense overall, muddy gum color. Rdvm bloodwork: 08/24/21 ALB 2.6; ALT 325; Bile Acids Pre 22.2, post 92.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2cm, are normal.

The left kidney presented normal size (4.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.92 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.49 cm at cranial pole) (0.60 cm at caudal pole) (1.66 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 upper limits of normal size (0.72 cm at cranial pole) (0.58 cm at caudal pole) (1.96 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.

Spleen

The spleen is normal in size (0.85 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



PATIENT

Zena Sninsky

regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, some of which is partially dependent, and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal.

BREED

Cairn Terrier

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestine is diffusely and mildly thickened (up to 0.43 cm) with a normal layering pattern. There is evidence of mucosal speckling, fogging and occasional linear striations. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains granular to soft-appearing fecal material. There is no evidence of an obstructive pattern.

SEX

Spayed Female

AGE

10 years

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.

WEIGHT

8.06 kg

Free Abdomen

A small amount of free fluid is present. The mesentery throughout the abdomen is mildly hyperechoic. A 0.89 cm lymph node is observed at the level of the aortic trifurcation.

Other

A moderate amount of pleural effusion is present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The patient's clinical history and sonographic bowel changes are consistent with a chronic enteropathy. Top differentials include inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, emerging neoplasia.
- Gall bladder sludge non-mucocele
- An obvious cause for the patient's elevated liver values is not identified in this study. Considerations include an Inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), Leptospirosis (less likely), emerging neoplasia, other hepatopathy. Diffuse peritonitis is present, likely secondary to bowel and/or hepatic pathology.
- Pleural effusion. Differentials include low oncotic pressure, congestive heart failure, thoracic neoplasia, other.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Ctr

REFERRING VET

Dr. Lupole

INVOICE

10721

DATE

4/8/22



PATIENT

Zena Sninsky

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

10 years

WEIGHT

8.06 kg

Secondary Findings

- Bilateral, nonspecific age-related renal changes.
- The prominent caudal abdominal lymph node is likely reactive, with a lower possibility of infiltrative neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status. An echocardiogram may be warranted, depending on thoracic radiograph results.
- Also consider submission of the pleural and abdominal fluid for analysis and cytology.
- Given the hepatic and bowel changes, an abdominal exploratory with liver and GI biopsies may be necessary to get a definitive diagnosis.
- Other diagnostic considerations include a fecal evaluation for ova and Giardia as well as a GI panel including serum cobalamin and folate, TLI and PLI. While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis with amoxicillin-clavulanic acid, metronidazole and Denamarin, along with supportive care.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Ctr

REFERRING VET

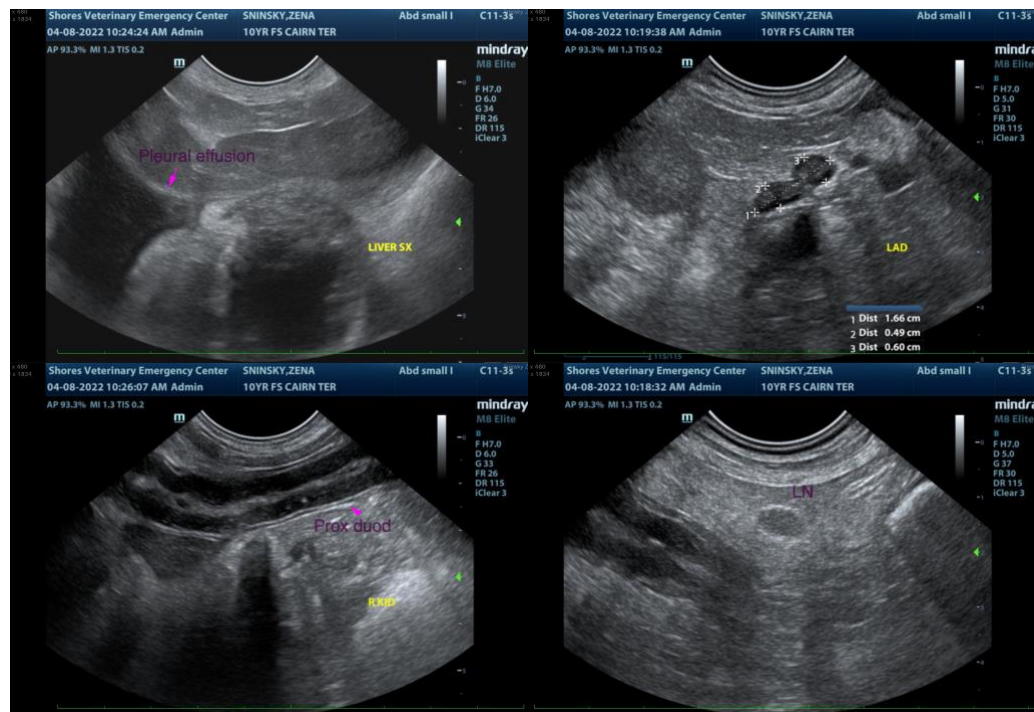
Dr. Lupole

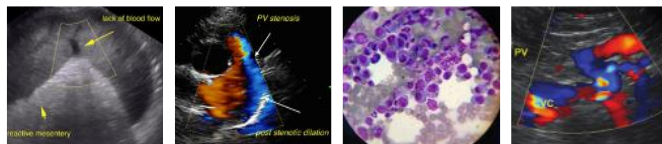
INVOICE

10721

DATE

4/8/22





PATIENT

Zena Sninsky

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

10 years

WEIGHT

8.06 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Ctr

REFERRING VET

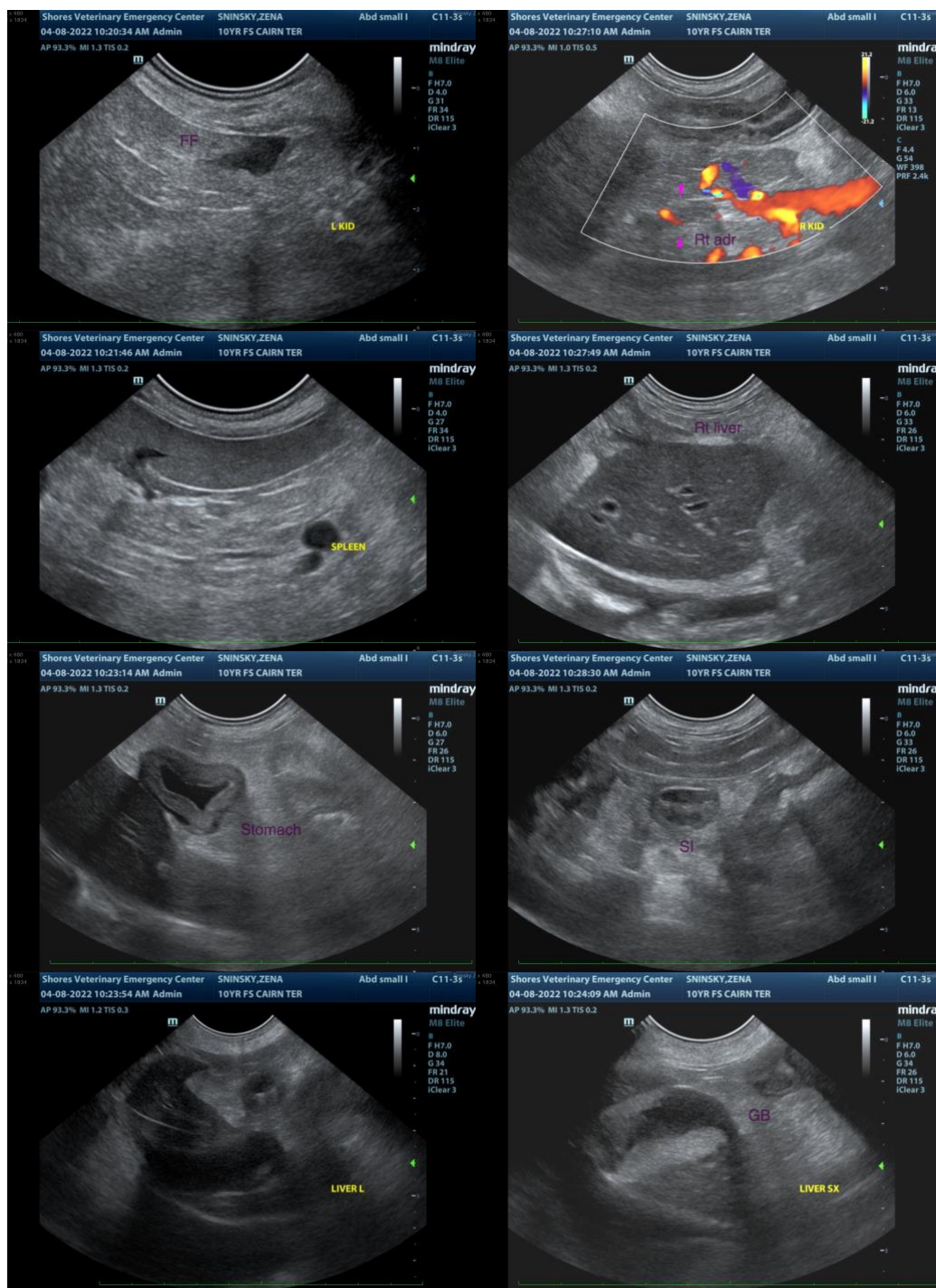
Dr. Lupole

INVOICE

10721

DATE

4/8/22



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.



PATIENT

Zena Sninsky

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

10 years

WEIGHT

8.06 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Vet Emerg Ctr

REFERRING VET

Dr. Lupole

INVOICE

10721

DATE

4/8/22