

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Stella Baker
History: Presented to ER Clinic as Diabetic with ketones but not acidotic. Bein tx with Cerenia, Unasyn, Pantoprazole, ondansetron, Insulin CRI (+/-) Dextrose, and fluid therapy

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: 9:37 pm 4/30/23 Glucose- 155 BUN- 3 Phos- 1.6 ALT- 513 ALKP- <2000 GGT- 38 TBIL- 4 LIPA-2339 K- 3.2 8:37 am 5/1/23 pO2- 67 cSO2- 93.8 K- 3.1 BUN- <3 Glucose- 158

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Newfoundland
Urinary System
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX
Female Spayed
The left kidney is normal in size (8.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE
4 years
The right kidney is normal in size (8.27 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT
127 lbs
Adrenal Glands
The region of the adrenal glands is evaluated. The glands are not definitively visualized. However, no obvious abnormalities are observed in this region.

INTERPRETED BY
Andrea Nicastro, DVM,
Diplomate ACVIM (*Small Animal Internal Medicine*)
Spleen
The spleen is normal in size (1.92 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.

IMAGING PERFORMED BY
A Waffle
Liver
The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

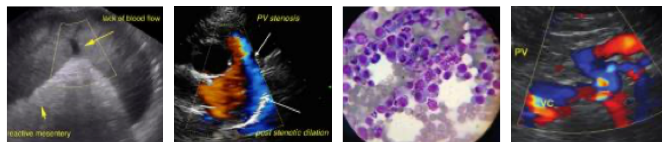
HOSPITAL NAME
Torch Lake VC
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET
Jencka
Gastrointestinal
The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

INVOICE
12922
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.

DATE

5.1.23



PATIENT

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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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Findings

- The hepatic parenchymal changes are nonspecific and could be secondary to an inflammatory process (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, vacuolar hepatopathy, other hepatopathy or some combination thereof.
- The bilateral renal changes are most consistent with a diabetic nephropathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis testing (i.e., blood and urine PCR, serology)
- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid along with hepatic antioxidants. If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If values do improve, a 4-6-week course of treatment is recommended. General symptomatic care for diabetes/ketosis is also recommended.
- Given the ketonuria, consider a urine culture and sensitivity to assess for an occult urinary tract infection.

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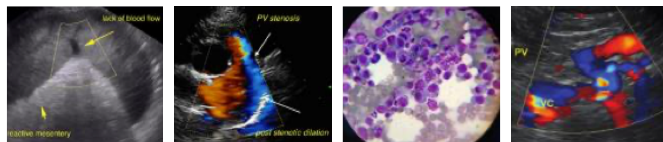
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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