



PATIENT

Roxy Maraviglia

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

6 years

WEIGHT

35.56 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Isermann

HOSPITAL NAME

Animal EH Volusia

REFERRING VET

Dr. Isermann

INVOICE

12997

DATE

5.11.23

PRESENTING CLINICAL SIGNS

History: Decreased appetite for the past month
PU/PD. Vomited this morning

Abnormal lab-work values: cPLI: abnormal
mild elevation of sodium at 153 mmol/L
and calcium at 1.49 mmol/L
specific gravity on urinalyses was 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. There is a questionable 0.44 cm cystic calculus. The remaining luminal contents are anechoic. The region of the trigone is normal.

The left kidney is normal in size (7.03 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.20 cm in length) with an irregular shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.75 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 not visualized in its entirety. In the visualized portion, it is normal to subjectively small in size with normal curvilinear peripheral contours and homogenous parenchyma.

The gall bladder is not definitively visualized in the available images.

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.

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.

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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ULTRASONOGRAPHIC FINDINGS

Findings

- Questionable cystic calculus
- Suspected right renal infarct

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include underlying metabolic disease (i.e., hepatopathy, hypoadrenocorticism), microscopic gastrointestinal disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic images of the liver and gallbladder are recommended to further evaluate for pathology in these organs.
- A full CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- Given the patient's clinical history, consider the following:
 1. Pre-and postprandial serum bile acids to assess hepatic function
 2. Urine culture and sensitivity
 3. Resting cortisol level to screen for hypoadrenocorticism
 4. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Regarding the hypercalcemia, consider the following:
 1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
 2. Rectal examination to evaluate for anal gland tumors
 3. PTH/PTHrP (send to Michigan State).
- Depending on the results of the above diagnostics, a more comprehensive work-up may be warranted.
- Given the possibility of a cystic calculus, consider abdominal radiographs or additional sonographic of the urinary bladder for evaluation.





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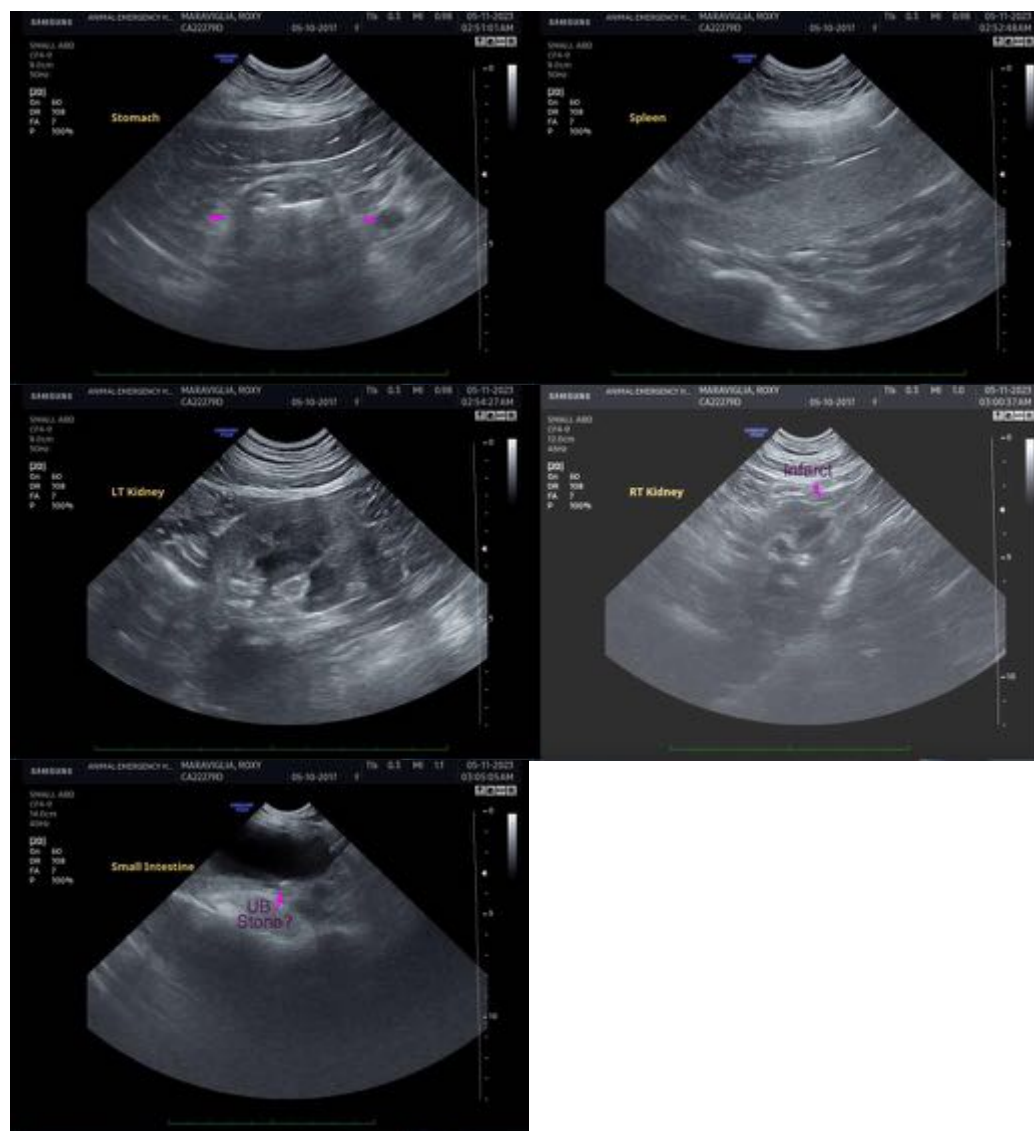
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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