



PATIENT PRESENTING CLINICAL SIGNS

Bella Swinson History: May 3, 22 Exam for dental everything on physical exam normal, Bloodwork done before dental meds: Baytril 50mg x7day, Metacam 10kd dose as needed

SPECIES Abnormal PE/Chem/CBC/UA Results: 4DX Mini Wellness : ALP 2443 (5-160U/L) rads: May 6, 22:
Canine Lateral Abd- Liver ok but has poss enlarged mass effect lower liver lobe

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pomeranian

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Spayed Female

AGE

10 years

The left kidney is normal size (4.32 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.37 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13 kg

The right kidney is normal size (5.19 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is mildly enlarged (0.48 cm at cranial pole) (0.76 cm at caudal pole) (1.74 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.

IMAGING PERFORMED BY

The right adrenal gland is normal size (1.07 cm at cranial pole) (0.56 cm at caudal pole) (1.82 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.

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Kelly Reschny

Spleen

The spleen is normal in size (1.21 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.

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Dr. Lowrey

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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, most of which is

DATE

5/12/22



PATIENT

partially dependent or adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Bella Swinson

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 pyloric outflow tract is patent. 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 disease is noted.

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Pancreas

The pancreas is diffusely prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and heterogenous in appearance with a few ill-defined hyperechoic areas in the left limb. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

SEX

Spayed Female

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic pancreatitis with age-related remodeling, +/- fibrosis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder sludge, non-mucocele

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Secondary Findings

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization and pyelectasia.
- Mild left adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e, every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- If the patient is to undergo anesthesia for a dental procedure, benzodiazepines should be avoided, and opioids should be used judiciously. Give the patient's age, thoracic radiographs should also be performed prior to anesthesia to assess cardiopulmonary status.



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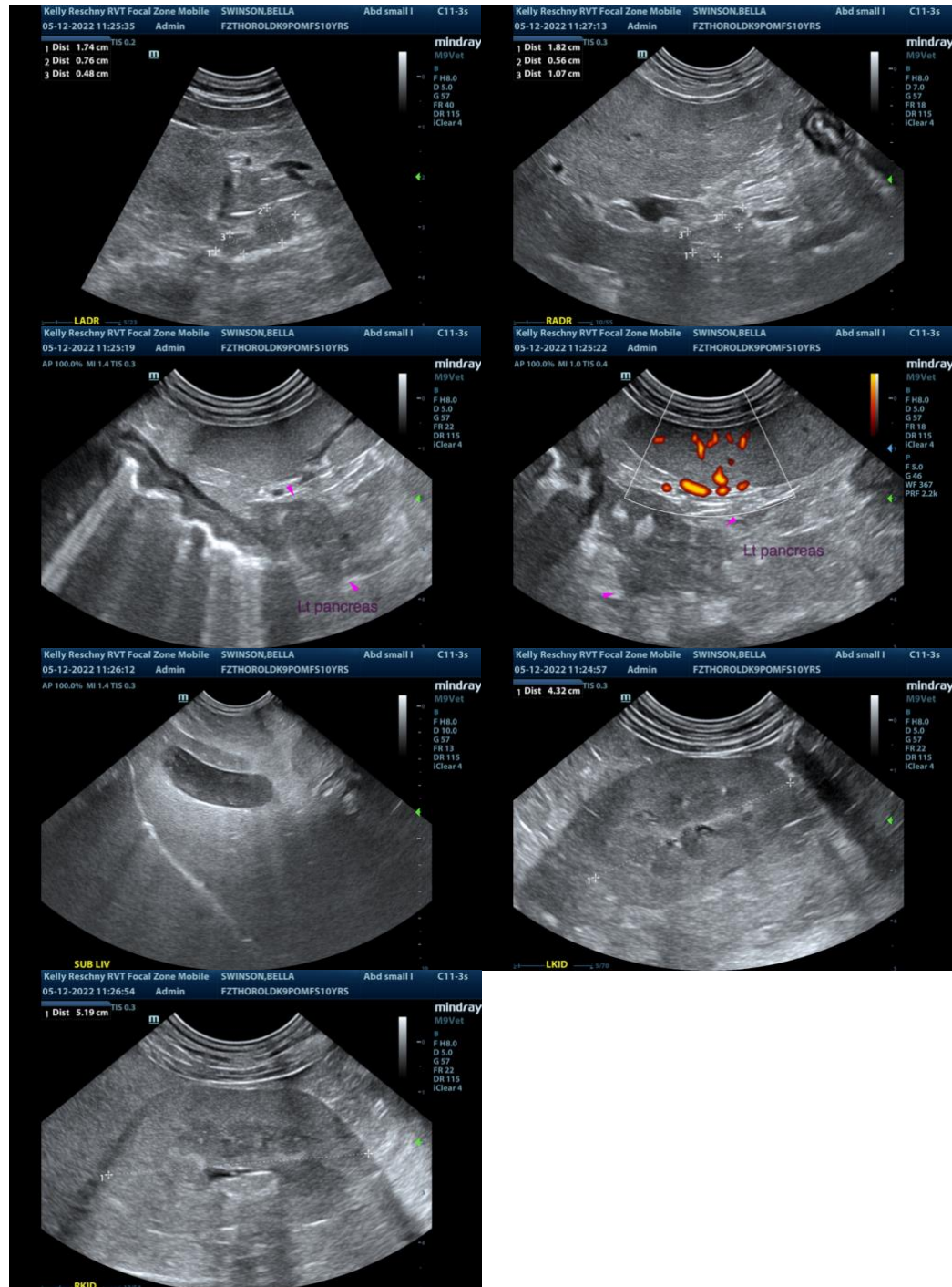
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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