



PATIENT

Trudy Handschiegel

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

03/20/2011

WEIGHT

10.4

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr Kristi Oldham

INVOICE

23012

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Has had a 3-year-history of a head tilt which has recently gotten worse. Concern for possible slow-growing brain tumor. Prednisone started a couple of days ago. Recent bloodwork shows a BUN of around 100. ALT 245. ALP 531. GGT around 100. These values are somewhat higher compared to February of this year.

Current Medications: Currently on Ursodiol for a developing mucocele. Clavamox, Jin Suo Gu Jing, Breathe, Clarity, Slippery Elm Bark

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is overall normal in size (3.78 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several cortical cysts are present (the largest measuring 1.39 cm in its longest dimension). This cyst is expanding the renal capsule. Some nonobstructive mineralized foci are visualized. Moderate pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (2.86 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.50 cm in the longitudinal plane). A few nonobstructive mineralized foci are visualized. A few, small cortical cysts are seen. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.69 cm at cranial pole) (0.74 cm at caudal pole) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.61 cm at cranial pole) (0.79 cm at caudal pole) with a slightly irregular shape. Glandular echogenicity and detail 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is distended. The wall is normal in thickness. A moderate- large amount of partially dependent to suspended sludge is observed within the lumen. There is a partially stellate pattern. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly- to moderately-distended with ingesta consistent with a post-prandial presentation. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific age-related renal changes with nonobstructive nephrolithiasis, pyelectasia, and cortical cysts. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof. Changes are similar to the previous sonogram.
- The gallbladder changes are consistent with a developing mucocele. Changes are similar to the previous sonogram.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.
- Bilateral adrenomegaly. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the continued elevation of BUN, consider a urinalysis with a culture and sensitivity +/- UPC (if indicated).
- 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.



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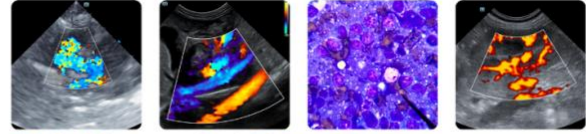
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- Ursodiol therapy should also be continued, with serial sonographic monitoring of the gallbladder (i.e., every 2-3 months) to assess for progression to a fully-formed mucocele.
- Continued palliative care is also recommended.





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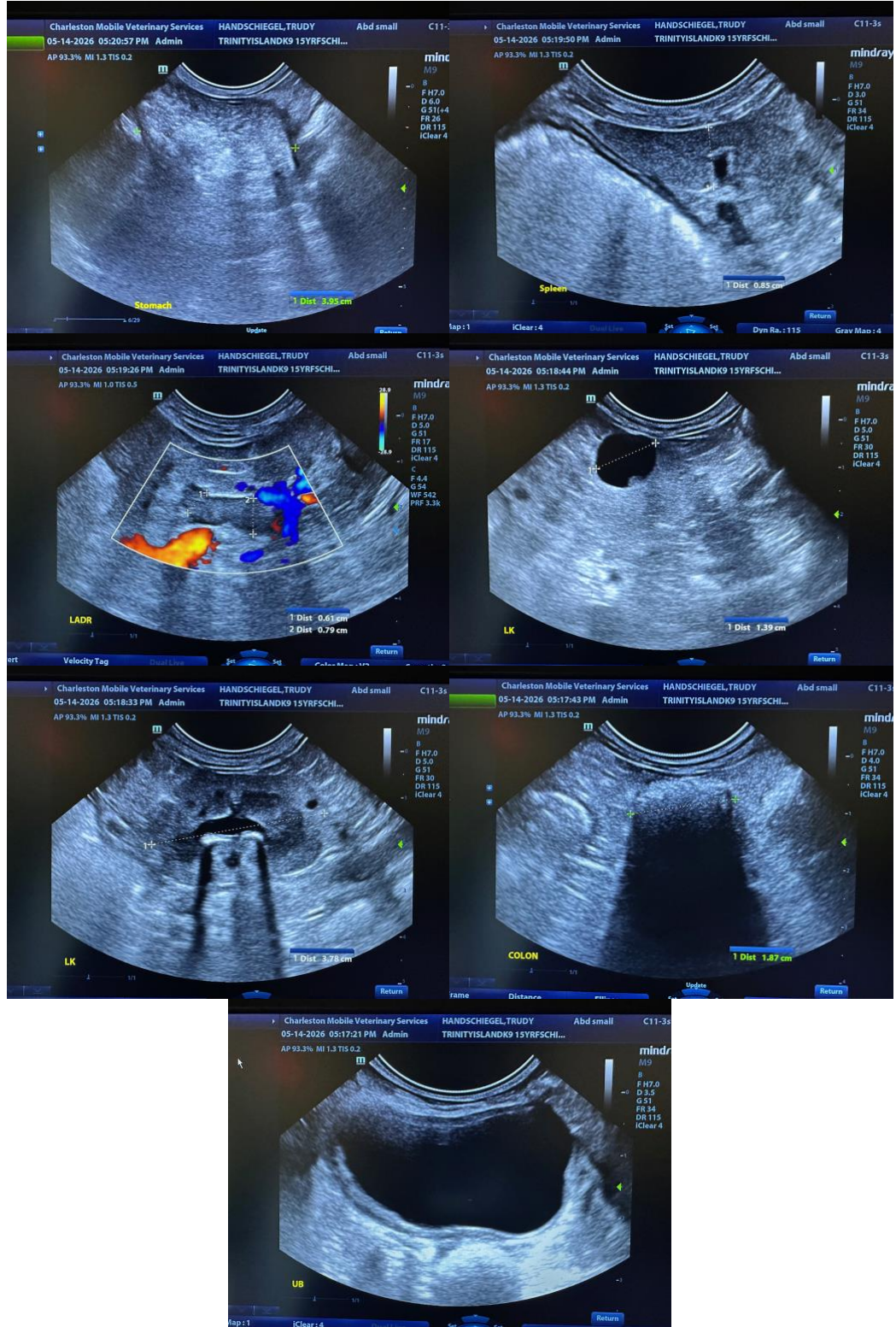
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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