



PATIENT

Chanel Chua

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, intact

AGE

12 Yrs.

WEIGHT

11.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Advanced Veterinary
Care

REFERRING VET

Dr. Weingartner

INVOICE

13402

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Evaluation of reproductive tract; R/O pyometra vs other. No discharge noted. Febrile on presentation. On clavamox 62.5mg bid. Previous similar episode December 2021.
Abnormal PE/Chem/CBC/UA Results: elevated WBC with neutrophilia; elevated Crea and BUN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is thickened (up to 0.63 cm) and irregular. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (4.06 cm in length) with a slightly irregular shape. The cortex is variably thickened and mildly heterogeneous. There is poor corticomedullary distinction. Cortical cysts are visualized. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.72 cm in length) with a slightly irregular shape. The cortex is hyperechoic to heterogeneous in appearance with cortical cysts. There is poor corticomedullary distinction. Cortical cysts are visualized. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.59 cm at caudal pole) (1.98 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 normal size (0.46 cm at cranial pole) (0.53 cm at caudal pole) (1.78 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 (1.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.01 x 0.50 cm hypoechoic nodule is observed at the cranial medial aspect. 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 regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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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 left limb of the pancreas is prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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

Other

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The left ovary is subjectively enlarged (2.59 x 1.14 cm) with irregular peripheral contours. The parenchyma is cystic, the largest measuring 1.09 cm in its longest dimension.

The right ovary is subjectively enlarged (3.89 x 1.71 cm) with irregular peripheral contours. The parenchyma is cystic, the largest measuring 1.00 cm in its longest dimension.

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The uterine wall is mildly and diffusely thickened (up to 0.26 cm). The lumen of the left and right horns and body is mildly distended with anechoic fluid.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, non-specific chronic renal changes with cortical cysts.
- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of emerging neoplasia (i.e., transitional cell carcinoma).
- Bilaterally enlarged, cystic ovaries.
- The uterine wall changes could be consistent with inflammation, hypertrophy or less likely, neoplasia. The fluid accumulation within the lumen may represent mucometra, hydrometra or pyometra (less likely).

Secondary Findings:

- The splenic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar). However, an emerging tumor cannot be excluded.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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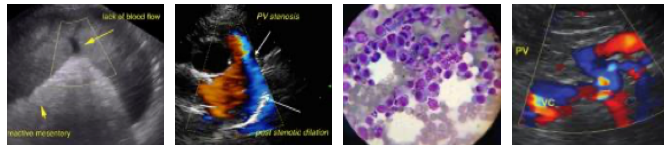
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A vaginal cytology is recommended to further evaluate for pyometra.



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- Ovariohysterectomy should be considered, particularly if the azotemia can be stabilized.

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- To further evaluate the leukocytosis and fever, consider the following:

1. Urine culture and sensitivity.
2. Thoracic radiographs to assess for occult disease in the chest.

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- With regard to the splenic nodule, a repeat ultrasound is recommended in 4-6 weeks to assess for progression/growth.

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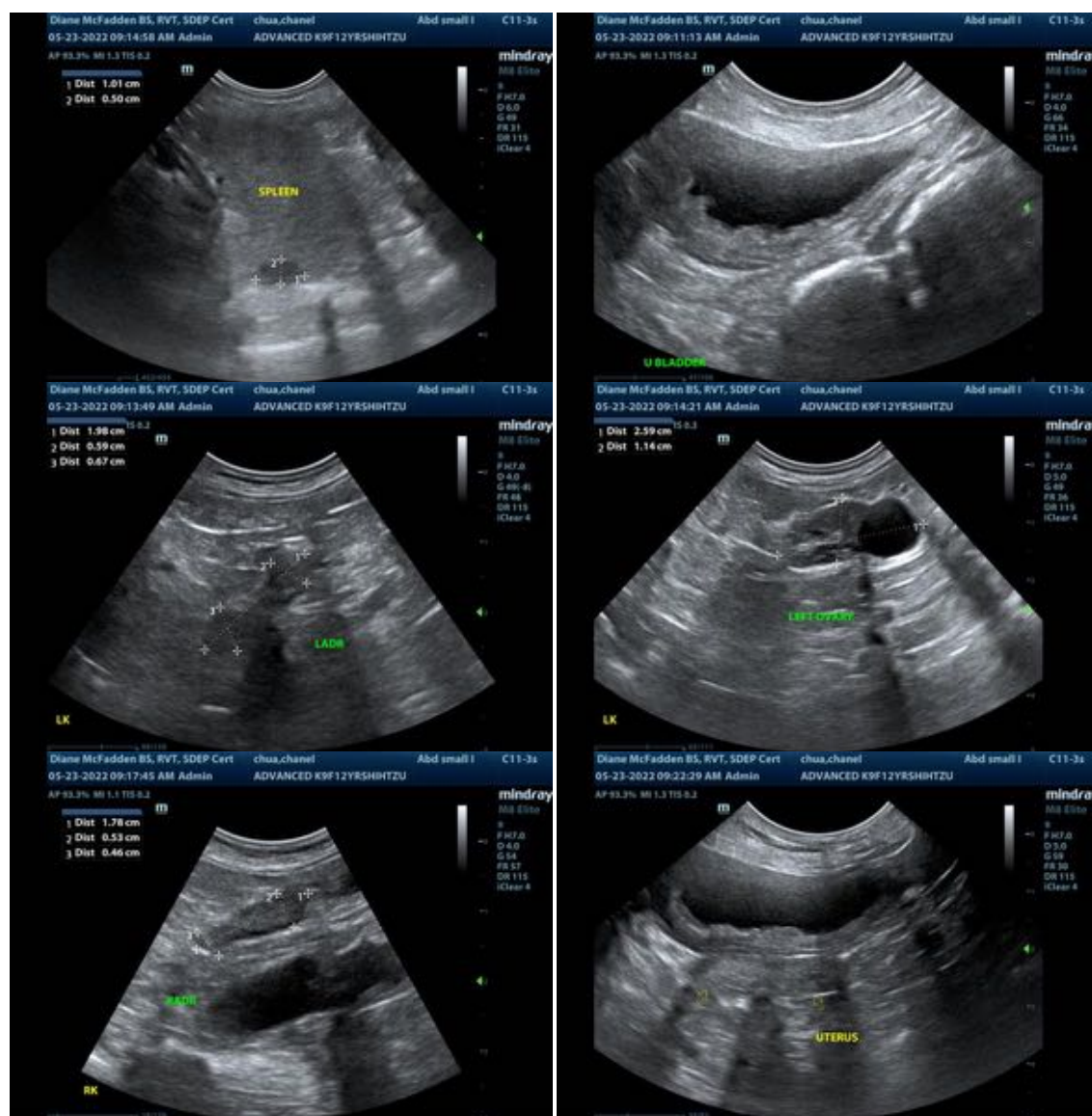
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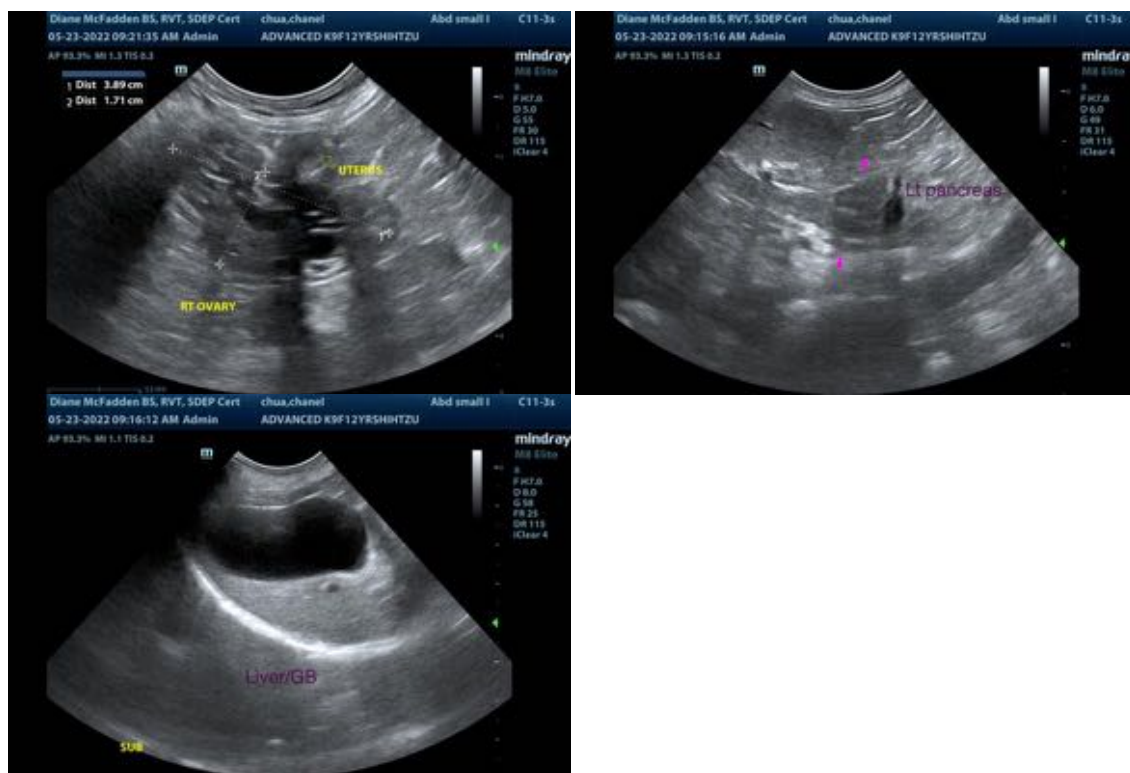
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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