



PATIENT

Emily Murnock

SPECIES

Canine

BREED

Cockapoo

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. DeSpirito

INVOICE

13317

DATE

5/4/22

PRESENTING CLINICAL SIGNS

History: Recently diagnosed with DM. Owners considering euthanasia, but if no other underlying process may treat. R/O pancreatic or other abdominal neoplasm. Had Convenia injection on 4/29/22. Case Upload Status

Abnormal PE/Chem/CBC/UA Results: Neutrophilia, monocytosis, glucose 338, BUN 41, Ca 7.9, Na 132, Cl 96, AP 216, amylase 6125, lipase > 1800.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.52 cm at caudal pole) (1.48 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 mildly enlarged (0.72 cm at cranial pole) (0.77 cm at caudal pole) (1.22 cm in length) with a slightly irregular shape. 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 (0.90 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 isoechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is mildly to moderately fluid distended and hypomotile. The gastric wall and pylorus are 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. No obstructive disease is noted.

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mild gastric ileus.

Secondary Findings:

- Age-related pancreatic remodeling +/- fibrosis. Low-grade pancreatitis may be present, particularly if the patient exhibits a positive Murphy's sign.
- The hepatic parenchymal changes are non-specific and most consistent with diabetic hepatopathy. However, another benign age-related process (i.e., idiopathic vacuolar hepatopathy, regenerative nodular hyperplasia, age-related remodeling) may also be present.
- Bilateral chronic age-related renal changes.
- Mild right adrenomegaly.

*There is no obvious evidence of neoplasia in the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's age, consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Also consider a urine culture and sensitivity, as many new diabetics have occult urinary tract infections.
- If the clients are to pursue treatment, initiation of a maintenance insulin is recommended.

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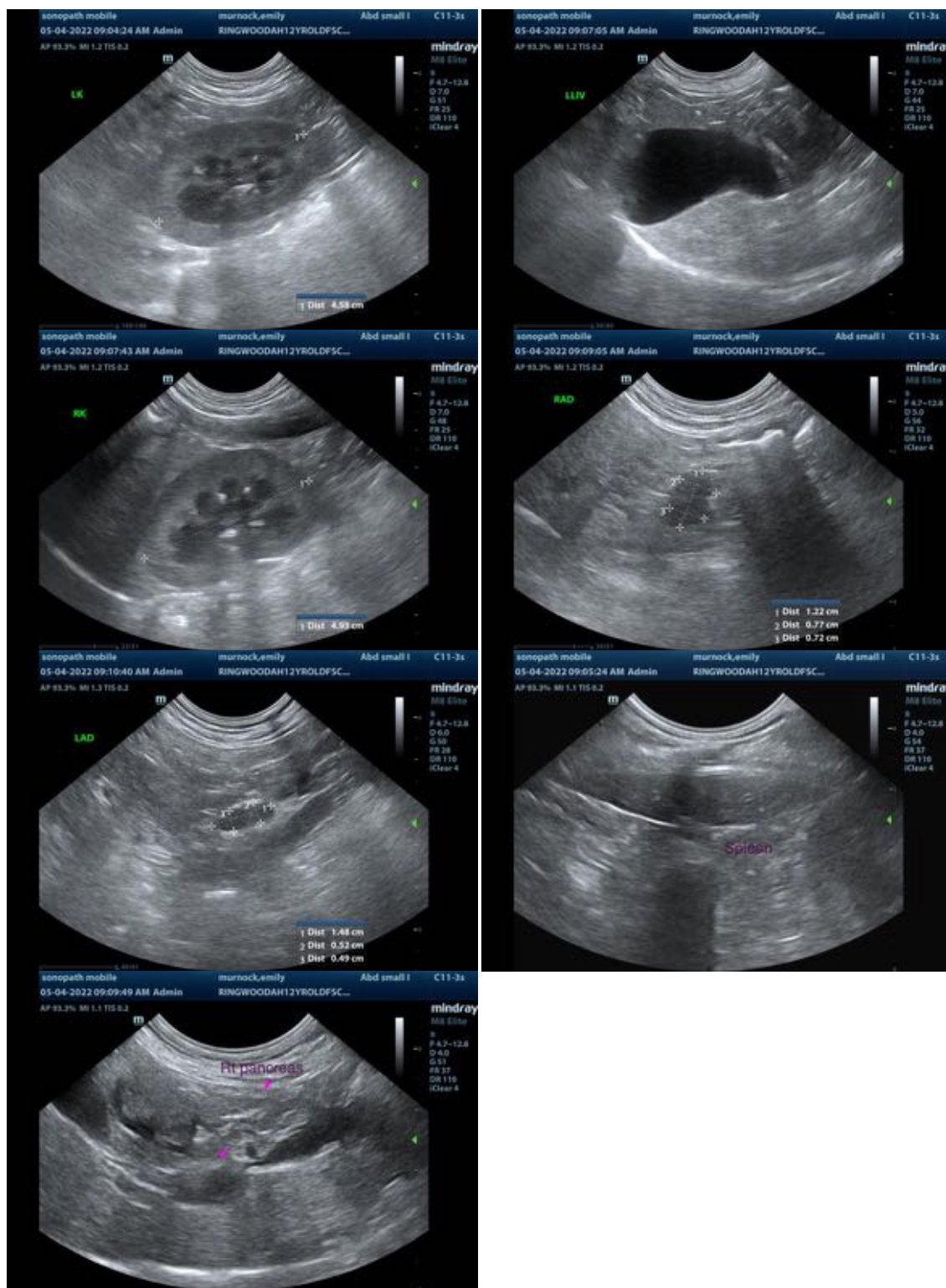
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Andrea.nicastro@sonopath.com

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