



**PATIENT PRESENTING CLINICAL SIGNS**

Elsa Bouchard Clinical Exam Findings: Anorexia, vomiting small amount of fluid/bile, dehydrated, lethargic (now has diarrhea)

**SPECIES** Abnormal labwork values: BUN 191, Creat 16.2, Phos 15.4. USG 1.015, prot 1+. BP: 136 BP  
Canine Current Medications: IVF, cerenia, unasyn, ondansetron, protonix

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

German Wirehair Pointer

**Urinary System**

**SEX**

Spayed Female

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**AGE**

5/4/14

The left kidney is normal size (7.51 cm in length); and length, with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. A small amount of retroperitoneal fluid is present.

**WEIGHT**

32.3 kg

The left kidney is normal size (8.36 cm in length); and length, with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. A small amount of retroperitoneal fluid is present.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate ACVIM  
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Medicine)

The left adrenal gland is normal size (0.98 cm at cranial pole) (0.62 cm at caudal pole) (2.63 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.

**HOSPITAL NAME**

Blue Pearl Mt Pleasant

The right adrenal gland is upper limits of normal size (1.28 cm at cranial pole) (0.97 cm at caudal pole) (4.05 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**

**REFERRING VET**

Dr. Shannon Graham

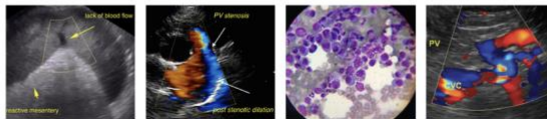
The spleen is normal in size (1.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**INVOICE**

10853

**DATE**

5/5/22



**PATIENT** *Liver*

Elsa Bouchard The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

**SPECIES**

Canine The gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated, echogenic suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**BREED**

German Wirehair Pointer

**Gastrointestinal**

**SEX**

Spayed Female 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.

**AGE**

5/4/14 **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.

**WEIGHT**

32.3 kg **Free Abdomen** A small amount of retroperitoneal fluid is present. The abdominal lymph nodes are normal/not visible.

**INTERPRETED BY**

**Other**

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

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

**Primary Findings**

- The bilateral renal changes are most consistent with chronic interstitial nephritis with an acute inflammatory component and adjacent retroperitonitis. Infiltrative neoplasia is possible but considered less likely.
- Gall bladder change is consistent with a developing mucocele

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Blue Pearl Mt Pleasant

**REFERRING VET**

**Secondary Findings**

Dr. Shannon Graham

- 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.

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- Borderline right adrenomegaly

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**PATIENT**

Elsa Bouchard

**SPECIES**

Canine

**BREED**

German Wirehair Pointer

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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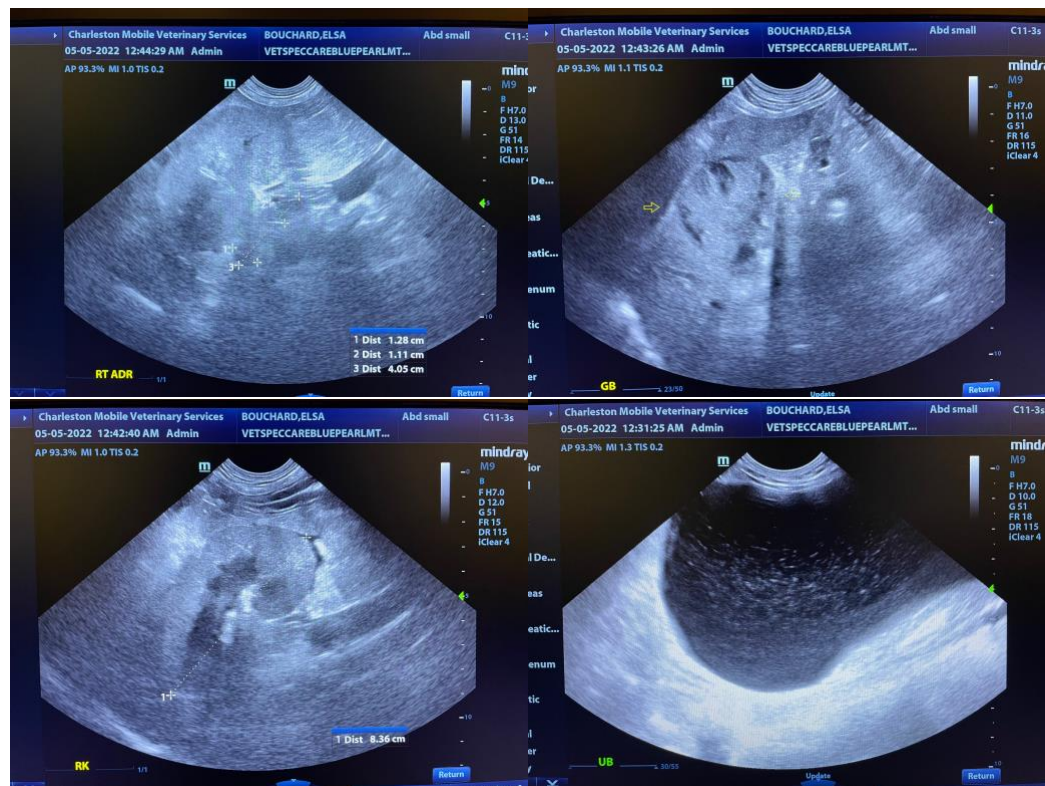
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample. A UPC is also recommended.

Supportive care for acute or chronic renal failure is recommended, including IV fluids, gastric protectants, antiemetics, broad-spectrum antibiotic therapy, +/- sucralfate as empirical treatment for uremic gastritis. Serial monitoring (i.e., daily) of the patient's renal values is recommended to assess progression of disease. If renal values do not continue to improve with supportive care, referral to a board-certified surgeon hemodialysis can be considered.

Thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be continued.

If/when the patient is eating again, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 4-6 weeks) of the patient's gall bladder to assess for progression to a fully formed mucocele.





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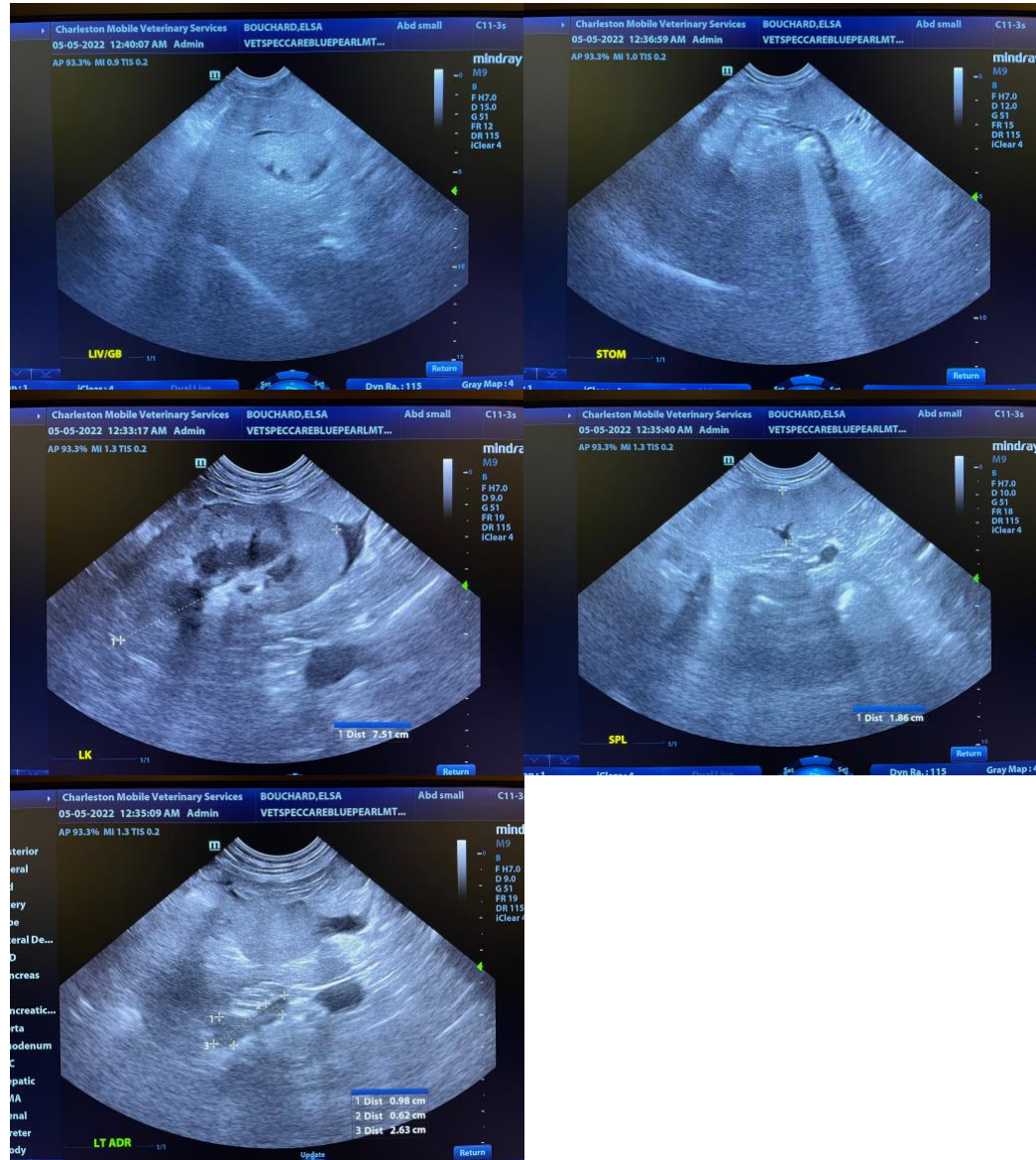
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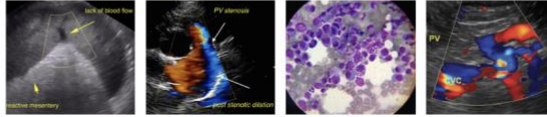
5/5/22



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 DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com



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