

PATIENT PRESENTING CLINICAL SIGNS

Sadie Lockwood

S: BAR

SPECIES

Canine

O:

EENT: mm pink/moist CRT <2. Cataracts OU, possibly mild icterus noted to sclerae

CV/Resp: Grade III/VI systolic murmur, NSR HR 140 PSS. Eupneic, nBVS.

Abd: SNP, cranial organomegaly, pendulous abdomen

Rectal: Hard stool, no masses

BREED

Silky Terrier

MSI: ambu x 4 no lameness. BCS 5/9. No skin lesions or ectoparasites.

PLN: NSF

UG: Normal externally

Neuro: Normal mentation, no ataxia, no CN deficits

Pain: 0/4

SEX

Spayed Female

CBC: RBC 4.8, HCT 34.1, HGB 11.4, RDW 13, Retic-hgb 21.9

PCV/TS 34/8.4

AGE

9 Years

Chem: Glu 382, BUN 37, ALT 3696 ALP 5222, GGT 161, tBili 8.5, Chol 423

SNAP cPL: Abnormal

u/s guided cysto performed, UA: USG 1.042, pH 5.0, Leu 100, Pro 500, GLu 1000, Ket neg, UBG 4, Bil 6, Bld 24

WBC <1/hpf, RBC <1/hpf, Cocci suspect presence, sqEPI <1/epi, nsEPI <1/hpf

WEIGHT

6.9 kg

Vetsulin insulin: 10 1/2 units AM and 9 1/2 unit PM Ursodiol 250 mg tablet: 1/2 tablet by mouth once daily. Ketorolac tromethamine Cerenia 16 mg tablets: PRN

INTERPRETED BY

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

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 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 2 cm, are normal.

IMAGING PERFORMED BY

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The left kidney presented normal size (5.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. At least one tiny cortical cyst is visualized. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Blue Pearl Mt. Pleasant

The right kidney is normal in size (5.55 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

REFERRING VET

Dr. Ann Marcario

Adrenal Glands

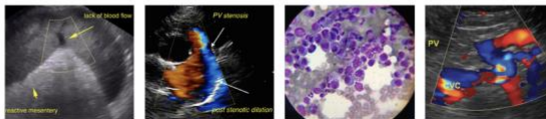
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The left adrenal gland is mildly enlarged in size (0.44 cm at cranial pole) (0.61 cm at caudal pole) (2.18 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

DATE

5/9/22



PATIENT

Sadie Lockwood

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.51 cm at caudal pole) (1.88 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.

SPECIES

Canine

Spleen

The spleen is normal in size (0.97 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.65 cm irregular, hypoechoic nodule is observed at the medial aspect. Splenic vasculature is normal.

BREED

Silky Terrier

Liver

SEX

Spayed Female

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The portal vein to caudal vena cava ratio is approximately 1:1.

AGE

9 Years

WEIGHT

6.9 kg

The gall bladder lumen is moderately distended. The wall is normal in thickness. A scant amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are dilated. The common bile duct measures up to 0.40 cm. Approximately 0.50-1.0 cm proximal to the duodenal papilla, the common bile duct tapers. The duodenal papilla is normal in size at 0.38 cm in width.

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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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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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.

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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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Other

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

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PRIMARY FINDINGS

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Sadie Lockwood

- Dilated cystic and common bile ducts with acute narrowing of the common bile duct approximately 0.50-1.0 cm from the duodenal papilla. Differentials include stricture, tumor, normal variant, small choledocolith (less likely), other.

SPECIES

Canine

- The hepatic parenchymal changes are non-specific and could be secondary to an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), copper hepatotoxicosis, Leptospirosis (less likely) +/- concurrent vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling.

BREED

Silky Terrier

SECONDARY FINDINGS

SEX

Spayed Female

- Mild left adrenomegaly
- Bilateral chronic age-related renal changes with right dystrophic mineralization
- Urinary bladder debris

AGE

9 Years

- The hypoechoic splenic nodule trends towards the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.9 kg

Aggressive supportive care for a primary hepatopathy (i.e., bacterial cholangiohepatitis) is recommended, including broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid /- fluoroquinolone), hepatic antioxidants, fluid therapy, gastroprotectants, and antiemetics as needed. If the total bilirubin continues to increase over the next 24-48 hours, an abdominal exploratory with assessment of bile duct patency (+/- re-routing, if indicated) is recommended. Thoracic radiographs and clotting times (i.e., PT/PTT) are recommended prior to anesthesia/surgery.

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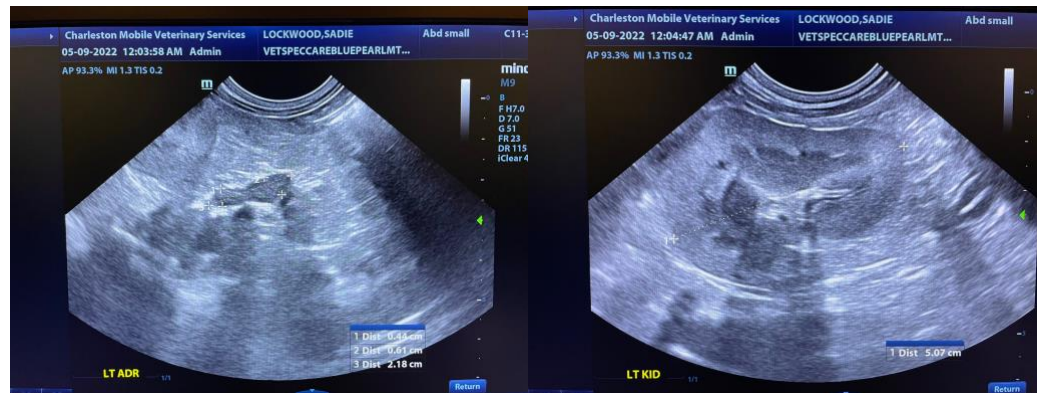
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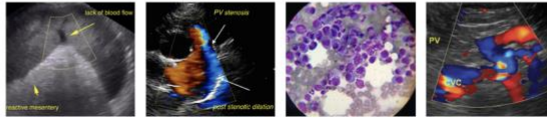
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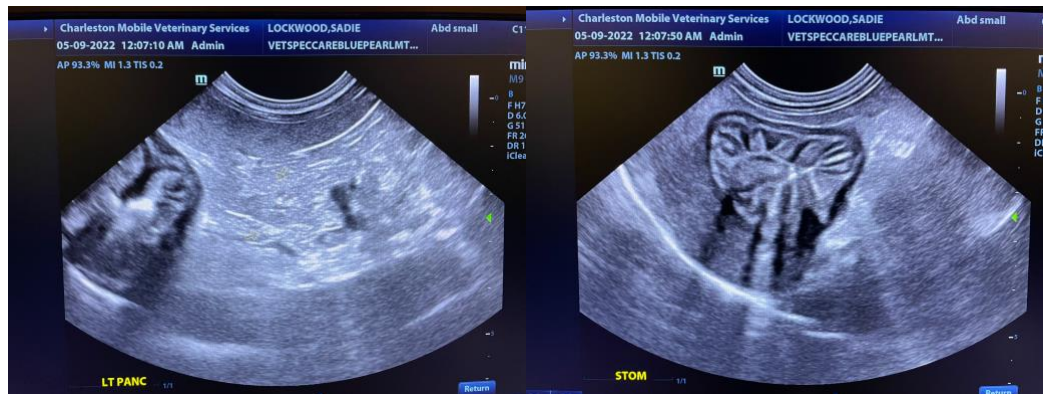
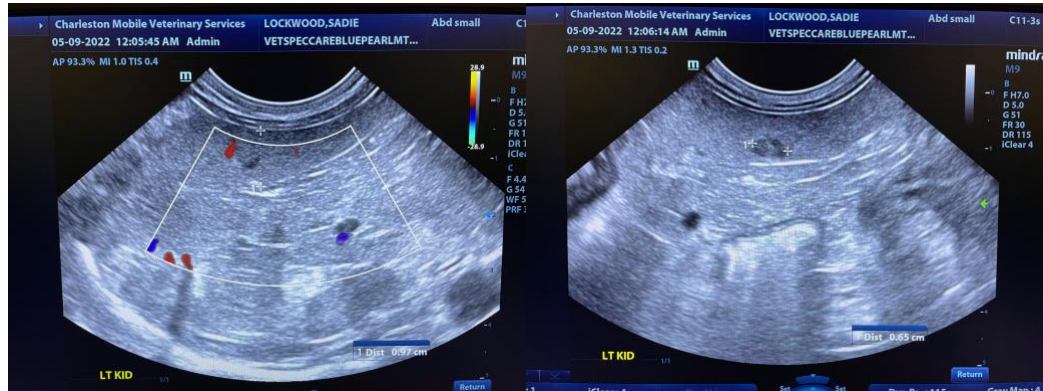
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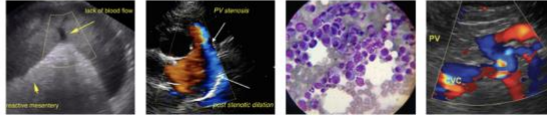
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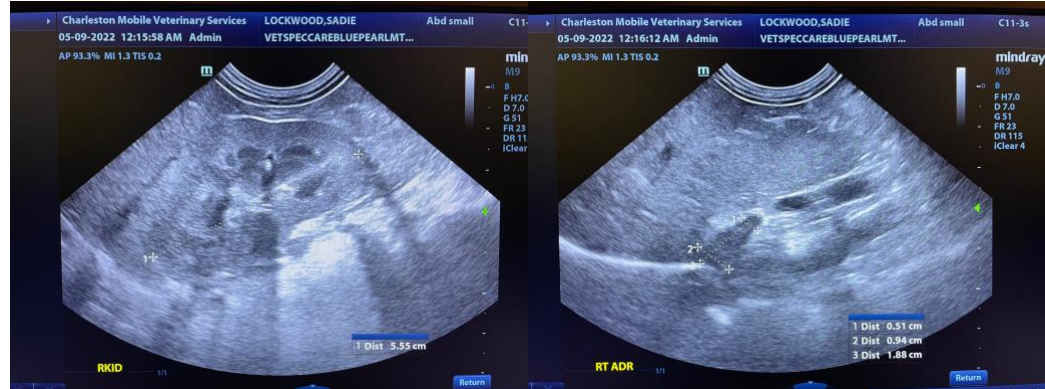
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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