

**PATIENT PRESENTING CLINICAL SIGNS**

**Rhody Choi** History: presented as a transfer for pancreatitis. P diagnosed on Friday and outpatient plan was elected. P cont to have V+ and D+. P had piece of steak last Wednesday. Normal diet is Ollie. CPL positive at rDVM. No radiographs performed

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Grade 3/6 L systolic heart murmur Soft stool Enlarged prostate

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Chihuahua mix \*\*\*15 still images and 15 video clips are available for interpretation.

**Urinary System**

**SEX** 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.

Male

**AGE** The prostate is enlarged (2.99 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogeneous in appearance with some small ill-defined cystic areas within the parenchyma. The prostatic urethra does not appear to be overtly dilated.

13 Yrs.

**WEIGHT** The left kidney is normal size (3.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

3.54 kg.

**INTERPRETED BY**

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

The right kidney is normal size (4.33 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. At least one small non-obstructive nephroliths is visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

**Adrenal Glands**

No images provided.

**IMAGING PERFORMED BY**

Dr. Alyssa Carver

**Spleen**

**HOSPITAL NAME**

Animal Emergency Hospital Volusia

The spleen is normal in size (0.95 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.

**REFERRING VET**

Dr. Alyssa Carver

**Liver**

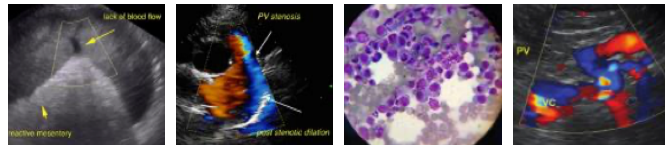
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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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 mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

**DATE**  
6/14/22



## PATIENT

Rhody Choi

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.

## SPECIES

Canine

### *Pancreas*

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

## BREED

Chihuahua mix

### *Free Abdomen*

## SEX

Male

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

## AGE

13 Yrs.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild pancreatitis.

## WEIGHT

3.54 kg.

### Secondary Findings:

- Minor, age-related renal changes with a right non-obstructive nephrolith.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

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(*Small Animal Internal  
Medicine*)

## IMAGING PERFORMED BY

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## HOSPITAL NAME

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## REFERRING VET

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

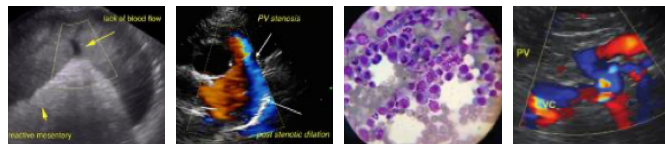
- Additional video clips of the liver, adrenal glands, pancreatic region, urinary bladder, prostate and mid to caudal abdomen are recommended to rule out pathology in these areas.
- Other diagnostic/therapeutic considerations include the following:
  - Baseline labwork including a CBC chemistry panel, urinalysis and T4, if not already performed.
  - A fecal evaluation for ova/Giardia
  - Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
  - Serum cobalamin, folate, PLI and TLI (send to Texas A&M).
  - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended

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- Continued supportive care for acute gastroenteritis/pancreatitis is recommended if clinical signs do not improve within 48-72 hours of medical management, and if the above diagnostics are inconclusive, GI biopsies may be warranted. Thoracic radiographs and an echocardiogram should be considered prior to any anesthetic event, particularly in light of the patient's heart murmur.

**SPECIES**

Canine

**BREED**

Chihuahua mix

**SEX**

Male

**AGE**

13 Yrs.

**WEIGHT**

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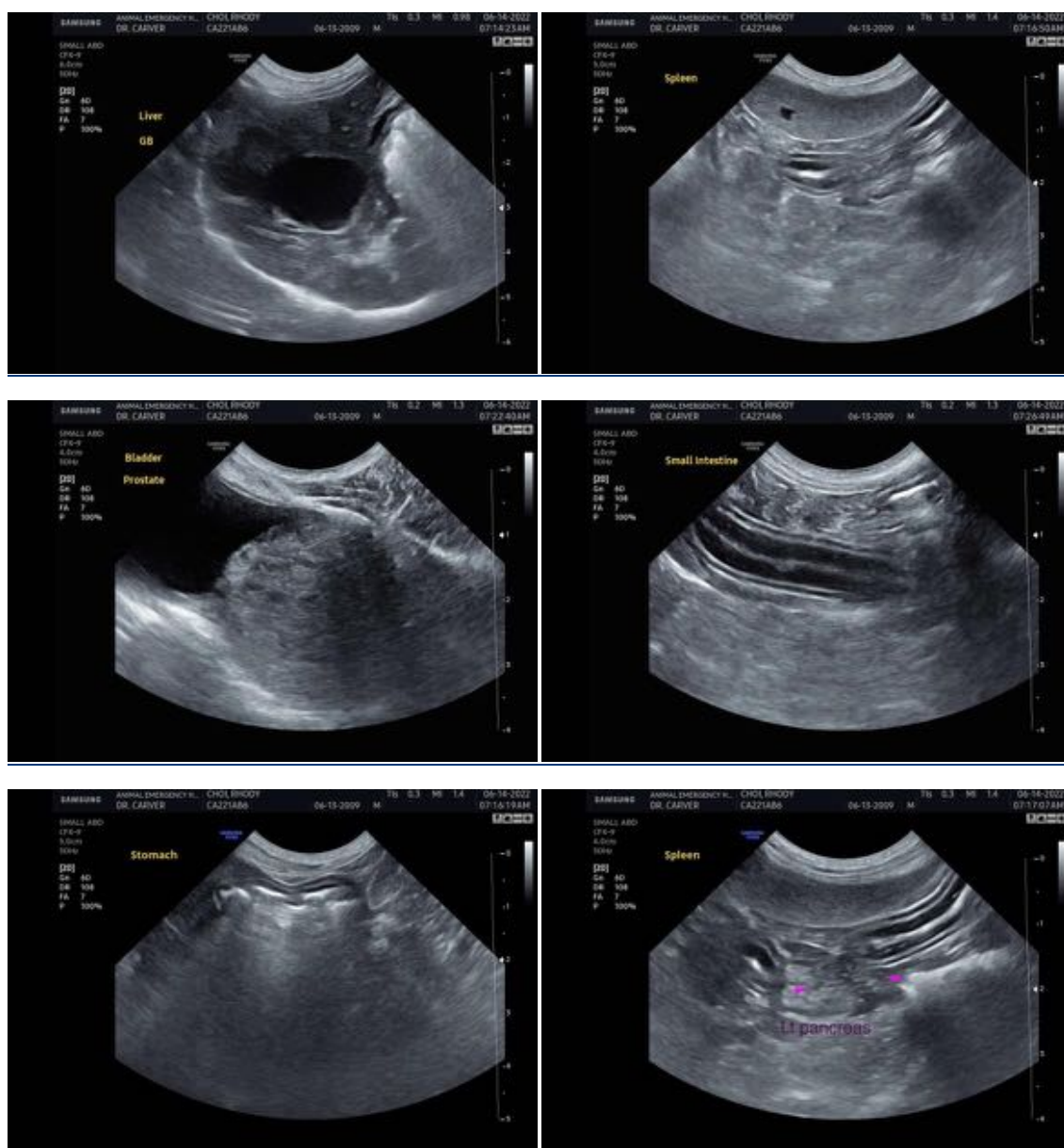
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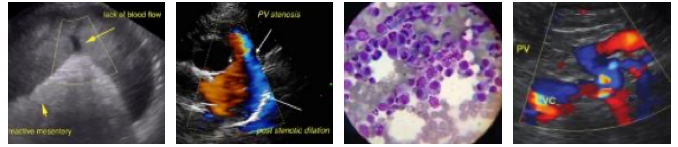
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Rhody Choi

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.

**SPECIES**

Canine

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

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**BREED**

Chihuahua mix

**SEX**

Male

**AGE**

13 Yrs.

**WEIGHT**

3.54 kg.

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