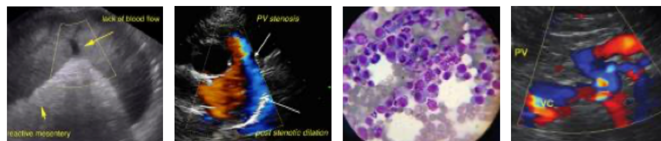
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Daisy Freeland

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

14 years

WEIGHT

61.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gogluizza

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Gogluizza

INVOICE

13362

DATE

6.14.23

PRESENTING CLINICAL SIGNS

History: 4/2022-vestibular episode; treated with course of clindamycin, slow improvement; labwork done, no further diagnostics pursued 12/2022-neurologic episode where eyes rolled back into head, this started a series of these types of episodes that have persisted; diagnosed with recurrent UTIs-the episodes seemed to improve some when the UTIs were managed but still continued Other history- PU/PD for several months Current medications: UT strength pro, 4 tablets every morning. Dasuquin 1 chew every evening Denamarin advanced 1 tablet every evening. Heartgard Nexgard

Abnormal PE/Chem/CBC/UA Results: 4/2022 (CBC/chem/UA/4Dx/T4)-ALP 465, lipase 437, USG 1.043, Ur Pro 1+, Ur Bili 1+ 6/2022 (ALP recheck)-705 1/6/2023 (CBC/chem/UA)-ALP 713, USG 1.011, Ur Pro 1+, marked rods (Culture-E. coli) 1/23/2023 (recheck urine after treatment)-USG 1.012, tr protein, inactive sediment; no growth on culture 4/4/2023 (CBC/chem/UA)-SDMA 17, BUN 37, ALP 847, USG 1.014, protein 100, rods present; urine culture-E coli (no growth at recheck after treatment) 5/25/2023 (UA)-USG 1.008, Pro 100, inactive sediment with negative culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is normal to mildly thickened (up to 0.51 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.65 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (5.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.89 at cranial pole) (0.96 at caudal pole) with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogenous with some loss of glandular detail. Surrounding vasculature appears normal.

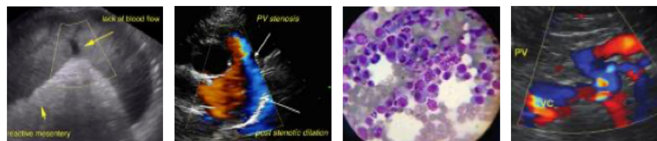
The right adrenal gland is mildly enlarged (1.94 cm at cranial pole) (0.85 cm at caudal pole) with a slightly irregular shape. A 2.07 x 1.38 cm irregular, hyperechoic-to-heterogenous nodule/mass is arising from the parenchyma, occupying the majority of the gland. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.06 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.27 cm irregular hypoechoic nodule is observed near the hilus. One to two ill-defined hypoechoic-to-heterogenous areas are also observed. A few myelolipomas are also seen in the region of the hilus. Splenic vasculature appears 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.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Freeland

SPECIES
Canine

BREED
Labrador Retr Mix

SEX
Female Spayed

AGE
14 years

WEIGHT
61.3 lbs

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

IMAGING PERFORMED BY
Dr. Gogluizza

HOSPITAL NAME
Evandale-Blue Ash PH

REFERRING VET
Dr. Gogluizza

INVOICE
13362

DATE
6.14.23

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small polypoid-like lesion is arising from the luminal surface near the gallbladder neck. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

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.

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

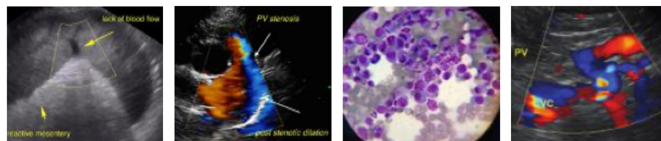
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left pyelectasia. This finding may be secondary to pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.
- An obvious cause for the patient's elevated ALP is not definitively identified in this study. Top considerations include microscopic regenerative nodular hyperplasia, early vacuolar hepatopathy, age-related remodeling, other.
- Urinary bladder wall changes suggestive of cystitis
- The right adrenal nodule/mass could be consistent with and adenoma, adenocarcinoma, emerging pheochromocytoma, benign nodular hyperplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Periodic monitoring (i.e., every 3 months) of urine cultures is recommended to assess for recurrence of infection.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Given the proteinuria, a UPC should be considered.
- Regarding the neurologic episodes, consider a consultation with a board-certified neurologist, +/- a brain MRI/CSF tap.
- A baseline blood pressure measurement should also be considered to assess for systemic hypertension.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Daisy Freeland

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

14 years

WEIGHT

61.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gogliuzza

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

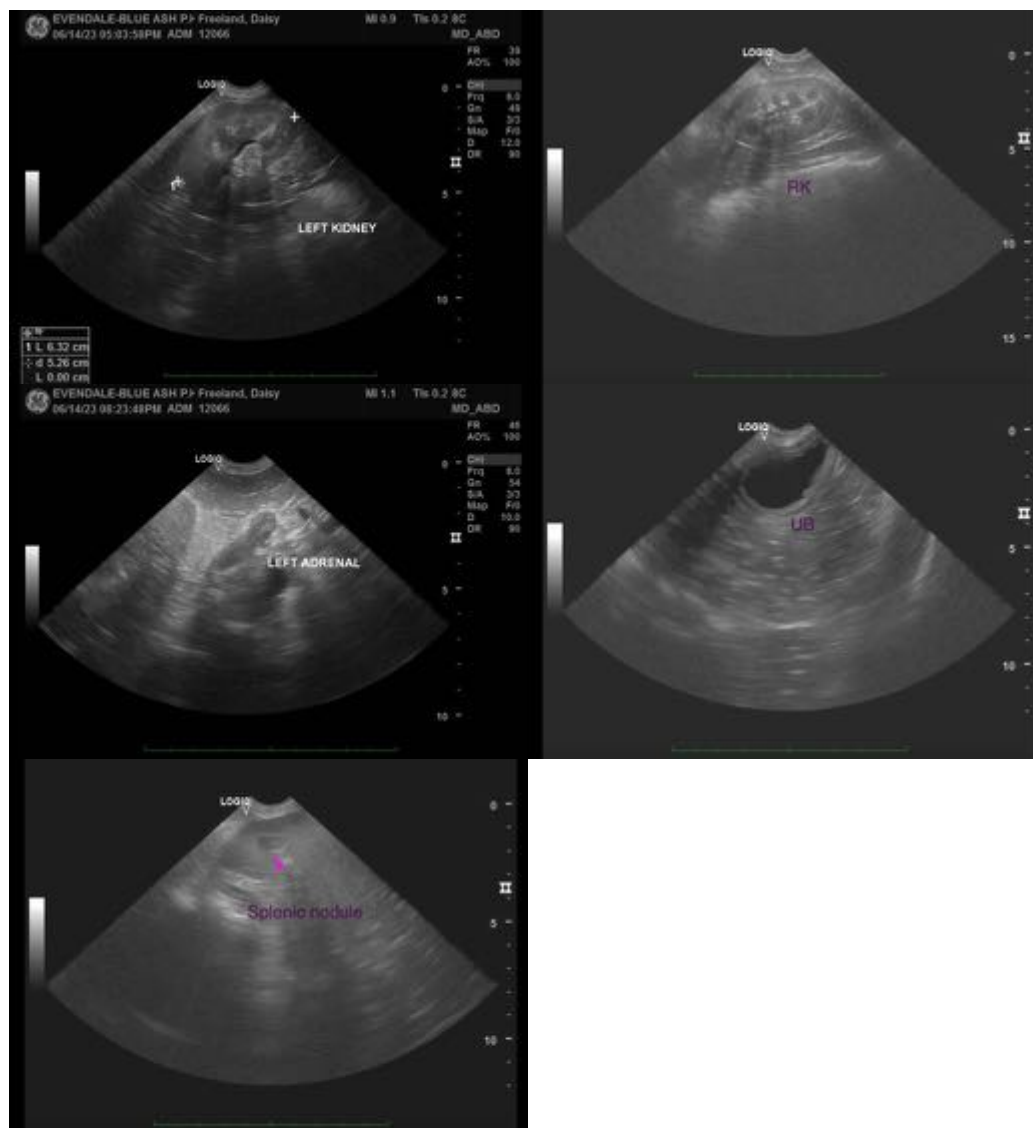
Dr. Gogliuzza

INVOICE

13362

DATE

6.14.23



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com