



**PATIENT**

Milly Carboni

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Intact Female

**AGE**

8 years

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Ancaster AH

**REFERRING VET**

Dr. Mathews

**INVOICE**

11142

**DATE**

6/21/22

**PRESENTING CLINICAL SIGNS**

History: O just moved to Canada with P this year from Brazil. P is UTD on vaccines (DA2PP due Sept 2022/Rabies due August 2022). O said P has a hx of issues with her gallbladder and gets ultrasounds every 6 months to check. Last ultrasound was done late 2021 DIET: Low Fat diet  
Abnormal PE/Chem/CBC/UA Results: Please see attached US reports

**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 (4.28 cm in length); with a normal shape and architecture and smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.49 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. The cortex is mildly hyperechoic. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.50 cm at caudal pole) (1.93 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 normal size (1.05 cm at cranial pole) (0.34 cm at caudal pole) (1.79 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**

The spleen is normal in size (1.13 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 aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Canine

**Gastrointestinal**

The gastric lumen is mildly fluid 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. The colonic lumen is gas distended. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

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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**

**AGE**

8 years

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

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.4 lbs

**Primary Findings**

- 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.
- Gall bladder debris/sludge, non-mucocele

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**Secondary Findings**

- Bilateral, chronic, age-related renal changes with nonobstructive nephrocalcinosis
- The mild fluid distention within the gastric lumen may represent recent water ingestion or mild gastric ileus. Correlation with clinical history is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient has a history of liver enzyme elevations, they should be monitored periodically (i.e., every 3-4 months) for further increases. If this occurs, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

**REFERRING VET**

Dr. Mathews

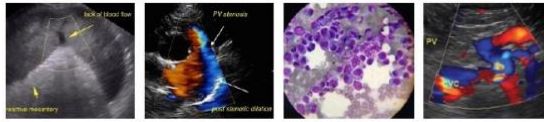
Consider continued sonographic monitoring (i.e., every 6 months), of the patient's gall bladder to evaluate for the development of a mucocele, although there is no evidence of a mucocele at this time.

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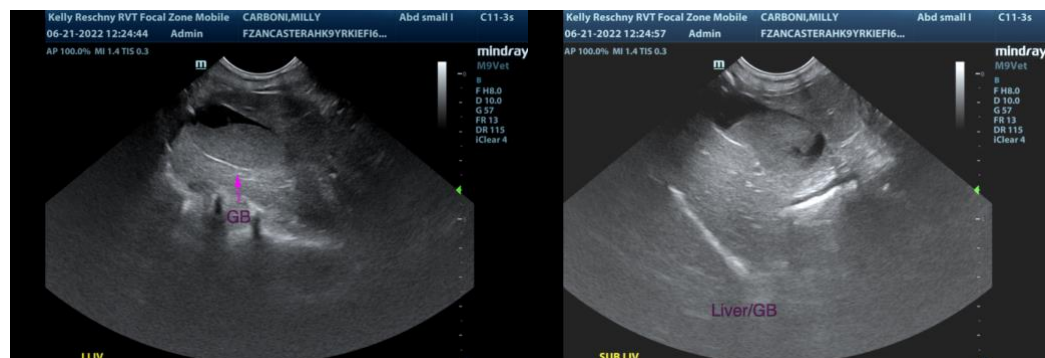
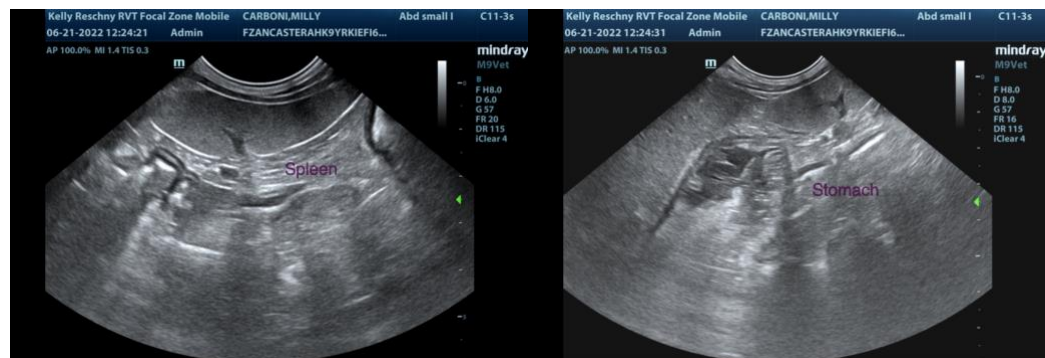
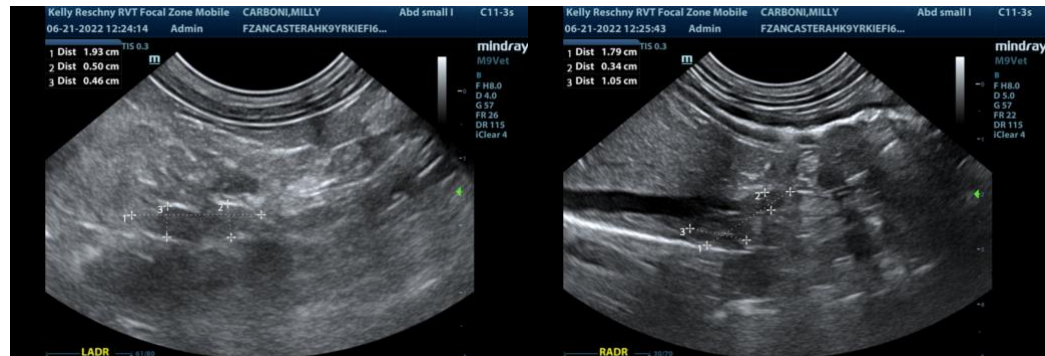
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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