

PATIENT PRESENTING CLINICAL SIGNS

Jewels White Clinical Exam Findings: Weight loss with hyporexia: metabolic vs endocrine vs primary gastrointestinal (IBD, pancreatitis, gastroenteritis)
SPECIES Current Medications: Heartgard Q30D
Canine Radiographic Findings N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Terrier Mix The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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.

SEX Intact Female

AGE 1/3/2011 The left kidney is normal size (2.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.30 cm in the longitudinal plane). Several, nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT 3.94 lbs The right kidney is normal size (3.34 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. Several, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY
Adrenal Glands

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) The left adrenal gland is normal size (0.34 cm at cranial pole) (0.44 cm at caudal pole); 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.

IMAGING PERFORMED BY Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) The right adrenal gland is mildly enlarged (0.60 cm at cranial pole) (0.59 cm at caudal pole) (0.53 cm in length); with a slightly irregular 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 Flowertown AH *Spleen* The spleen is normal in size (0.84 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. Kline *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 portal vein to caudal vena cava ratio is approximately 1: 1.

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PATIENT

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Jewels White

Gastrointestinal

SPECIES

The gastric lumen is not distended. The gastric wall is normal to moderately thickened (up to 0.70 cm) with apparent retention of the 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

BREED

Terrier Mix

Pancreas

SEX

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion

Intact Female

AGE

Free Abdomen

1/3/2011

There is suspected trace ascites. At least two, prominent, medial iliac lymph nodes are visualized, the largest measuring 1.49 cm in length. The nodes are normal in shape and echogenicity.

WEIGHT

Other

3.94 lbs

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

INTERPRETED BY

B-lines are visualized in the thorax.

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

What is thought to be left ovary measures 1.72 x 0.83 cm and is slightly irregular in shape, with ill-defined cystic areas and slightly heterogenous parenchyma.

What is thought to be right ovary measures 1.50 x 0.73 cm and is slightly irregular in shape, with ill-defined cystic areas and slightly heterogenous parenchyma.

IMAGING PERFORMED BY

A tubular structure, which is thought to be the left and right uterine horns in the urine body is visualized. The walls of this structure are thin. The lumene contains echogenic, heterogenous, cystic tissue throughout all aspects.

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Internal Medicine)

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Primary Findings

Flowerstown AH

- Suspected cystic endometrial hyperplasia (if the patient is in fact, intact). However, neoplasia cannot be completely excluded. Concurrent pyometra is also a concern, particularly given the severe neutrophilia and hypoglycemia. Cystic endometrial hyperplasia creates a favorable environment for pyometra to occur.

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Dr. Kline

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- Suspected bilateral cystic ovaries

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- Trace ascites, possibly secondary to uterine pathology

DATE

- The B-lines are suggestive of pulmonary parenchymal disease.

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PATIENT

Jewels White

SPECIES

Canine

BREED

Terrier Mix

SEX

Intact Female

AGE

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IMAGING PERFORMED BY

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HOSPITAL NAME

Flowertown AH

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Dr. Kline

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11148

DATE

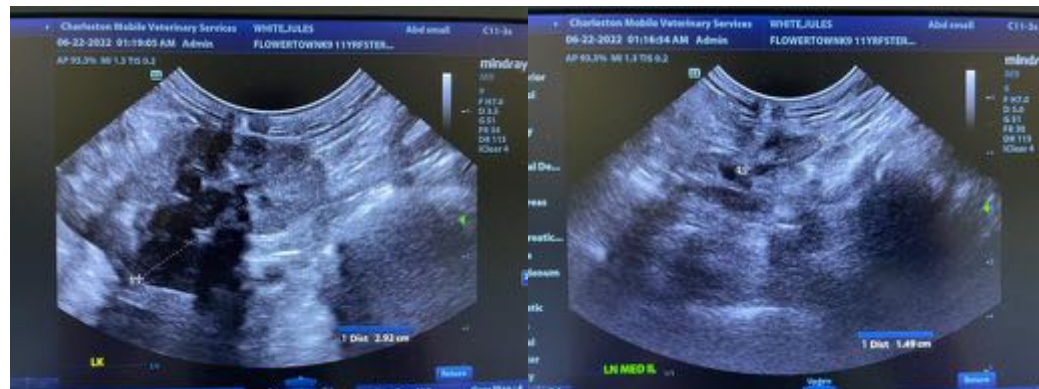
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Secondary Findings

- Bilateral, chronic, age-related renal changes with nonobstructive nephrocalcinosis and left pyelectasia
- Suspected benign diffuse hepatopathy. Top differentials include idiopathic vacuolar hepatopathy and regenerative nodular hyperplasia.
- Mild right adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gastric wall changes are most consistent with inflammation. Other differentials include hypertrophy or emerging neoplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to further evaluate cardiopulmonary status.
- Depending on the thoracic radiographs results, an abdominal exploratory with removal of the tubular structure (suspected uterus and ovaries) with submission for histopathology is recommended. Gastrointestinal biopsies should also be considered to assess for a concurrent protein-losing enteropathy.
- Regarding the patient's hypoglycemia, the patient should be stabilized prior to any anesthetic event.
- Consider initiation of a broad-spectrum antibiotic (i.e., fluoroquinolone) while awaiting further cytology and treatment.
- Given the left pyelectasia, a urinalysis +/- urine culture and sensitivity are recommended.





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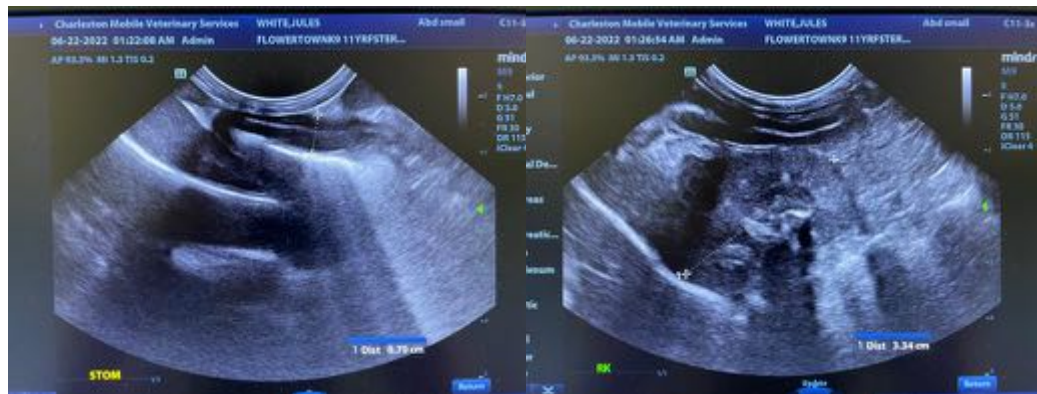
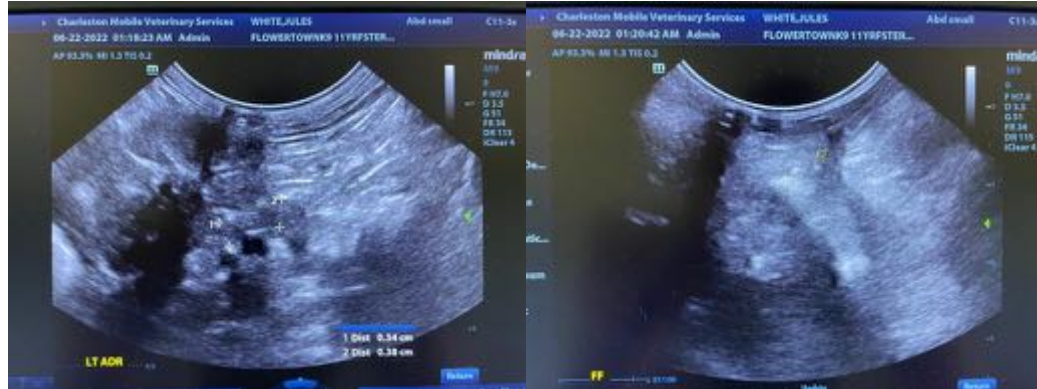
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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