



PATIENT

Molly Cochrane

SPECIES

Canine

BREED

Pug mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

13.4 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

Dr. Monica

INVOICE

15079

DATE

6/26/23

PRESENTING CLINICAL SIGNS

History: Presented with vomiting and hemorrhagic diarrhea. Chest radiographs unremarkable.
Abnormal PE/Chem/CBC/UA Results: Hemoconcentration, monocytosis. Moderate azotemia with hyperphosphatemia. Hyperproteinemia characterized by hyperalbuminemia over 60 which has now resolved with fluid therapy. Mild ALP elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few tiny cystic calculi are visualized. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.80 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (5.38 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.85 cm at cranial pole) (0.71 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.

The right adrenal gland is normal size (0.74 cm at cranial pole) (0.64 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.

Spleen

The spleen is normal in size (1.38 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 normal in size with normal curvilinear peripheral contours. The parenchyma is subtly heterogeneous in appearance with a small hyperechoic nodules observed throughout the organ, one of the larger nodules measuring 1.22 cm in diameter. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic to mineralized debris/sludge is observed within the lumen, some of which is partially dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.



PATIENT

Molly Cochrane

SPECIES

Canine

BREED

Pug mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

13.4 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

Dr. Monica

INVOICE

15079

DATE

6/26/23

Gastrointestinal

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 segmentally fluid distended (mild). The small intestinal wall thickness is normal. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. There is questionable wall thickening at the ileocecolic junction. The lumen of the ascending colon is fluid distended. The remaining colonic lumen is empty. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base 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.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor bilateral age-related renal changes with non-obstructive nephrocalcinosis.
- Tiny cystic calculi.

Secondary Findings:

- Mild left adrenomegaly.
- 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. The hyperechoic nodules have a propensity for the benign (i.e., regenerative nodules) with a lower possibility of a neoplastic process.
- Gallbladder debris/sludge- non-mucocele.
- Minor, age-related pancreatic remodeling.
- The bowel wall changes are suggestive of an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for internal parasites is recommended along with prophylactic deworming with Fenbendazole.
- Continue supportive care for hemorrhagic gastroenteritis is recommended. If the patient's clinical signs do not improve with medical management, a more comprehensive GI workup may be warranted.



PATIENT

Molly Cochrane

SPECIES

Canine

BREED

Pug mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

13.4 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

Dr. Monica

INVOICE

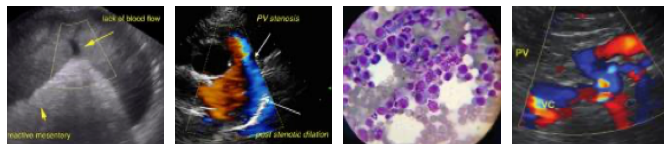
15079

DATE

6/26/23

- Regarding the azotemia, consider the following:
 1. Urinalysis
 2. +/- culture and sensitivity
 3. +/- UPC (if proteinuria is present in the absence of infection)
 4. Baseline blood pressure measurement
 5. The kidney values should be rechecked once the patient's dehydration has been corrected to see if there is persistent azotemia.





PATIENT

Molly Cochrane

SPECIES

Canine

BREED

Pug mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

13.4 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

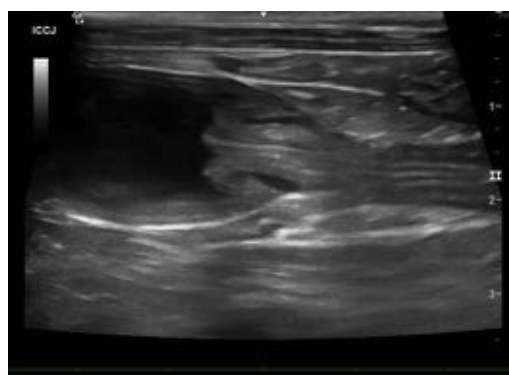
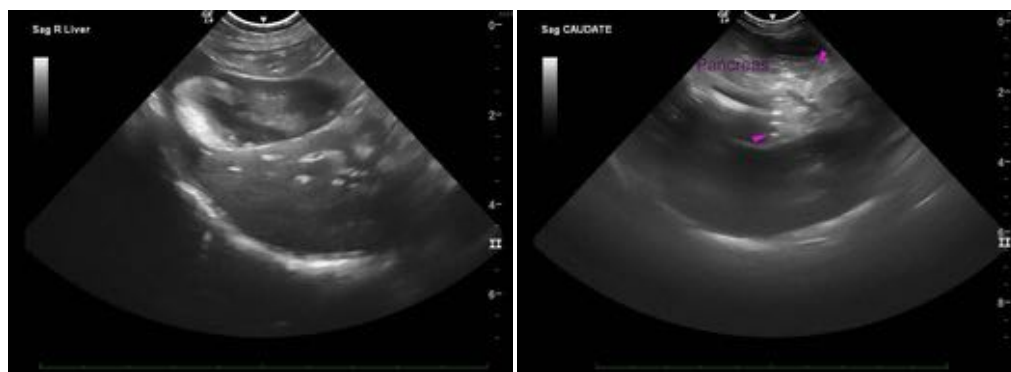
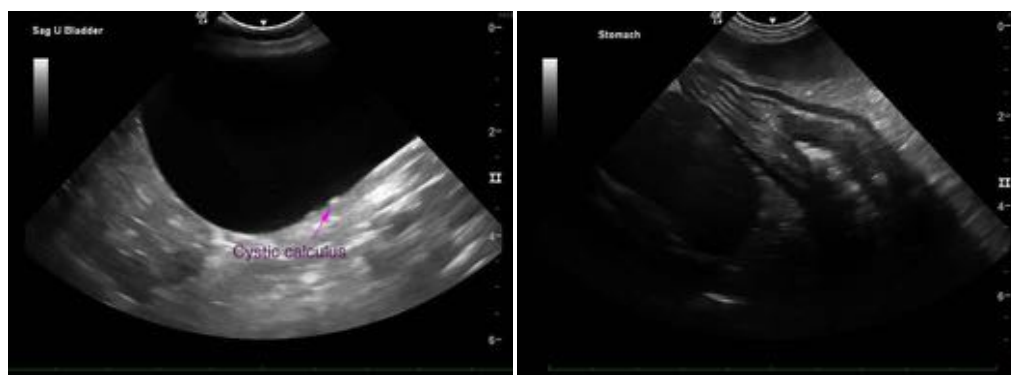
Dr. Monica

INVOICE

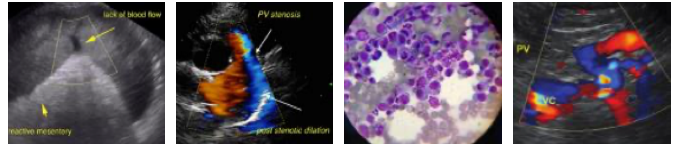
15079

DATE

6/26/23



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.



PATIENT

Molly Cochrane

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

info@SonoPath.com

BREED

Pug mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

13.4 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

Dr. Monica

INVOICE

15079

DATE

6/26/23