

PATIENT PRESENTING CLINICAL SIGNS

Olive Rone
SPECIES
Canine
BREED
Boston Terrier

Clinical Exam Findings: PU/PD for 1.5mo. Has been having accidents in the house. Unable to hold urine throughout the night. No straining or pain noted when urinating. Normal appetite, normal energy.

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Boston Terrier

SEX

Spayed Female

AGE

11.5.2012

WEIGHT

23.2 lbs

Abnormal lab-work values: Chem: ALP 464, GGT 19, Creat 0.4, BUN 12, Cholesterol 408, Amylase 252. UA: RBCs 4-10/hpf (natural voiding sample)
Current Medications: Heartgard, Dasuquin, topical flea prevention

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (6.02 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (5.22 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.96 cm at cranial pole) (0.77 cm at caudal pole); with a slightly irregular shape. The parenchyma with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is mildly enlarged (1.01 cm at cranial pole) (0.70 cm at caudal pole) (1.82 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.

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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. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Sun Dog Cat Moon VC

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.

REFERRING VET

Dr. Abby Clayton

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE

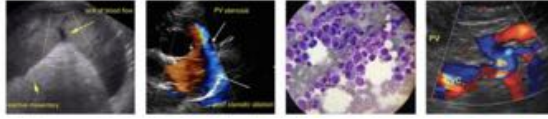
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DATE

6.30.22

Gastrointestinal

The **gastric lumen** is mildly to moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small



PATIENT

Olive Rone

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 lumen of the descending colon contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions no obvious pathology is seen.

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Free Abdomen

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

SEX

Spayed Female

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral adrenomegaly - hyperplastic change (i.e., secondary to hyperadrenocorticism) should be considered, particularly if further testing confirms this diagnosis.
- 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, non-mucocele

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, further testing for hyperadrenocorticism (i.e., low-dose dexamethasone suppression test or ACTH stimulation test) is recommended. If hyperadrenocorticism is confirmed, a baseline blood pressure measurement should be considered. Also consider a UPC if proteinuria is present in the absence of hematuria.
- Given the history of hematuria, a urine culture and sensitivity should also be considered.

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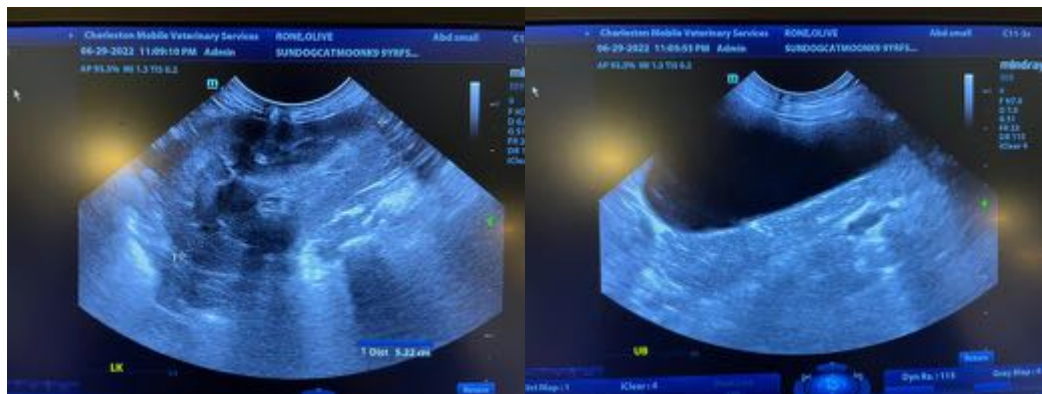
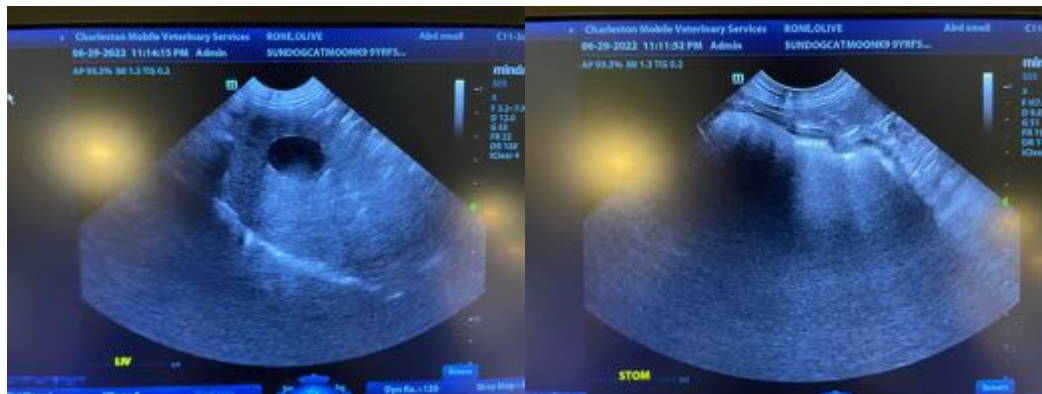
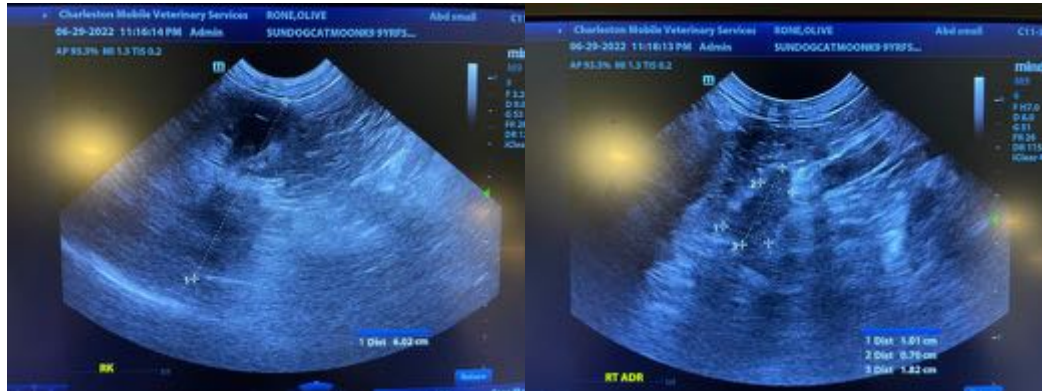
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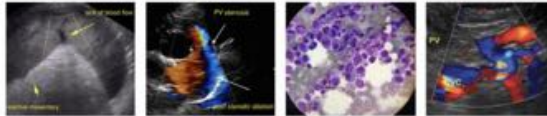
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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