

PATIENT PRESENTING CLINICAL SIGNS

Cobble Brubaker
History: Cobble" Sherie Brubaker Chihuahua Female, spayed Tan 13 years old 3-4/6 higher pitched systolic murmur loudest over left ventral quadrant. Barely audible on right side. Radiographs showed basically NAF. Maybe some slight left atrial enlargement. Lungs are okay. IDEXX bloodwork shows possible reduced GFR and low albumin. Owner reports sleeping respiration ranges from 25-32 per minute.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Chihuahua

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 is normal.

SEX

Female, spayed

The left kidney is normal size (2.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

13 Years

The right kidney is normal size (3.00 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

3 kg

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.38 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.

INTERPRETED BY

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

The caudal pole of the right adrenal gland is visualized in one still image. It appears normal in thickness at 0.41 cm in width with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Spleen

Loetitia Saint-Jacques, RVT

The spleen is normal in size (0.61 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

Roundhill AC

Liver

REFERRING VET

Dr. Kelly

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

INVOICE

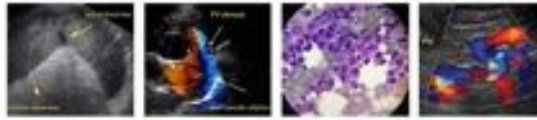
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Gastrointestinal

DATE

6/7/22

A 0.97 x 0.89 cm round, hypoechoic structure is observed in the region of the pyloric antrum. The lumen is otherwise not dilated. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a



PATIENT

normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

Cobble Brubaker

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

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

Chihuahua

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Bilateral chronic age-related renal changes.
- The round hypoechoic structure within the pyloric antral lumen could be consistent with ingesta (i.e., potato). Alternatively, a pedunculated mass may be present.

WEIGHT

3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gastric lesion, consider a repeat ultrasound in 2-3 days to determine if the lesion is still present. If so, further workup (i.e., endoscopy or gastrotomy with biopsies) may be warranted.
- Regarding the patient's clinical history, if azotemia is present, consider the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present)
 3. Baseline blood pressure measurement +/- transition to a prescription renal diet
- Regarding the hypoalbuminemia, also consider pre- and post-prandial serum bile acids and a resting cortisol level.
- If all of the above tests are inconclusive, GI biopsies may be necessary to get a definitive diagnosis. However, the patient's cardiac status must be taken into account when contemplating the risks of anesthesia.

INTERPRETED BY

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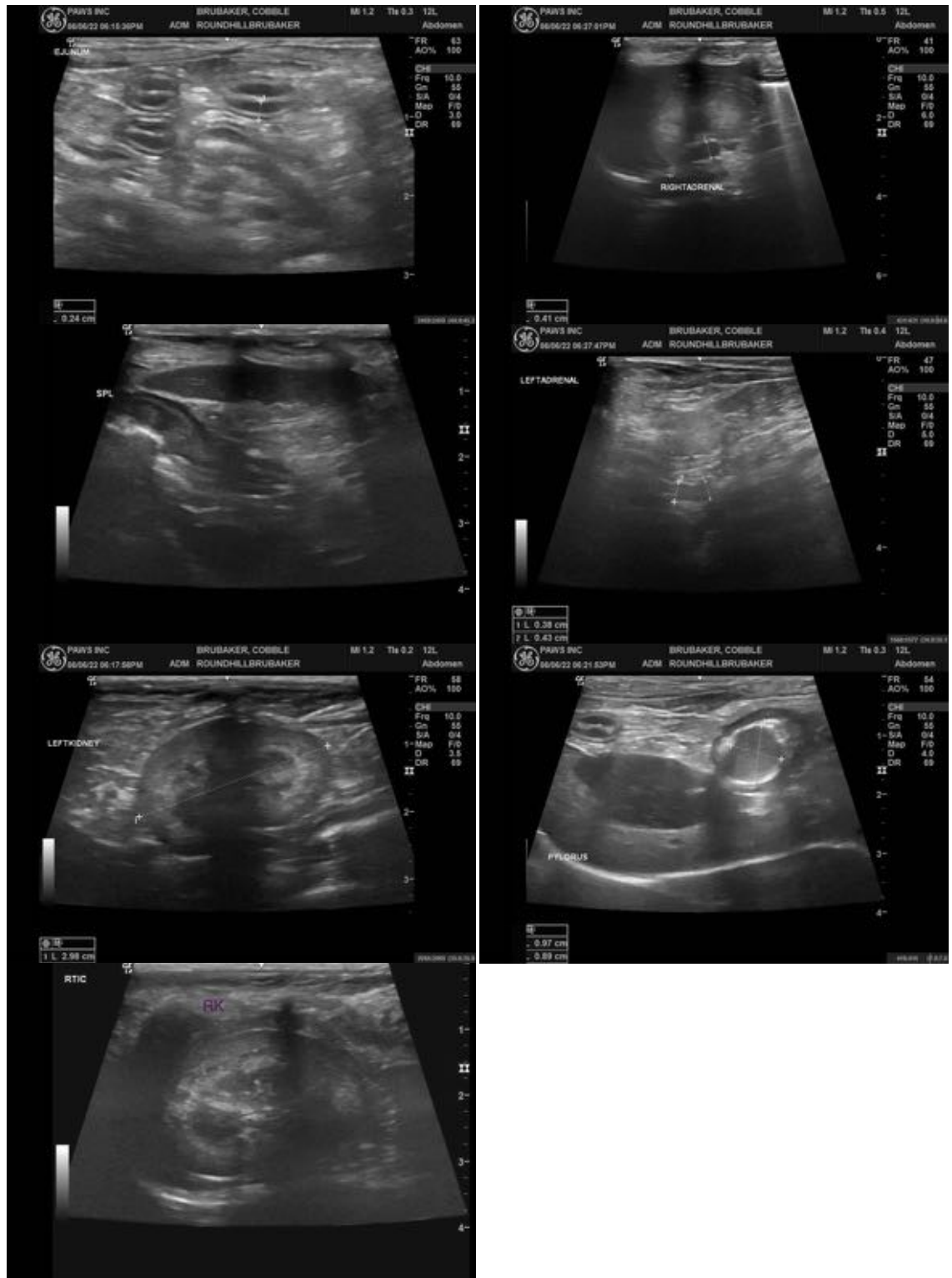
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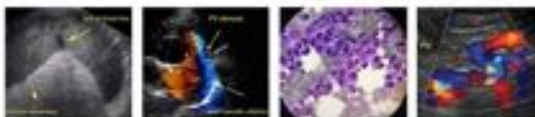
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



PATIENT in the image/video clips provided.

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

Canine andrea.nicastro@sonopath.com

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