

PATIENT PRESENTING CLINICAL SIGNS

Jet Kelly History: Jet Carl Kelly (Dr. Pet) Female, spayed Min pin 4.08 kilograms 10 years old Dog acts like there is some kind of frequent discomfort around the abdomen.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Pinscher

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 (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

AGE

10 Years

The right kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

4.08 kg.

Adrenal Glands

The left adrenal gland is enlarged (0.64 cm at cranial pole) (0.88 cm at caudal pole); normal shape. The parenchyma is slightly heterogeneous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is mildly enlarged (0.94 cm at cranial pole) (0.60 cm at caudal pole) (1.40 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Roundhill AC

The spleen is normal in size (1.33 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

REFERRING VET

Dr. Kelly

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. Several polypoid like lesions are arising from the luminal surface. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

10521kk

Gastrointestinal

DATE

6/6/22

The gastric lumen is mildly 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 intestinal lumen is



PATIENT segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern. There is evidence of mucosal speckling in several segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.
Jet Kelly

SPECIES *Pancreas*
Canine 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.

BREED *Free Abdomen*
Miniature Pinscher There is no evidence of free fluid.

SEX *Lymph Nodes*
Female, spayed See *Other*.

Other

AGE A 0.62 cm irregular hypoechoic nodule is observed in the right cranial quadrant. Surrounding mesentery is mildly hyperechoic.
10 Years

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

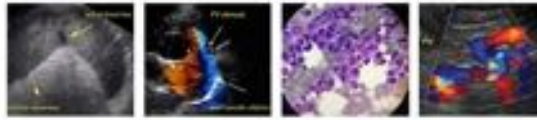
- Cystic calculi.
- Bilateral, chronic age-related renal changes with non-obstructive nephrolithiasis.

Secondary Findings:

- Bilateral adrenomegaly (left > right).
- 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 small intestinal mucosal speckling can be associated with inflammatory disease. However, correlation with the patient's clinical history is recommended.
- The origin of the nodule in the right cranial quadrant is unclear. It may represent a gastric lymph node or may be a nodule within the pancreas.

*An obvious cause for the patient's discomfort is not identified in this study. Considerations include orthopedic or neurologic disease, underlying metabolic issue (i.e., low-grade pancreatitis, pyelonephritis), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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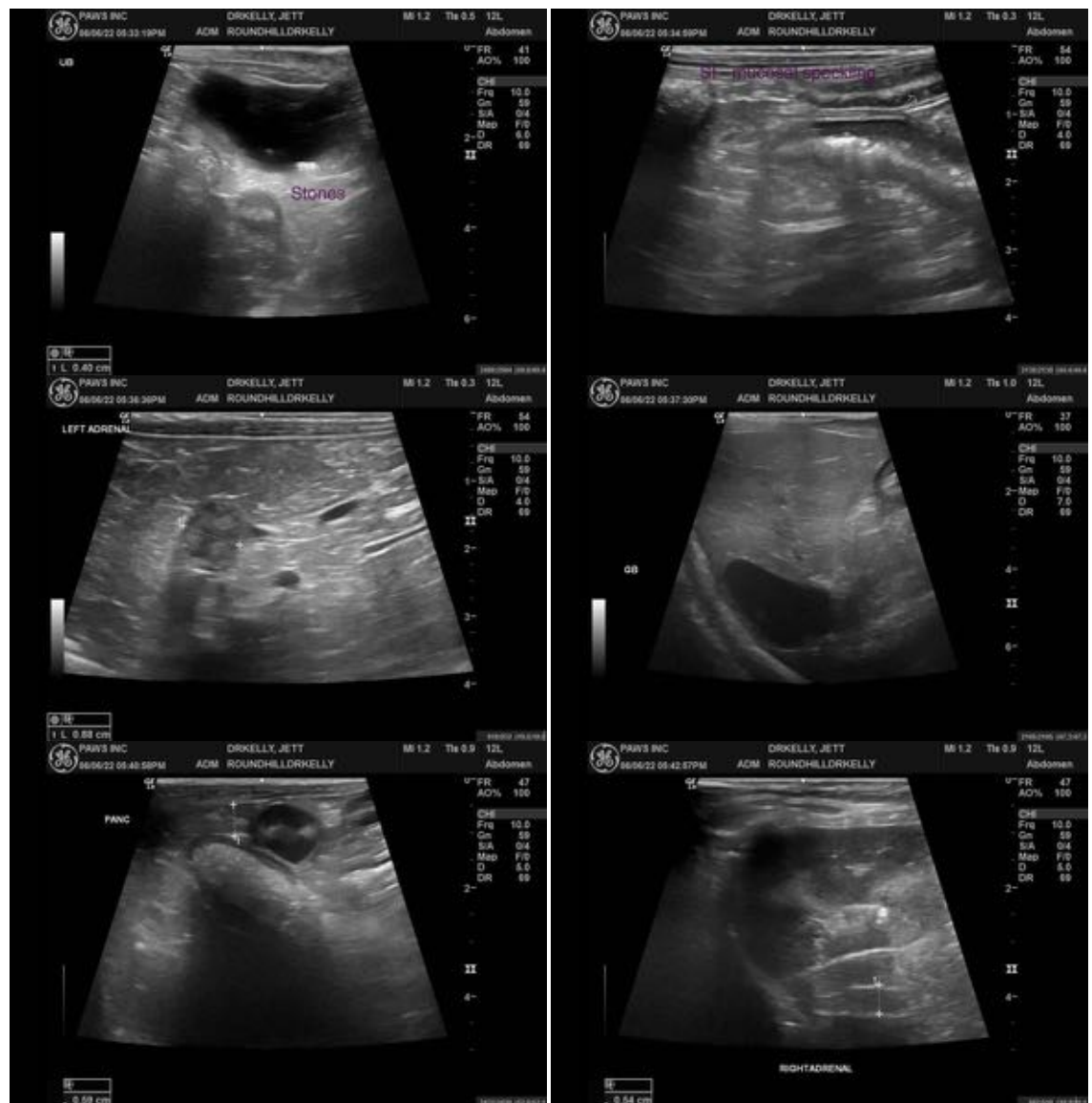
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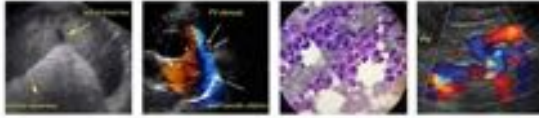
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- Orthopedic and neurologic examinations are recommended along with thoracic/spinal radiographs to assess for bony lesions which may be causing discomfort.
- A cPLI and urine culture/sensitivity can be considered to further evaluate for metabolic causes of abdominal pain.
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- If the patient develops clinical signs of Cushing's disease, further testing (i.e., low-dose Dexamethasone suppression test) may be warranted.





PATIENT

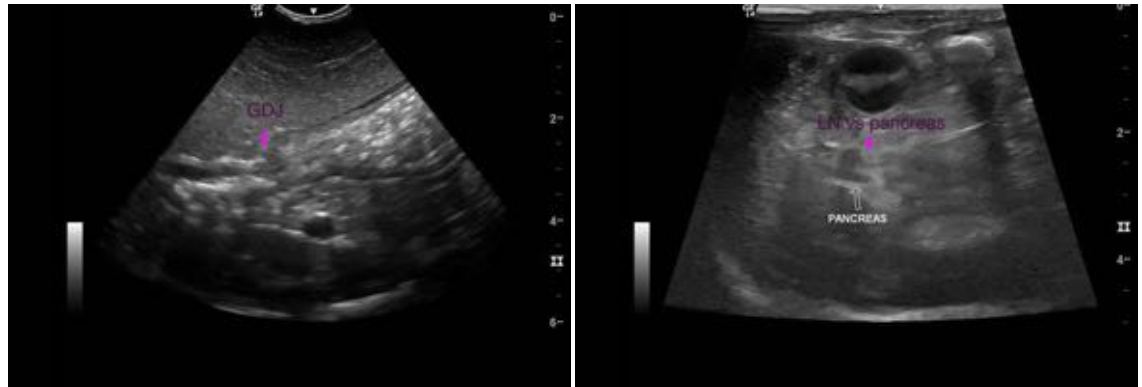
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10 Years

WEIGHT

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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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