

PATIENT

Chloe Luterzo

SPECIES

Canine

BREED

Dachshund

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13606

DATE

6/9/262

PRESENTING CLINICAL SIGNS

History: Hx of splenectomy- benign Chronic elevated liver enzymes, newly diagnosed diabetes
Abnormal PE/Chem/CBC/UA Results: Glucose 286 K 7.2 TP 8.6 Fruct 374 Glob 5.2 ALT 309 ALP > 2000 T bili 1.6 U/A proteinuria , Glucosuria hematuria USG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A 0.23 cm cystic calculus is observed in the lumen. The region of the trigone is normal.

The left kidney is normal in size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

Previously splenectomized.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the right renal cortex 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.



PATIENT

Chloe Luterzo

SPECIES

Canine

BREED

Dachshund

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13606

DATE

6/9/262

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), diabetic hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Tiny cystic calculus
- Mild bilateral nonspecific, age-related renal changes with non-obstructive nephrolithiasis
- Gallbladder debris, non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the patient's urinalysis findings and diabetic status, a urine culture and sensitivity are recommended. Also consider a UPC if proteinuria persists in the absence of infection and hematuria.
2. If the hyperkalemia is not artifactual, consider a resting cortisol level to screen for hypoadrenocorticism.
3. Regarding the hepatic changes, consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. A 25G needle should be used. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values. Leptospirosis testing (i.e., blood and urine PCR, serology) can also be considered, particularly if the clinical suspicion for disease is high.
4. While awaiting test results, supportive care for diabetes (+/- diabetic ketoacidosis, if present) is recommended.
5. Regarding the cystic calculus, a cystotomy with stone removal, analysis and culture can be considered once the patient's current clinical condition has stabilized. Alternatively, consider an attempt at medical dissolution.



PATIENT

Chloe Luterzo

SPECIES

Canine

BREED

Dachshund

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

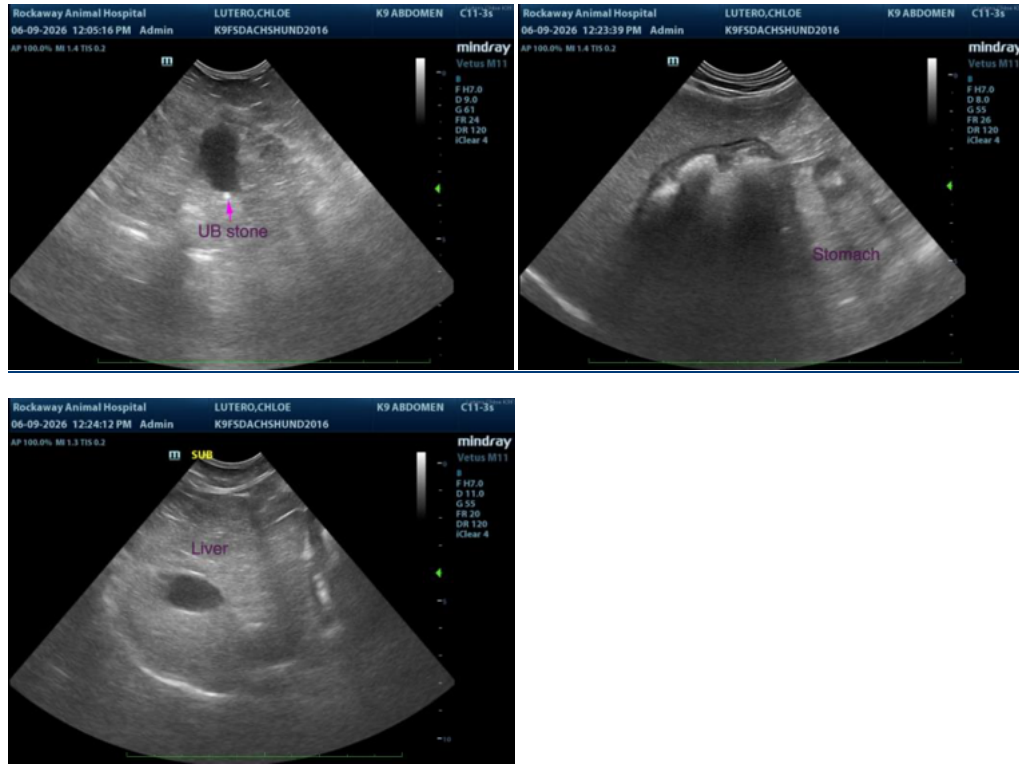
Dr. Maniar

INVOICE

13606

DATE

6/9/262



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com