

PATIENT

Simon Carrillo

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pomeranian

SEX

Male, intact

AGE

10 Yrs.

WEIGHT

4.1 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Schecter

INVOICE

15111

DATE

7/17/23

History: LHL lameness. Screening BW, revealed elevated LES. O reported vomited x1 overnight and once this AM

Abnormal PE/Chem/CBC/UA Results: BW - elevated LES

ALP >2,000, GGT 35, ALT 280

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (2.2 cm in width) with smooth curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. A 0.81 cm complex cystic area is observed within the glands. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.14 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.

The right kidney is normal size (4.72 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.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.42 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 (0.40 cm at cranial pole) (0.37 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.

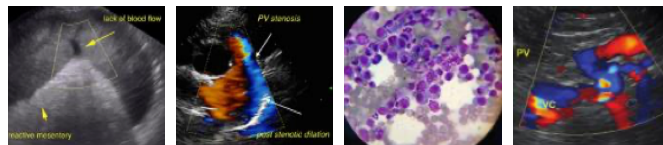
Spleen

The spleen is normal in size (0.81 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 hypoechoic relative to the spleen. A 1.36 cm cystic structure is observed on the right side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is borderline thickened (up to 0.13 cm) and hyperechoic. A moderate amount of aggregated hyperechoic reticulated material is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



PATIENT

Simon Carrillo

SPECIES

Canine

BREED

Pomeranian

SEX

Male, intact

AGE

10 Yrs.

WEIGHT

4.1 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Schecter

INVOICE

15111

DATE

7/17/23

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

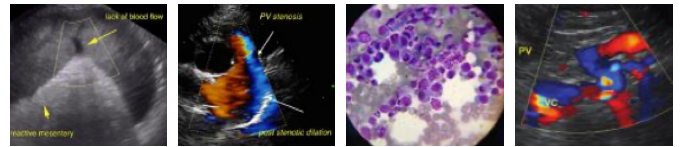
- The gallbladder wall changes could be consistent with cholecystitis. The material within the lumen may represent partially dependent sludge, tissue (i.e., neoplasia), other.
- The hepatic cyst is likely a benign incidental finding.

Secondary Findings:

- Minor, bilateral chronic renal changes.
- The small intestinal mucosal speckling may be secondary to enteritis or may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre and post prandial serum bile acids to assess hepatic function.
- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- Ultimately, in order to get a definitive diagnosis, liver biopsies along with assessment of the gallbladder, aerobic and anaerobic bile cultures +/- cholecystectomy with biopsies, +/- hepatic copper quantitation may be necessary to get a definitive diagnosis.
- If a more conservative approach is desired at this time, consider empirical treatment for cholecystitis (i.e., broad spectrum antibiotics, Denamarin, Ursodiol). If liver values do not improve within 7-10 days of initiating therapy, the above diagnostics should be reconsidered.
- Prior to anesthesia, thoracic radiographs and clotting times should be performed.



PATIENT

Simon Carrillo

SPECIES

Canine

BREED

Pomeranian

SEX

Male, intact

AGE

10 Yrs.

WEIGHT

4.1 kg.



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

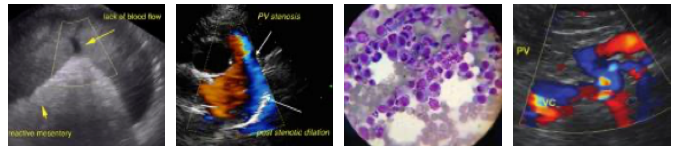
Dr. Schecter

INVOICE

15111

DATE
7/17/23

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
Simon Carrillo

SPECIES

Canine

BREED

Pomeranian

SEX

Male, intact

AGE

10 Yrs.

WEIGHT

4.1 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Schecter

INVOICE

15111

DATE

7/17/23

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