

PATIENT

Frida Pou

SPECIES

Canine

BREED

Schnauzer

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

22.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Biello

INVOICE

15118

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: Patient was evaluated on 6/13/2023 for preventive care and boarding. Senior profile revealed an elevation in ALKP and UTI. Patient was treated with enrofloxacin and hepatic supplement, Diet Gastrointestinal. Patient presented today for re-evaluation and owner increased panting. ALKP has increased significantly and owner have noted some Pu/PD as well. UTI resolved but Specific gravity is at 1.010 Patient had been receiving peanut butter but eliminated recently, Aller immune supplement and dental treats.

Abnormal PE/Chem/CBC/UA Results: 11/8/2021 ALP 265 (23-212) Lipase 1,978 _200-1,800
6/26/2023 ALP 883, Lipase 4,674 Urine Specific Gravity 1.048 , cocci 7/18//2023 ALP 1, 601 Lipase 1,558 Urine Gravity 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.85 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

The right kidney is normal size (5.10 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. 1-2 pinpoint foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.47 cm at caudal pole) (1.81 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.

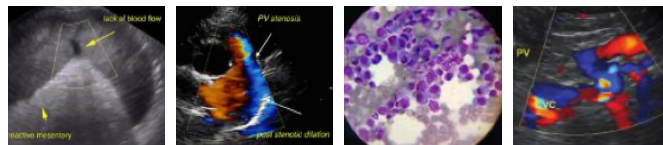
The right adrenal gland is normal size (0.72 cm at cranial pole) (0.48 cm at caudal pole) (2.28cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.32 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 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. No discreet focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent medial iliac lymph nodes are visualized, the largest measuring 1.22 x 0.40 cm. 2-3 prominent mesenteric lymph nodes are also seen, the largest measuring 1.24 x 0.47 cm. All nodes are normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are most consistent with a benign diffuse hepatopathy. Given the elevated ALP in the absence of an ALT elevation, vacuolar hepatopathy (i.e., endocrine, idiopathic) is the top differential with a lower possibility of inflammatory disease, infiltrative neoplasia or other hepatopathy.

Secondary Findings:

- Bilateral, chronic renal changes with minor non-obstructive nephrocalcinosis in the right kidney.
- Minor age-related pancreatic remodeling in the right limb.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

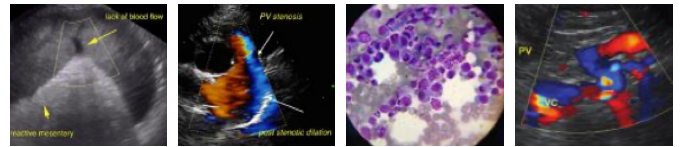
- Despite the normal adrenal size, given the patient's clinical history, Cushing's testing (i.e., low-dose Dexamethasone suppression test or ACTH stimulation test) is recommended.
- Given the PU/PD, also consider a urine culture and sensitivity to assess for occult infection/pyelonephritis.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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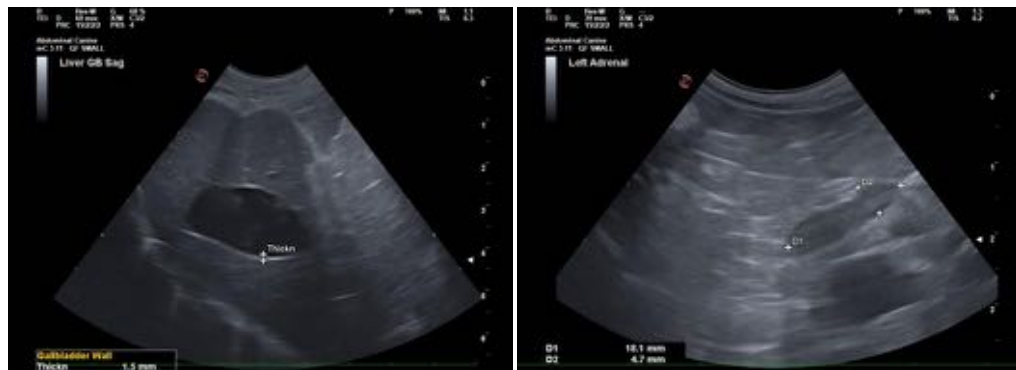
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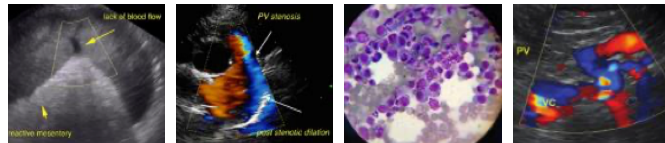
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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



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