



## PATIENT

Sunny Pankey

## SPECIES

Canine

## BREED

Sheltie

## SEX

Spayed Female

## AGE

11 years

## WEIGHT

10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

West Hills AH

## REFERRING VET

Dr. Remcho

## INVOICE

11251

## DATE

7.21.22

## PRESENTING CLINICAL SIGNS

History: Not eating well, occasional vomiting and diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry and T4 - wnl in May 2022. elevated proBNP-1900. Current Medications Fluoxetine 10 mg Radiographic Findings Most recent - October 2021 This report describes evaluation of three view orthogonal radiographs of the thorax and two view orthogonal radiographs of the abdomen, pelvis, and extremities. 13 radiographs are available for review. Thorax: The heart is mildly enlarged (VHS 11.3). The pulmonary parenchyma and pulmonary blood vessels have normal size, shape, and opacity. The trachea has normal diameter and position. The diaphragm has normal shape and contour. Mediastinum and pleural space are within normal limits. Thoracic lymph nodes are not detected. Thoracic spondylosis deformans is present (incidental).

Abdomen: The liver, spleen, stomach, small intestine, colon, kidneys, and urinary bladder have a normal size, shape, and opacity. The peritoneal and retroperitoneal detail is adequate. Abdominal lymph nodes are not detected. Lumbar spondylosis deformans is present (incidental). Pelvis and extremities: No substantial abnormality is detected. The cortices, medullary markings, periosteal margins, and joints are within normal limits. The soft tissues are uniform and symmetric. The T12-T13-L1 intervertebral disc spaces are narrow. Assessment: 1. Cardiomegaly 2. Thoracolumbar intervertebral disc disease and disc space narrowing Discussion: A definitive cause of cardiomegaly is not determined during this evaluation. I suspect valvular insufficiency. Echocardiography and ECG are recommended. Differentials for the narrowing of the spinal unit as described include previous/chronic as well as current/active intervertebral disc disease. Correlation per neurologic exam is recommended, with confirmation per MR/myelogram/CT if decompressive surgery is both clinically indicated as well as considered a treatment option. This test is negative for congestive heart failure, thoracic metastasis, abdominal organomegaly, regional lymphadenopathy and an aggressive bone lesion. Repeat radiographs as clinically indicated. P also had echo for follow-up with Animal Sounds in October 2021.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** is 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.

The **left kidney** is normal size (3.93 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (3.04 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The **left adrenal gland** is normal size (0.44 cm at cranial pole) (0.41 cm at caudal pole) (1.59 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.



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The **right adrenal gland** is normal size (0.61 cm at cranial pole) (0.34 cm at caudal pole) (1.55 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.

### **Spleen**

The **spleen** is normal in size (1.27 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 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. A small amount of aggregated, echogenic, partially dependent, debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### **Gastrointestinal**

The **gastric lumen** is minimally distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 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.

### **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

- Minor age-related chronic renal changes
- \*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease, mild pancreatitis, underlying metabolic issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia



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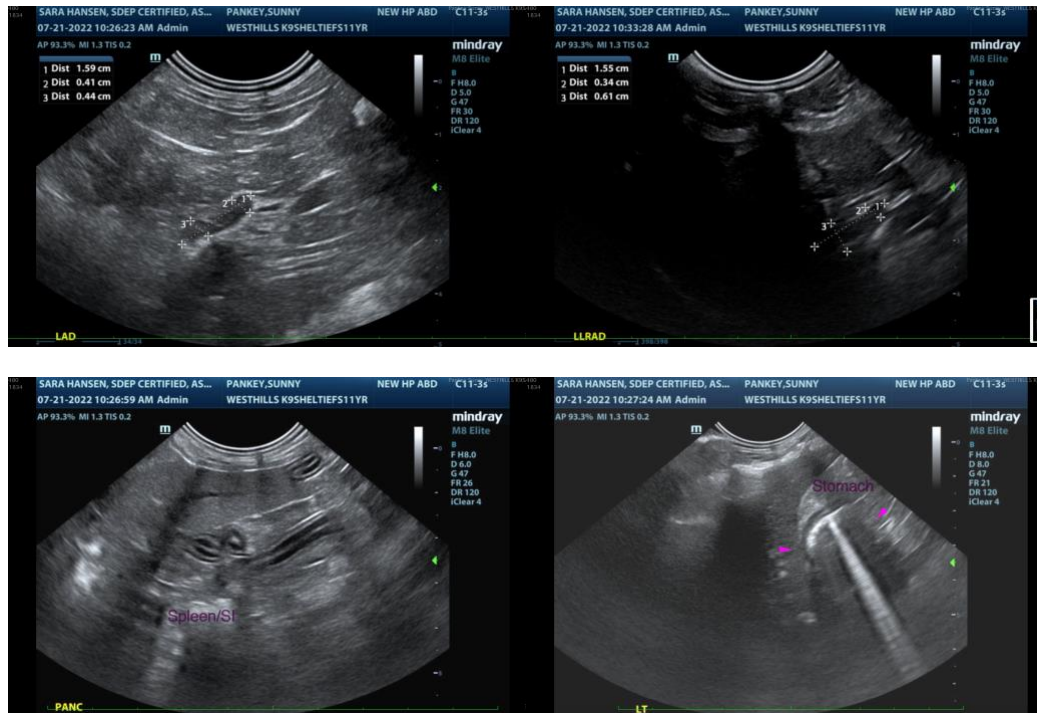
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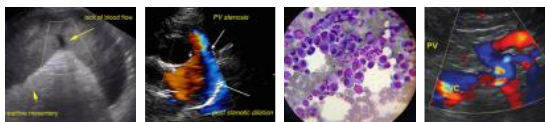
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3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. A 6-week limited antigen diet trial to assess for food allergies.
5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
8. Three-view thoracic radiographs should be performed prior to any anesthetic event.
9. Given the thoracic radiographic findings, consider an echocardiogram and ECG to further evaluate the heart.





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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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com