



PATIENT

Siba Vargas

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female Spayed

AGE

13 Years 2 Months

WEIGHT

21.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg

REFERRING VET

Dr. Jarrett

INVOICE

11622kk

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Irregular arrhythmia grade III/VI heart murmur. In kidney failure, urinates without realizing it at home. Occasional cough/hacking, occasional vomiting every three 233ks. Not on meds. This patient is also having an echocardiogram performed today.

Abnormal PE/Chem/CBC/UA Results: BUN 34, Creat 2.1, otherwise wnl USG 1.012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.22 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.43 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.50 cm at caudal pole) (1.82 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.

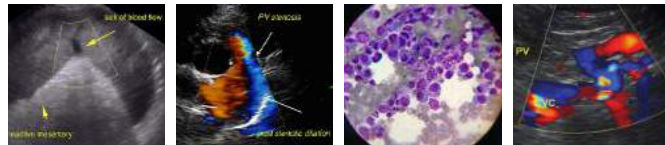
The right adrenal gland is normal size (0.45 cm at cranial pole) (0.41 cm at caudal pole) (2.00 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.80 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is subtly mottled in appearance with several, small, ill-defined, hypoechoic areas. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is similar in echogenicity relative to the spleen and has a coarse echotexture. There are minor changes consistent with age-related remodeling. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric lumen is mildly gas-distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pylorus, the wall is thickened (up to 0.68 cm) with a prominent muscularis layer. There is retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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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

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

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years 2 Months

Primary Findings:

- Minor, bilateral, age-related renal changes. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, fluid therapy or PU/PD (if applicable), and other.
- The splenic changes could be consistent with benign pathology (i.e., lymphoid hyperplasia, or extramedullary hematopoiesis. Alternatively, an emerging neoplastic process (i.e., round cell tumor) may be present.

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Secondary Findings:

- 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 pyloric wall changes are most consistent with a benign process (i.e., hypertrophy, inflammation) with a lower possibility of an early neoplastic process.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Regarding the renal changes, a urine culture and sensitivity +/- a UPC (if proteinuria is present) are recommended along with a baseline blood pressure measurement.
2. Regarding the splenic changes, if an aggressive approach is desired, consider a fine needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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Andrea.nicastro@sonopath.com