

**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Burgess History: Recent onset of seizures. Prior history of reverse sneezing and recurring pancreatitis. Has recently had PU/PD

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

8.11.09

**WEIGHT**

55 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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Diplomate ACVIM (*Small Animal Internal Medicine*)

**HOSPITAL NAME**

Saddleback Mobile

**REFERRING VET**

Dr. Baumann

**INVOICE**

14086

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**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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

The right kidney is normal in size (6.50 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature appears normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is in normal size (0.87 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

**Spleen**

The spleen is subjectively normal in size (1.90 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is mottled, with ill-defined hypoechoic areas, particularly near the hilus. Splenic vasculature is normal with no evidence of thrombosis.

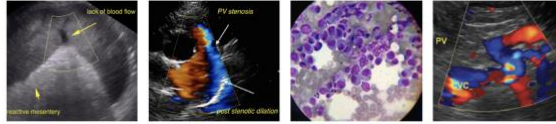
**Liver**

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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

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 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.



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**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

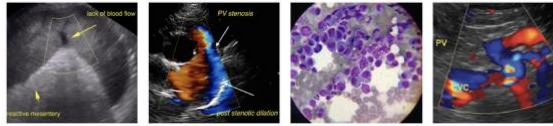
- Bilateral chronic renal changes. The left pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD or some combination thereof.

**Secondary Findings**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the seizures, consider the following:
  1. Baseline lab work, including a CBC, chemistry panel, urinalysis and T4.
  2. Also consider a urine culture and sensitivity, particularly in light of the history of PU/PD and the left pyelectasia.
  3. A baseline blood pressure measurement is also recommended to assess for systemic hypertension.
  4. Consider three-view thoracic radiographs to evaluate for occult disease in the chest.
  5. Ultimately, a consultation with a board-certified neurologist +/- a brain MRI/CSF tap mw.



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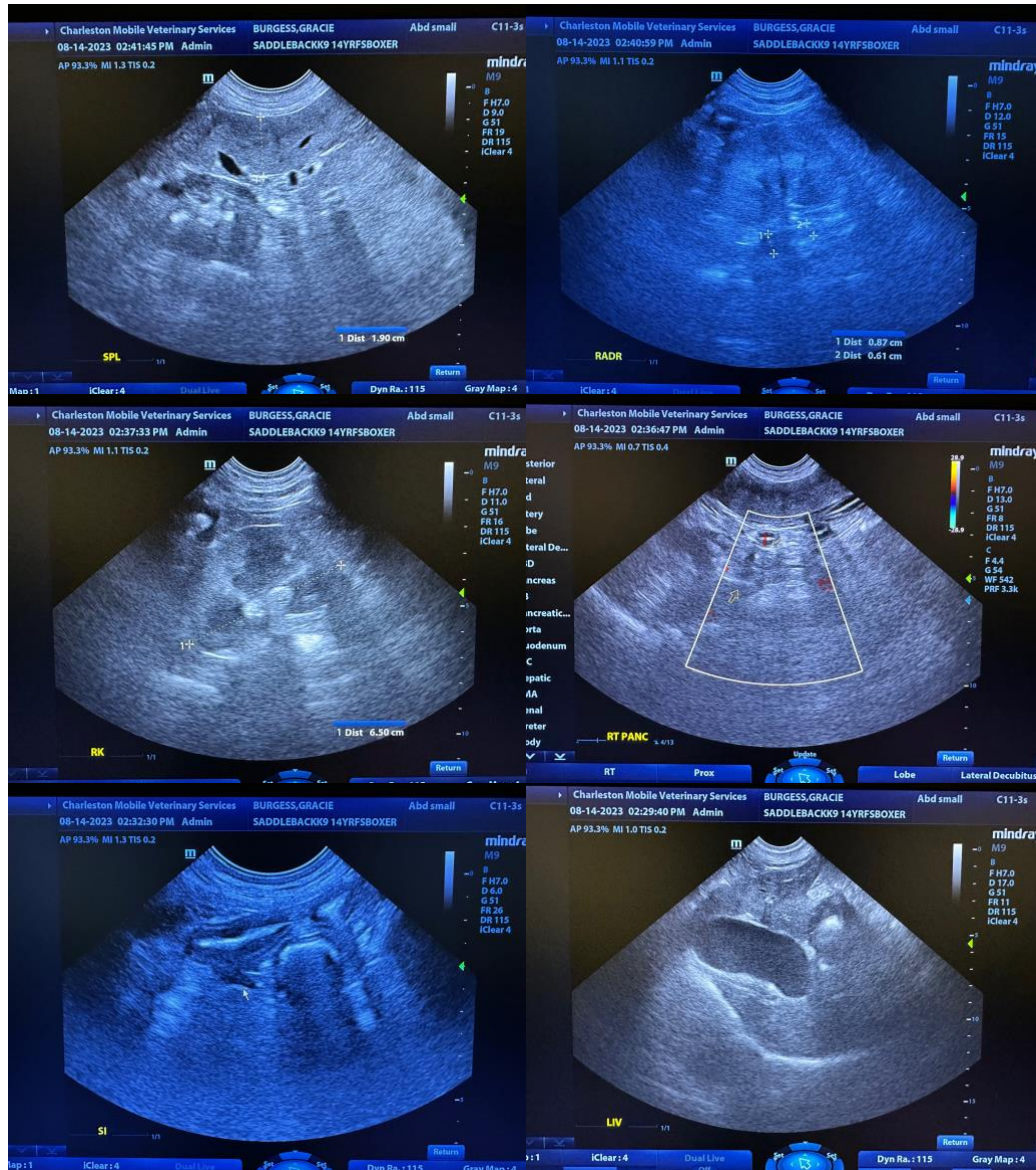
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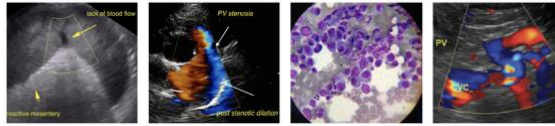
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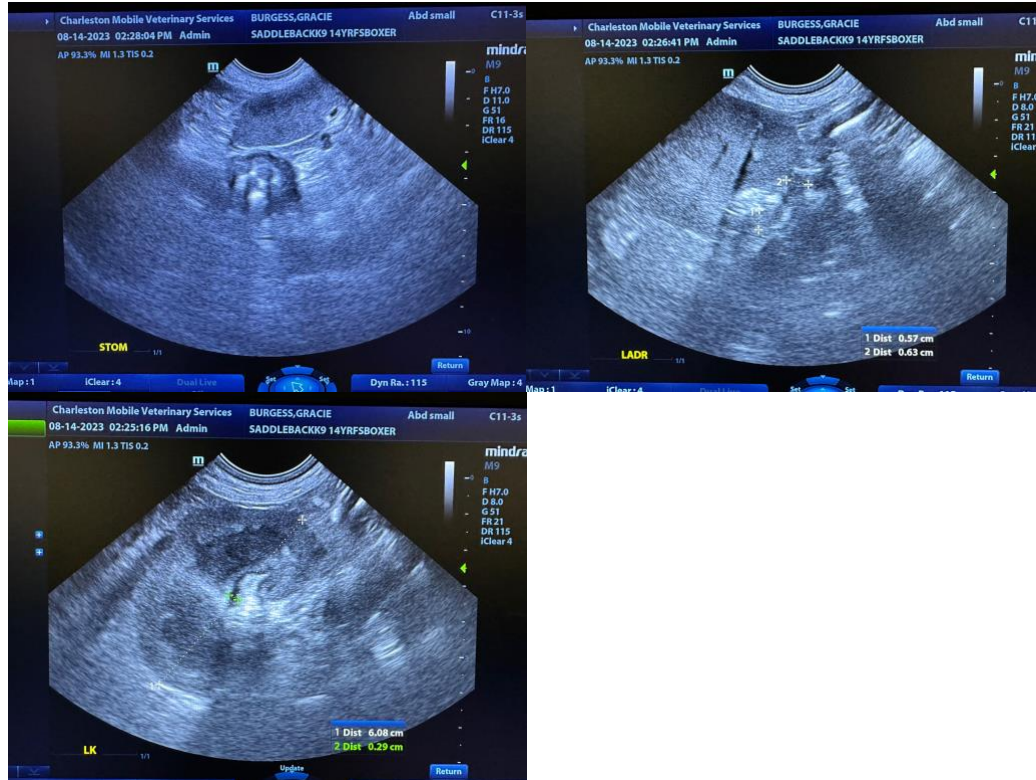
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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