



PATIENT

Oreo Rodriguez

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

27 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. G Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ortiz Vidal

INVOICE

13846

DATE

8/16/22

PRESENTING CLINICAL SIGNS

History: A recheck abdominal ultrasound was done today to compared to the previous study done on August 8th. Pt did improved after the initial study with treatment, but then has deteriorated and worsen. Pt is more icterus and has more abdominal effusion. Pt has decreased appetite and depressed. Pt has been on IV fluids, Cerenia, Famotidine, metoclopramide, Enrofloxacin, metronidazole, liquid protein aminopets, Sucralfrate and pain medications.
Abnormal PE/Chem/CBC/UA Results: PE: Abdominal distension Very icterus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. A small to moderate amount of suspended echogenic debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.00 cm in length); normal shape and architecture with smooth peripheral margins. 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.60 cm at cranial pole) (0.70 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (2.09 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 irregular peripheral margins. The parenchyma is isoechoic relative to the spleen and diffusely nodular in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thickened (up to 0.49 cm) and edematous. Echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is gas distended. 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. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

SPECIES

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Pancreas

The pancreas is diffusely prominent in size with irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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A moderate to large amount of mostly anechoic free fluid is present. A 1.24 cm medial iliac lymph node is visualized.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse hepatopathy. Based on the clinical history, top differentials include severe inflammatory disease, fibrosis, infiltrative neoplasia. Based on the worsening clinical signs and sonographic changes, end stage liver disease is suspected.
- The gallbladder wall changes could be consistent with cholecystitis, hypoalbuminemia, increased hydrostatic pressure, anaphylaxis (unlikely), other.
- The diffuse ascites is likely secondary to underlying hepatic disease (i.e., portal hypertension, hypoalbuminemia). However, other causes cannot be excluded..

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Secondary Findings:

- The pancreatic changes are consistent with pancreatic remodeling/fibrosis +/- concurrent inflammation.
- Bilateral, chronic age-related renal changes.
- Borderline left adrenomegaly.
- Urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Ortiz Vidal

Laparoscopic or surgical liver biopsy with aerobic and anaerobic bile cultures can be considered (if clotting status is appropriate). However, if end stage liver disease is present, biopsies may only reveal fibrosis without evidence of the inciting cause. Given the lack of response to aggressive medical management, the prognosis for this patient is considered guarded.

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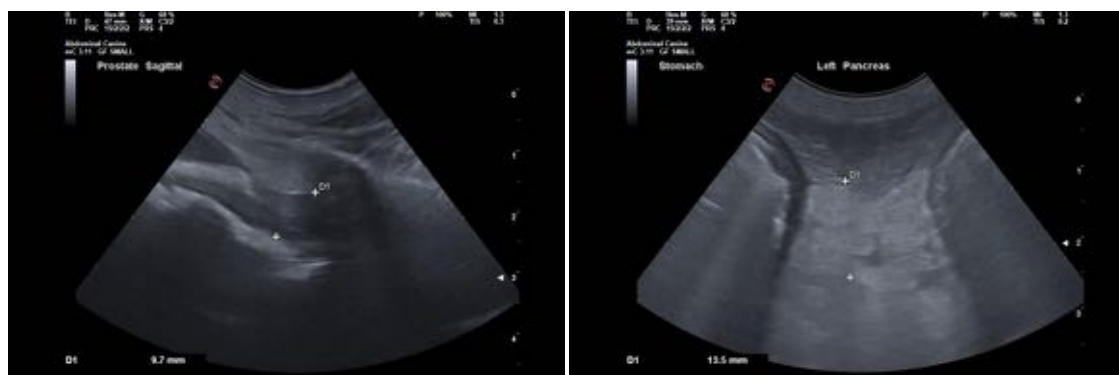
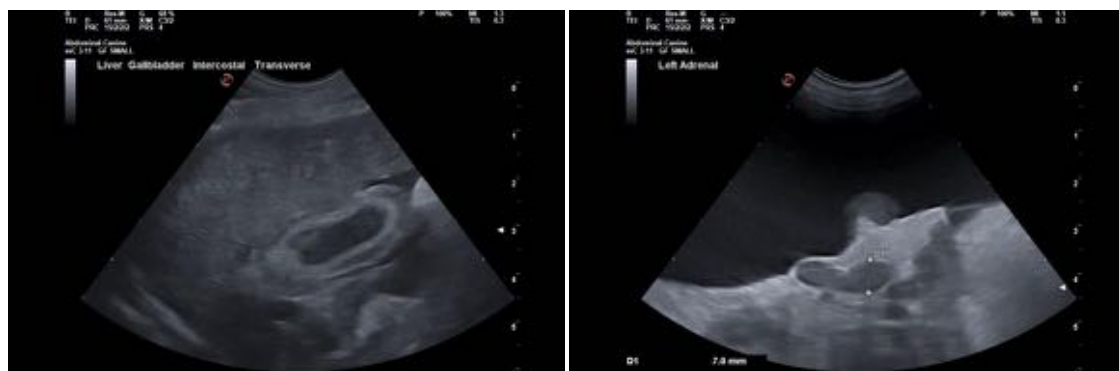
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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