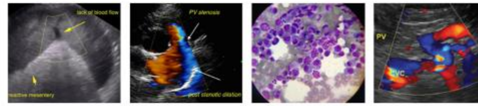
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Mandy Shubitowski

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Female Spayed

AGE
14 years

WEIGHT
7.96 lbs

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Anchor AH

REFERRING VET
Katherine Pietsch, DVM

INVOICE
14148

DATE
8.17.23

PRESENTING CLINICAL SIGNS

History: Vomiting intermittently for a week. Sometimes undigested food and sometimes white foam and bile. She has been lethargic. Blood work abnormal cPL. Radiographs enlarged liver and decreased detail right cranial abdomen. R/O pancreatitis, benign hepatopathy, neoplasia, other. On ID low fat, Gabapentin 25 mg q 8-12h, Cerenia 8mg SID, Apoquel 3.5md SID prn.

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 (3.53 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.36 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands
The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.41 cm at caudal pole) with a normal shape and homogenous parenchyma. A 0.35 x 0.25 cm hyperechoic nodule is observed at the cranial to mid aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

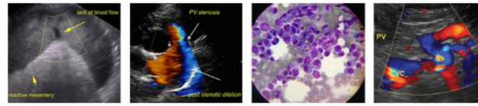
The right adrenal gland is in normal size (0.35 cm at cranial pole) (0.43 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (1.13 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 prominent in size with swollen/slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic to hyperechoic debris/sludge is observed within the lumen (some of which is gravity-dependent and some of which is suspended). 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



PATIENT
Mandy Shubitowski

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Female Spayed

AGE
14 years

WEIGHT
7.96 lbs

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Anchor AH

REFERRING VET
Katherine Pietsch, DVM

INVOICE
14148

DATE
8.17.23

detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas
The base and right limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

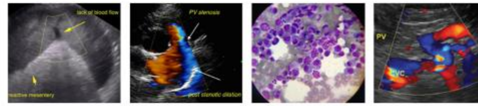
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral chronic renal changes with trace pyelectasia
- The left adrenal nodule could be consistent with a focus of hyperplasia, adenoma, adenocarcinoma, pheochromocytoma, other. A benign process is favored.

  *An obvious cause for the patient's recent vomiting episodes is not definitively identified in this study. Considerations include mild pancreatitis, microscopic gastrointestinal disease (i.e., food allergy/intolerance, dysbiosis, inflammatory bowel disease, infectious/parasitic disease) underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Consider a fecal evaluation for ova and Giardia (if not already performed).
- If vomiting persists despite medical management, a more comprehensive GI work-up (i.e., Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level), hypoallergenic diet trial, GI biopsies may be indicated.
- Also consider initiation of a probiotic.

PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Mandy Shubitowski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

14 years

WEIGHT

7.96 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Katherine Pietsch, DVM

INVOICE

14148

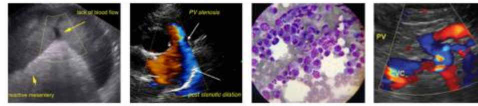
DATE

8.17.23

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.

PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Mandy Shubitowski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

14 years

WEIGHT

7.96 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Katherine Pietsch, DVM

INVOICE

14148

DATE

8.17.23

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