

PATIENT PRESENTING CLINICAL SIGNS

Phyllis-Angelicola

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

2.19.08

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Frasier

INVOICE

14182

DATE

8.19.23

History: Pt presented today for direct transfer from Pawmed, She started not eating and became lethargic, owner took to rDVM and as per owner Kidney and liver values were elevated, Owner has been syringe feeding pedigree about 20 mls per feeding, today started to not do well and declining, Owners say Kidneys values were worse at # today, Pawmed had giving syrup on gums due to low blood sugar and being transferred here. Owner states rDVM mentions High WBC and low RBC on bloodwork.

History of broken back, and broken jaw. Has always shown neurologic issues, walks in circles and unsteady on feet, and HX of Bladder stones (seen in bladder) Owner states had abnormal Pro BNP and is why Phyllis is on Vetmedin

Current Medications Vetmedin 1.25 1/2 tab BID, liquid joint supplement
Owner gave 1/4 tab Cerenia today at 6am

PE: PE:

Mentation: Dull, minimally responsive

Hydration: 5-7% dehydrated

Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris

AU; no significant abnormalities noted

Oral Cavity: Missing multiple teeth as well as left rostral mandible, significant dental tartar, halitosis; mucous membranes are light pink and tacky; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated

Cardiovascular: Grade 3/6 heart murmur, pulses were good and synchronous.

Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation

Neurologic: Dull mentation, inconsistent menace OU, intact palpebral OU, generalized weakness, can stand with assistance but crossing over in the pelvic limbs with noted kyphotic posture, no pain on palpation

Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation

Rectal: Not performed

Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical

Integument: Unkempt hair coat, Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale

Musculoskeletal: BCS 3/9, significant cachexia, generalized weakness, can stand with assistance but crossing over in the pelvic limbs with noted kyphotic posture

Abnormal lab-work values: CBC: HCT 21.9 (L), Retic 9.9 (L), WBC 30.82 (H), Neut 25.37 (H), Bands suspected, Mono 2.56 (H), Eos 0.04 (L), PLT 621 (H)

- PCV/TS: 26/7.8

- Lactate: 0.5

- Chem: Creat 2.8 (H), BUN 149 (H), Phos 14.6 (H), Na 166 (H), Glob 5.1 (H), ALP 499 (H)

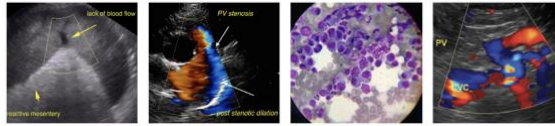
Current Medications: IVF, dextrose 5% CRI, Cerenia, famotidine, Unasyn, enro

Sonographic imaging of this patient was somewhat impaired by patient conformation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.



PATIENT

Phyllis-Angelicola

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

2.19.08

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Frasier

INVOICE

14182

DATE

8.19.23

The left kidney is normal in size (2.19 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. A few, nonobstructive nephroliths are visualized. There is no evidence of or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (2.66 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. A few, nonobstructive nephroliths are visualized. There is no evidence of or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.37 at cranial pole) (0.30 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.

The right adrenal gland is in normal size (0.30 cm at cranial pole) (0.31 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 (0.36 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 size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. 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. A large amount of aggregated, mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

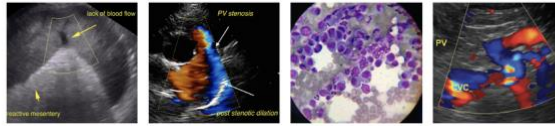
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal 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.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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.



PATIENT ULTRASONOGRAPHIC FINDINGS

Phyllis-Angelicola

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

2.19.08

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Frasier

INVOICE

14182

DATE

8.19.23

Primary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis. Bilateral pyelectasia, which may be secondary to pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.

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. Correlation with the patient's liver values is recommended.

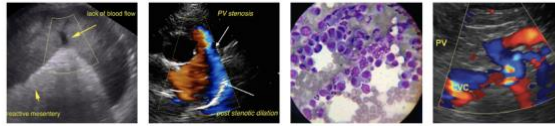
- Gall bladder sludge, non-mucocele

*An obvious cause for the patient's hypoglycemia is not definitively identified in this study. Considerations include sepsis (i.e., secondary to pyelonephritis), insulinoma, underlying hepatic disease, hypoadrenocorticism, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider and insulin: glucose ratio to further evaluate for insulinoma.
- Also consider pre-and postprandial serum bile acids to assess hepatic function.
- A resting cortisol level may also be warranted to screen for atypical hypoadrenocorticism.
- If pyelonephritis is suspected, a urine culture and sensitivity should be submitted and antibiotic therapy initiated while awaiting test results. Other supportive measures are also warranted.





PATIENT

Phyllis-Angelicola

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

2.19.08

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

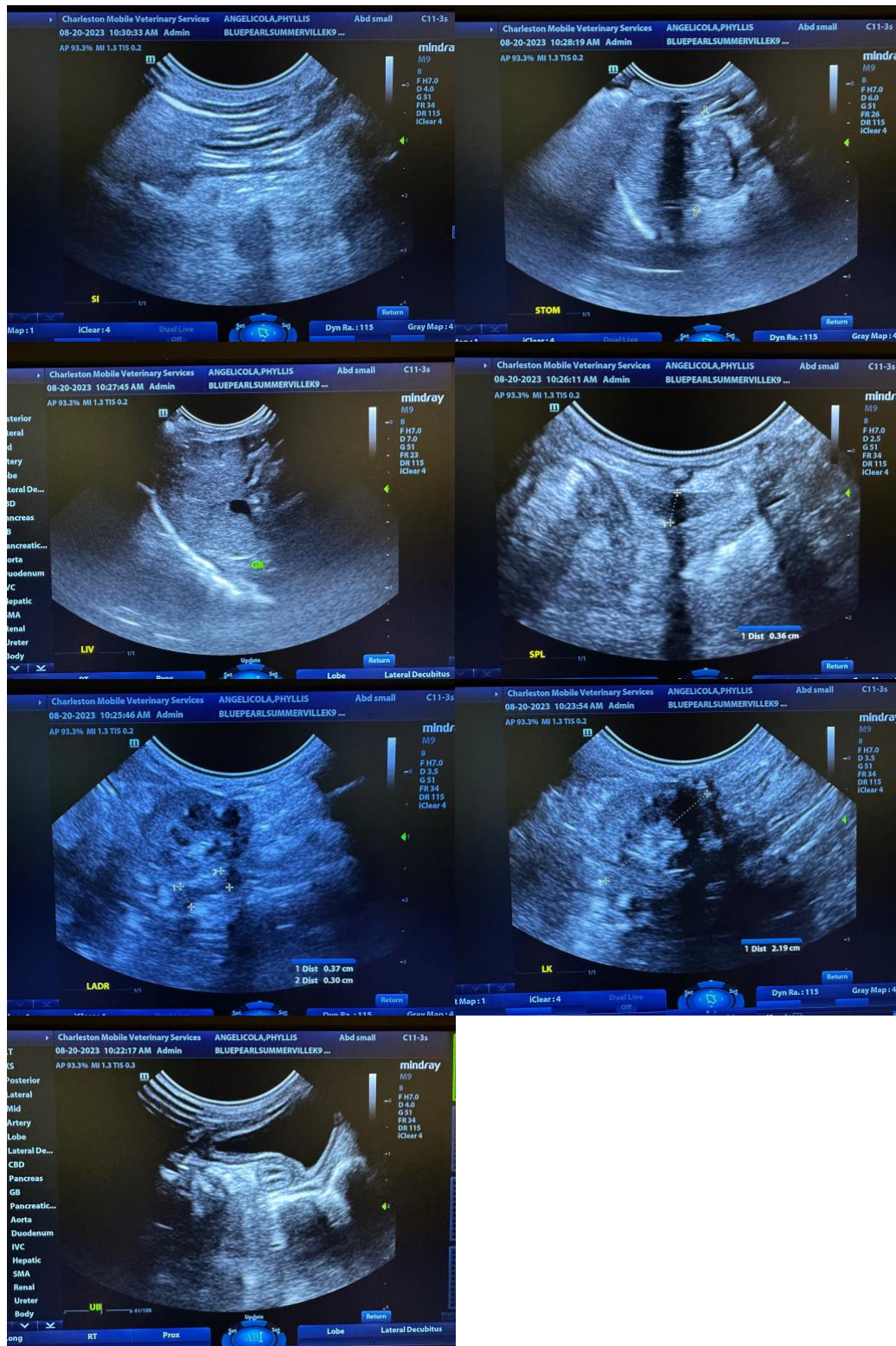
Frasier

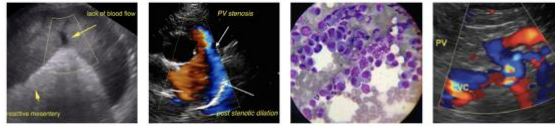
INVOICE

14182

DATE

8.19.23





PATIENT

Phyllis-Angelicola

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

2.19.08

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Frasier

INVOICE

14182

DATE

8.19.23

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

info@SonoPath.com