

PATIENT PRESENTING CLINICAL SIGNS

Poncho Corbin Four-five-day-history of decreased appetite. Also has swelling/bruising around the prepuce. Urinalysis reveals an active sediment and bacteria.

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

12 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Mark Mackenzie

INVOICE

14179

DATE

8.19.23

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is enlarged (2.99 cm in width) with a normal shape. Parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly heterogenous in appearance. A few, small, ill-defined cystic areas are seen. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic relative to the spleen, with mild to moderate loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.06 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic relative to the spleen, with mild to moderate loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.40 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.

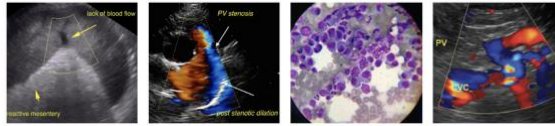
The right adrenal gland is in normal size (0.66 cm at cranial pole) (0.46 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.77 x 0.67 cm irregular, hypoechoic nodule is observed at the medial aspect, approximately mid-body. Splenic vasculature appears normal.

Liver

The liver is prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A 1.03 cm hypoechoic nodule is observed deep on the left side. In addition, a 1.46 cm hyperechoic nodule is also observed on the left. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.



PATIENT 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.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly-to-moderately fluid-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 ileoceocolic junction wall is normal. The wall of the descending colon is mildly thickened (up to 0.43 cm) with retention of the normal layering pattern. The colonic lumen contains liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb is prominent, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A 1.01 x 0.36 cm left iliac lymph node is visualized.

Other

The testicles are subjectively normal in size (left testicle: 2.00 x 1.23 cm) (right testicle: 1.94 x 1.34 cm) and symmetrical with homogenous parenchyma.

In the preputial area, an ill-defined hypoechoic swelling is observed subcutaneously.

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

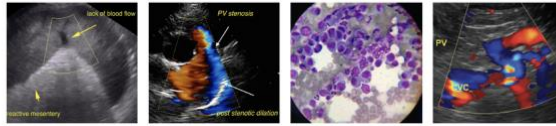
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of mild pancreatitis.
- The gastrointestinal changes are suggestive of gastroenteritis/colitis.
- The prostate changes are consistent with benign prostatic hyperplasia. The urinalysis findings are suggestive of concurrent bacterial prostatitis/urinary tract infection.
- The preputial changes could be consistent with an emerging mast cell tumor, cellulitis, other.

Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis.
- The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia.
- 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.



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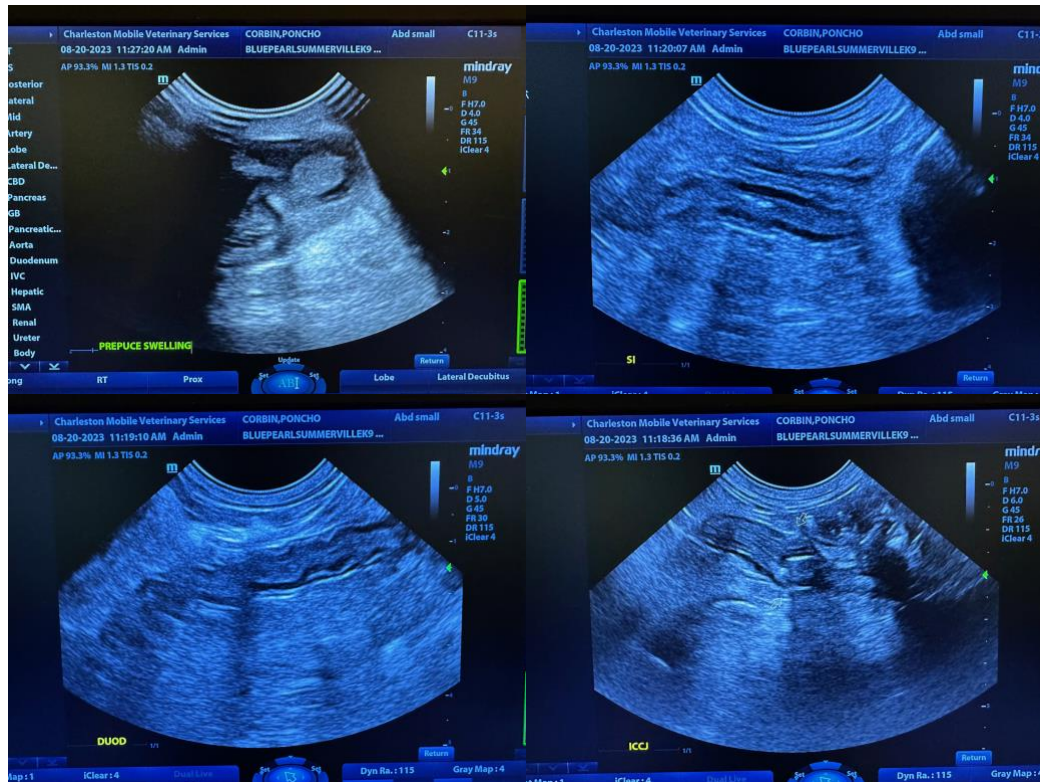
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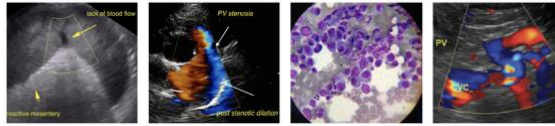
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the preputial swelling, fine-needle aspiration with cytologic evaluation is recommended. A 25-gauge needle should be used.
- Regarding the gastrointestinal symptoms, symptomatic care gastroenteritis/colitis/pancreatitis is recommended. Also consider a cPLI to further evaluate for pancreatitis.
- Supportive care for bacterial prostatitis should also be considered.
- If the patient's clinical status can be stabilized, consider castration.





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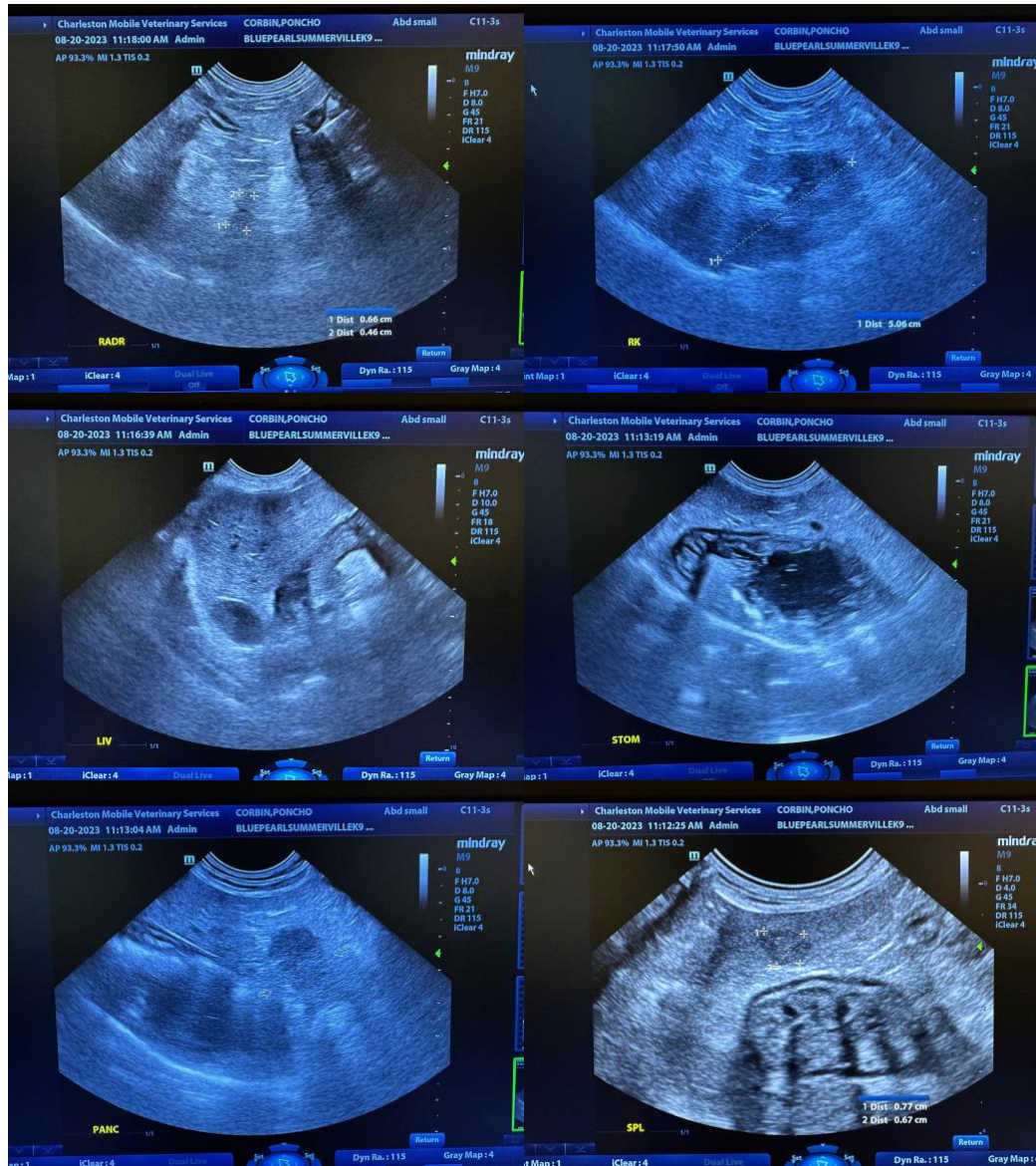
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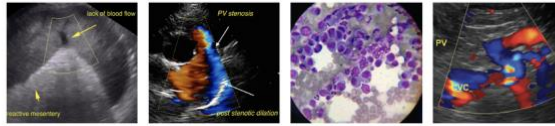
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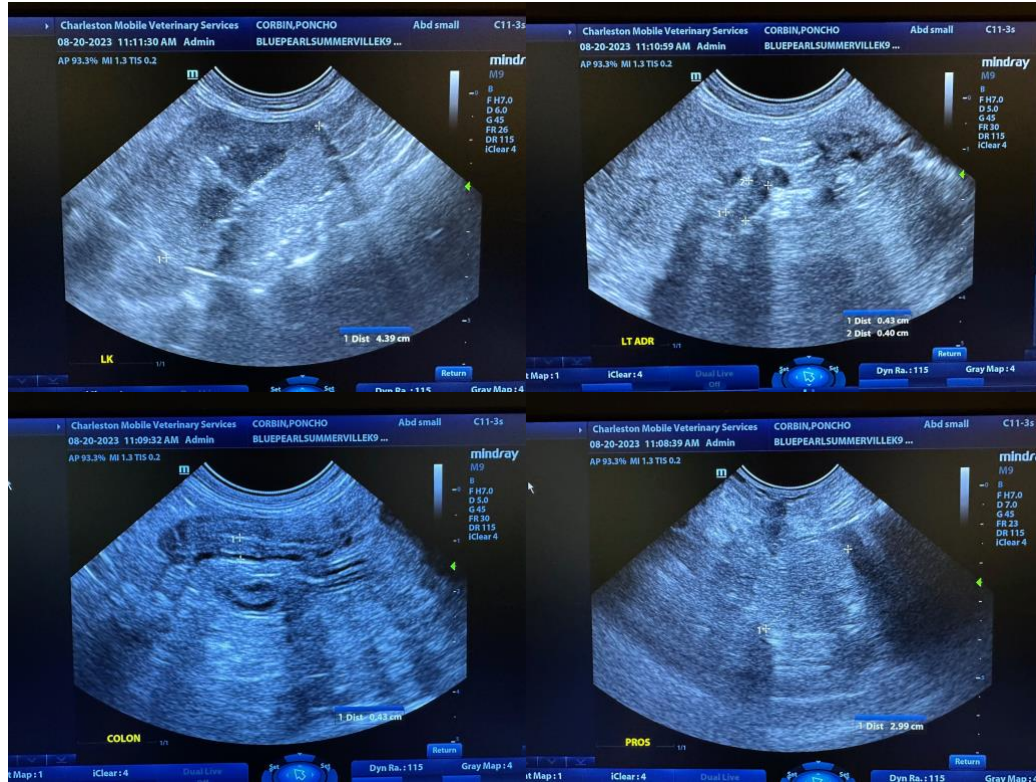
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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