

PATIENT

Buddy Roberts

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

14 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

South Reno VH

REFERRING VET

Dr Schmitt

INVOICE

11319

DATE

8.2.22

PRESENTING CLINICAL SIGNS

History: Heart, Lungs and pulse: Grade 5/6 left-sided systolic base heart murmur that is equally intense on the right side. Lungs auscult within normal limits. Femoral pulses are weak. Weight loss-Coughing

Abnormal PE/Chem/CBC/UA Results: Doppler Systolic Avg:130(130,132,130) Right Front # 3 cuff-Chemistry screen: Slight increased alkaline phosphatase 153 CBC: No significant finding Heartworm test antigen: Negative Fecal: No eggs or parasites seen Urinalysis: Decreased specific gravity A: Hyper alkaline phosphatemia and hyposthenuric. RADS: Appears to be mild heart compensation based on bulging of caudal waist. Otherwise radiographs are unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (0.94 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 (3.83 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.

The **right kidney** is normal in size (3.62 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A few pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The **left adrenal gland** is normal size (0.50 cm at cranial pole) (0.52 cm at caudal pole); 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.

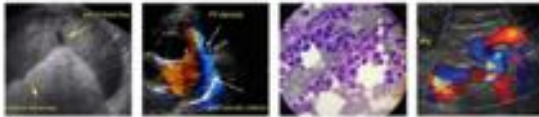
The **right adrenal gland** is normal size (0.57 cm at cranial pole) (0.50 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.87 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 normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or



PATIENT

Buddy Roberts regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

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BREED

Chihuahua **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 thickness is normal 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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14 years 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.

WEIGHT

11 lbs **Free Abdomen**
The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A 0.96 cm cystic sublumbar **lymph node** is visualized.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (Small
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Primary Findings

- An obvious cause for the patient's mild elevation in ALP is not identified in this study. However, it is likely secondary to a benign age-related process (i.e., age-related remodeling or minor regenerative nodular hyperplasia).
- The gall bladder changes could be consistent with cholestasis, fasting, or less likely, early mucocele formation.

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Secondary Findings

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- The significance of the sublumbar lymph node is unclear. It likely represents benign (i.e., reactive) change. However, emerging neoplasia cannot be completely excluded.
- Bilateral chronic, age-related renal changes with minor right dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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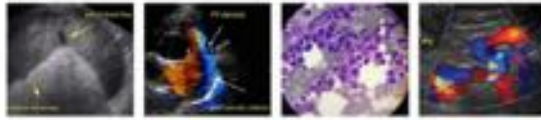
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.



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Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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Given the prominent sublumbar lymph node, consider a rectal examination and evaluation of the hind end for possible causes of a reactive node.

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Chihuahua

Consider a repeat ultrasound of the gall bladder and sublumbar lymph node in 4-8 weeks to assess for progression.

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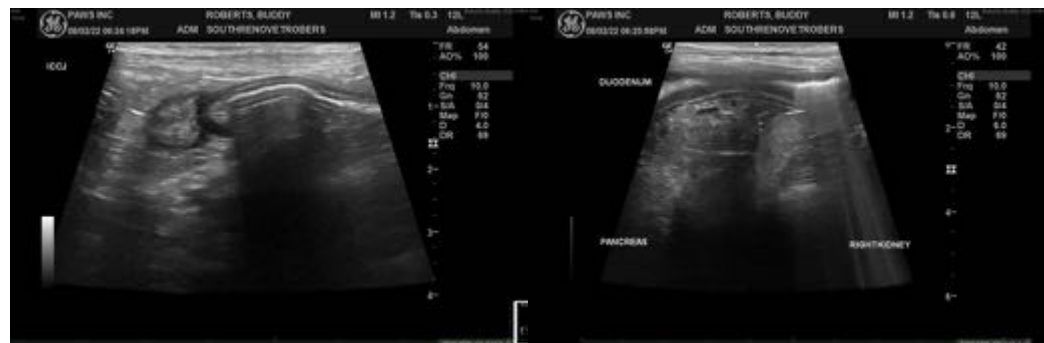


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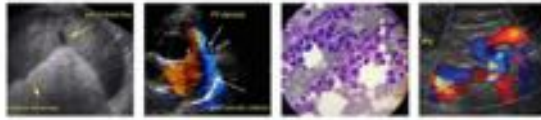
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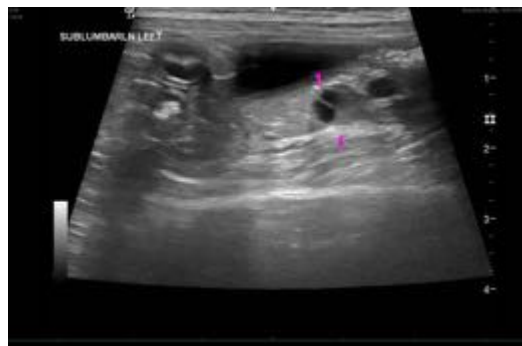
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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