

**PATIENT**

Stella Malkiewicz

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

History: 2-week history of progressive picky appetite and lethargy, hematochezia noted in last couple of days; will eat human food and treats well, tense abdomen on palpation, still BAR

**BREED**

Golden Doodle

Abnormal PE/Chem/CBC/UA Results: HCT 18%, PLT- 49 K/uL, Retics- 255 K/uL, ALP- 149 IU/L, schistocytes and polychromasia noted on smear yesterday In-house PCV of 21%, TS- 6 g/dL today at time of ultrasound Current Medications Cerenia, metronidazole

**SEX**

Spayed Female

**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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.

**AGE**

6 years

The **left kidney** is normal in size (6.93 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

47.5 lbs

The **right kidney** is normal size (7.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The **left adrenal gland** is mildly enlarged (0.93 cm at cranial pole) (0.93 cm at caudal pole) (3.25 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.

**IMAGING PERFORMED BY**

Sara Hansen

The **right adrenal gland** is mildly enlarged (1.80 cm at cranial pole) (0.86 cm at caudal pole) (3.08 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.

**HOSPITAL NAME**

VCA Salem AH

**Spleen**

The **spleen** is normal in size (2.02 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.

**REFERRING VET**

Dr. Tremper

**Liver**

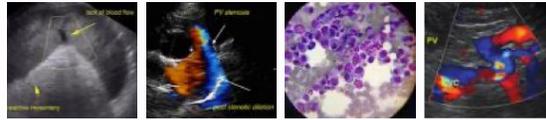
The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**DATE**

8.25.22

**INVOICE**

11501



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The **gall bladder** lumen is mildly distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## SPECIES

Canine

### Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

## BREED

Golden Doodle

### Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

## SEX

Spayed Female

### Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

## AGE

6 years

### Other

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

## WEIGHT

47.5 lbs

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The mild bilateral adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- Minor, chronic renal changes

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary autoimmune disease, tick-borne disease, gastrointestinal bleeding, other.

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

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest, if not already performed.

A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended.

<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>

## REFERRING VET

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A slide agglutination test is recommended to assess for autoagglutination.

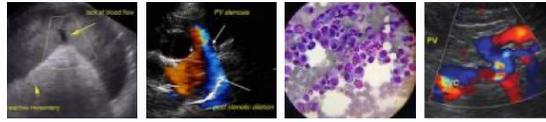
If there is a strong suspicion for upper GI bleeding, consider an upper GI endoscopy before initiation of immunosuppressive therapy for possible autoimmune disease.

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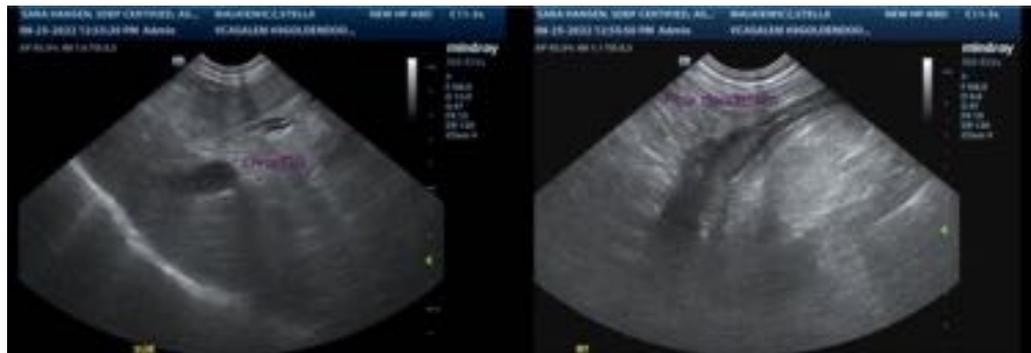
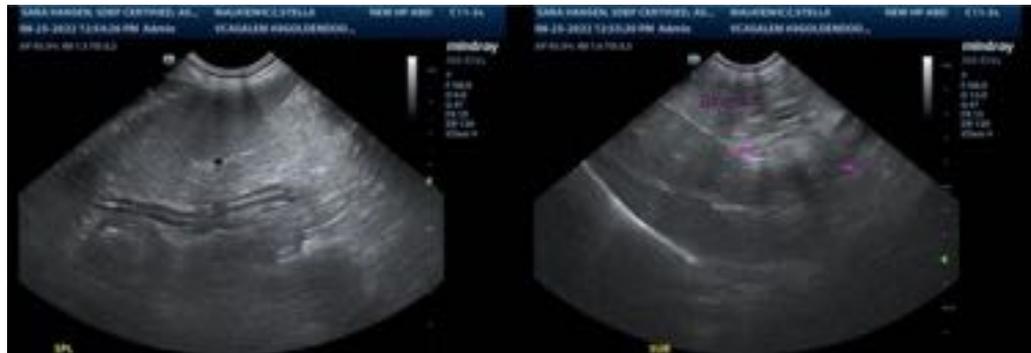
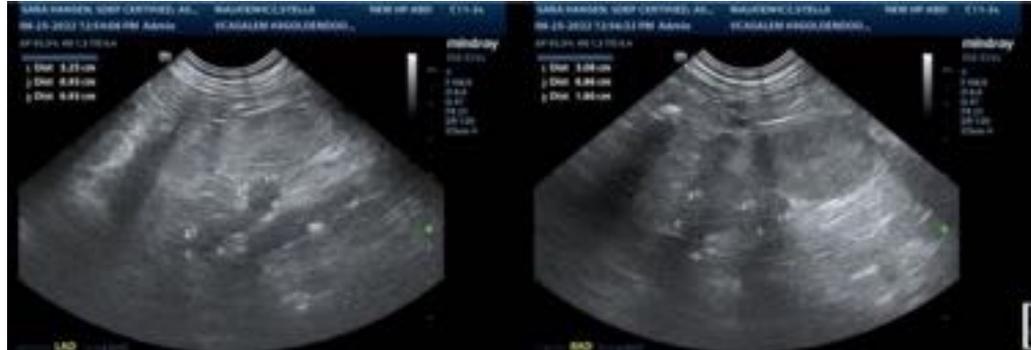
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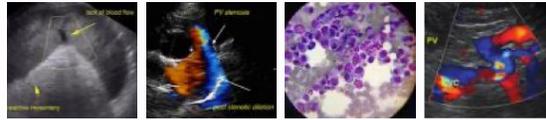
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)



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