



PATIENT

Blue Farley

SPECIES

Canine

BREED

Silky Terrier

SEX

Male

AGE

10 Years

WEIGHT

16.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro, DVM

HOSPITAL NAME

Livingston Animal
Hospital

REFERRING VET

Dr. Watts

INVOICE

11703kk

DATE

8/26/21

PRESENTING CLINICAL SIGNS

History: Patient has been azotemic since March of 2021. Repeat lab work revealed elevated amylase and lipase and hypercalcemia at 12.1. Glucose was low at 50 on the chemistry. Patient had chronic intermittent vomiting, but the lab work was "routine" senior lab work. The patient is not on any medication.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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.

The prostate is normal in size (3.19 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to heterogeneous with a few small, ill-defined parenchymal cysts. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.7 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.2 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.53 cm at caudal pole) (2.27 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.

The right adrenal gland is normal size (1.08 cm at cranial pole) (0.59 cm at caudal pole) (2.08 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.

Spleen

The spleen is normal in size (0.94 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 regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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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.

Free Abdomen

SEX

Male

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

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the azotemia, the following diagnostics are recommended:
 - a. Urinalysis
 - b. Urine culture and sensitivity
 - c. UPC (if proteinuria is present)
 - d. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
2. Given the hypercalcemia, consider the following:
 - a. Rectal examination to assess for anal gland masses
 - b. Three-view thoracic radiographs are recommended to assess for neoplasia in the chest
 - c. +/- a PTH/PTHrP/ionized calcium
3. Consider a repeat blood glucose on a glucometer to rule out artifactual hypoglycemia. If hypoglycemia is persistent, consider an insulin to glucose ratio.

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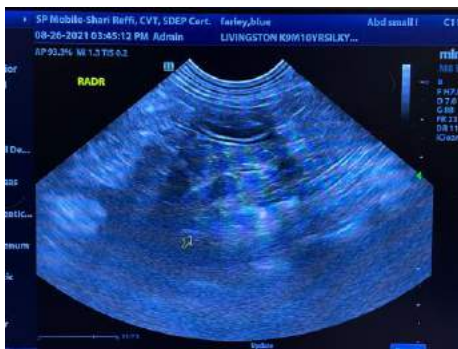
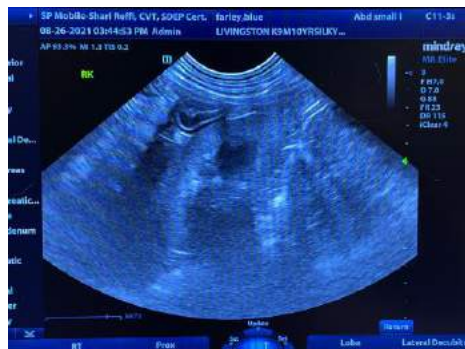
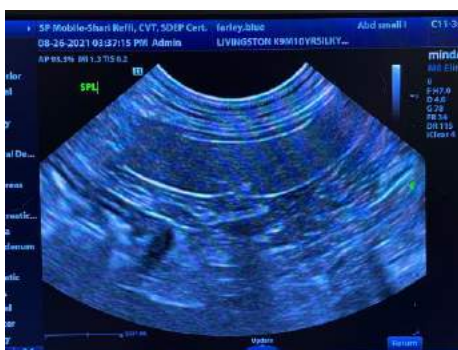
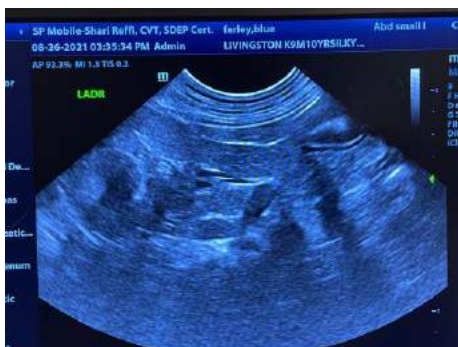
Dr. Watts

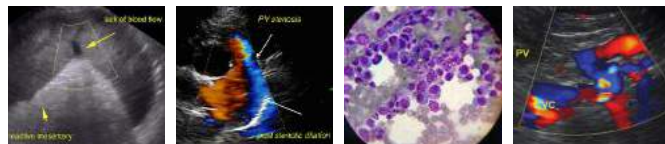
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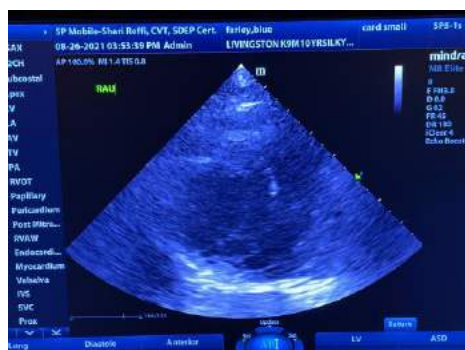
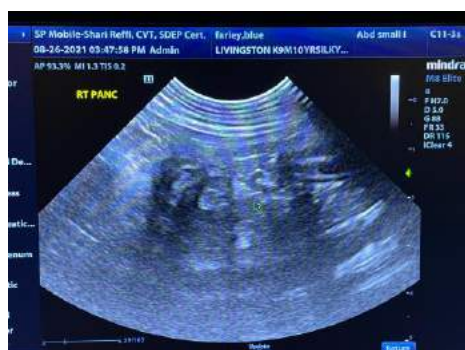
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)
Andrea.nicastro@sonopath.com

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