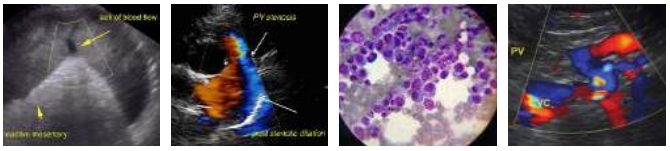
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mikka Shanley

SPECIES
Canine

BREED
Yorkie

SEX
Female spayed

AGE
9 Years

WEIGHT
9.5 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Chester Animal Hospital

REFERRING VET
Dr. Migliaccio

INVOICE
11733kk

DATE
8/31/21

PRESENTING CLINICAL SIGNS

History: Lethargy and inappetence since weekend, unless chicken/potato. UTI and urinary bladder stone. Urinary incontinence. Current meds: PPA, Clavamox 62mg BID- finished 8/26. O concerned as to why she is lethargic, wanted US since she was going out of town.

Abnormal PE/Chem/CBC/UA Results: TP 7.9, Alb 4.7, Trigly 345, UA: Rods and cocci- follow up not acquired yet SG: 1.033

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.54 cm cystic calculus is observed within the lumen as well as a scant amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.50 cm at cranial pole) (0.54 cm at caudal pole) (1.75 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.

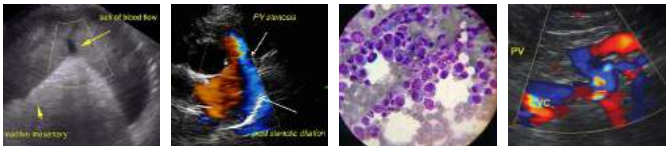
The right adrenal gland is normal size (0.45 cm at cranial pole) (0.38 cm at caudal pole) (1.42 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.83 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance with several ill-defined, hyperechoic nodules/areas. A 0.64 cm anechoic to slightly echogenic cystic structure is observed at the tip of the right lateral lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is normal in thickness. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mikka Shanley

SPECIES
Canine

BREED
Yorkie

SEX
Female spayed

AGE
9 Years

WEIGHT
9.5 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Chester Animal Hospital

REFERRING VET
Dr. Migliaccio

INVOICE
11733kk

DATE
8/31/21

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. No obstructive disease is noted.

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cystic calculus.
- Bilateral, non-obstructive nephroliths.

Secondary Findings:

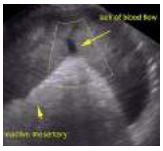
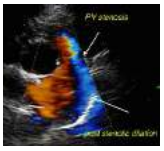
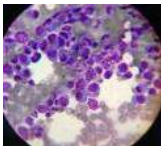
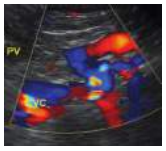
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris – incidental, non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

****An obvious cause for the patient's clinical signs is not identified in this study. Considerations include occult pyelonephritis, microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, and other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. The following diagnostics can be considered:
    a. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
    b. Urine culture and sensitivity 5-7 days following the last dose of antibiotics.
    c. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    d. Regarding the cystic calculus, consider a cystotomy with stone removal, analysis and culture. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mikka Shanley

SPECIES

Canine

BREED

Yorkie

SEX

Female spayed

AGE

9 Years

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Chester Animal Hospital

REFERRING VET

Dr. Migliaccio

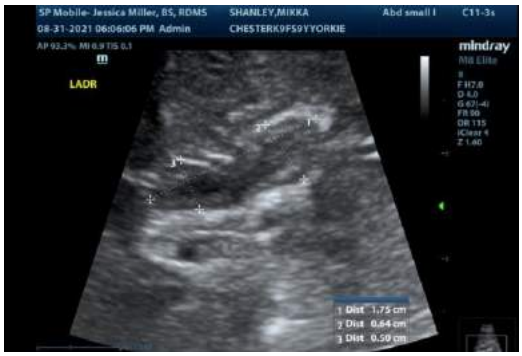
INVOICE

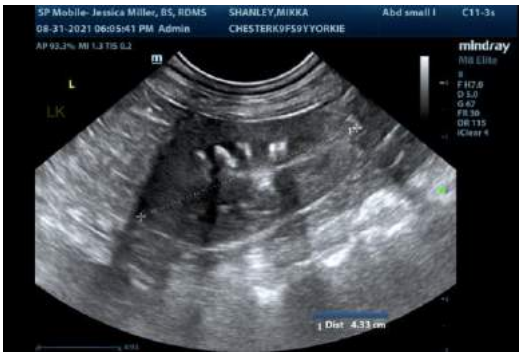
11733kk

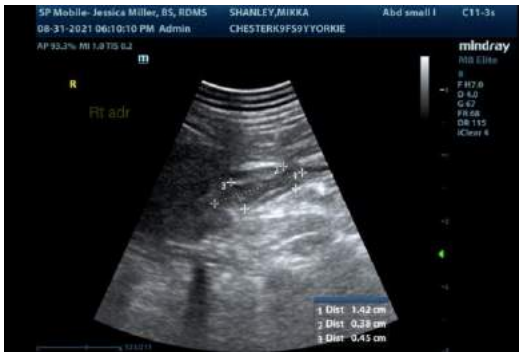
DATE

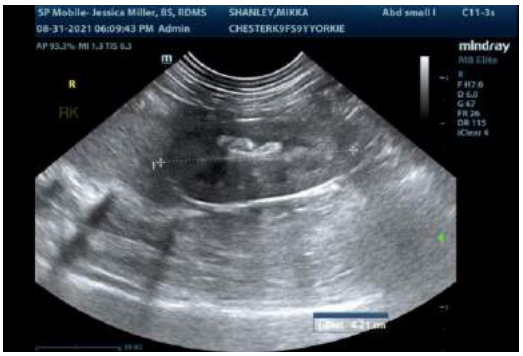
8/31/21

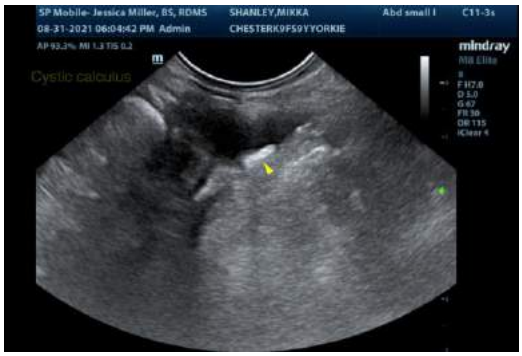
has been achieved.

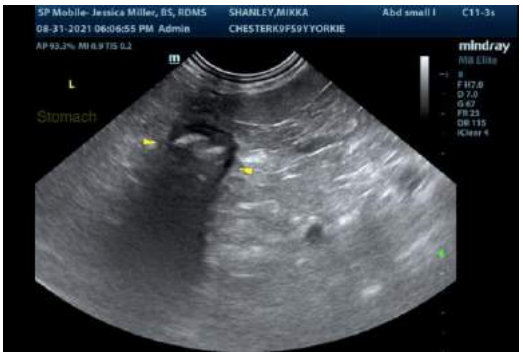


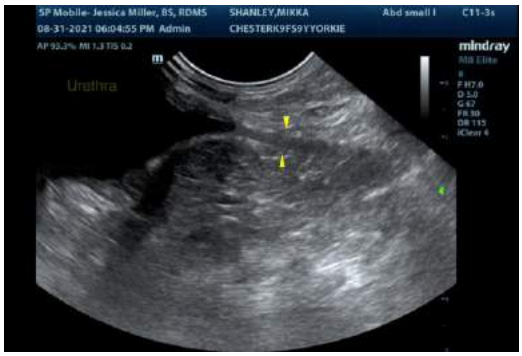


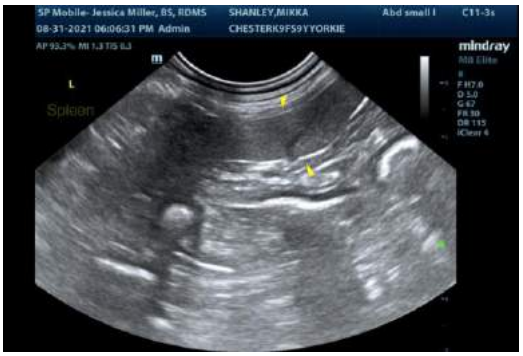




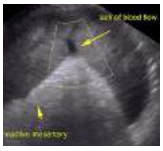
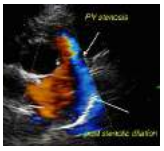
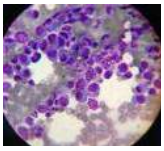
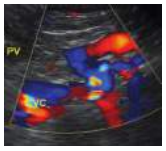








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mikka Shanley

SPECIES

Canine

BREED

Yorkie

SEX

Female spayed

AGE

9 Years

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Chester Animal Hospital

REFERRING VET

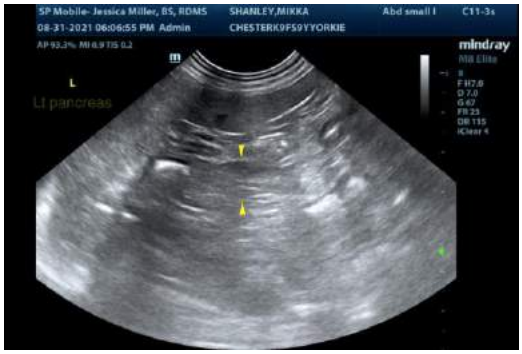
Dr. Migliaccio

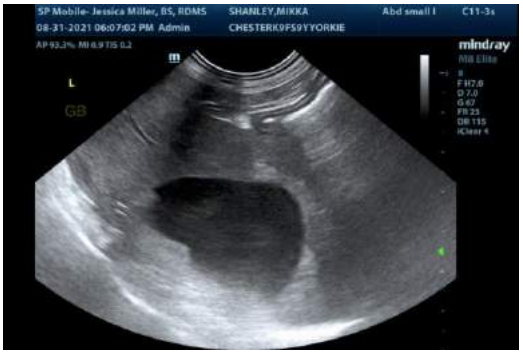
INVOICE

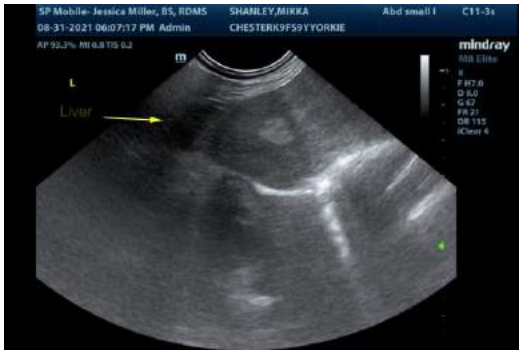
11733kk

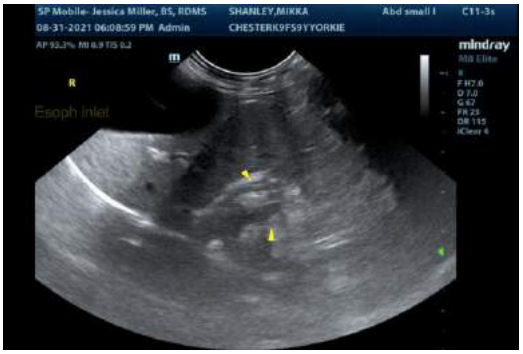
DATE

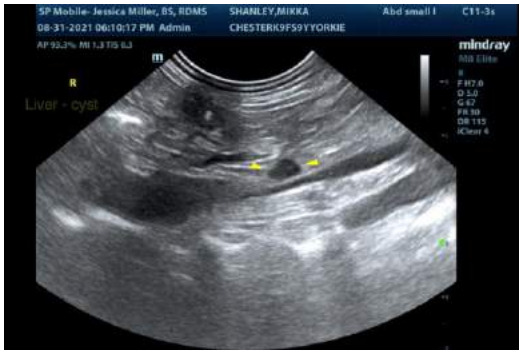
8/31/21

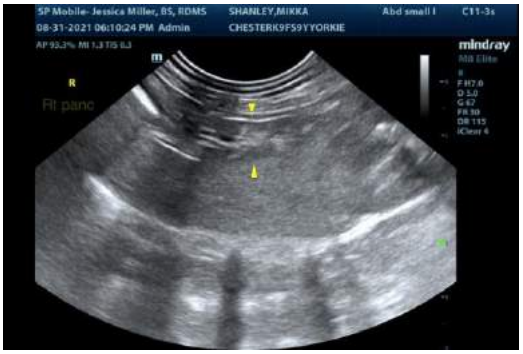


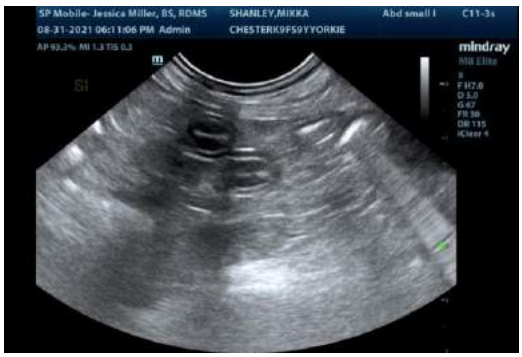








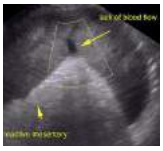
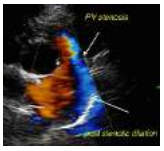
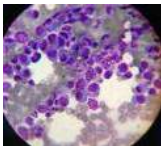
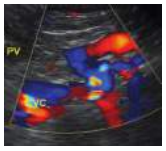




The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mikka Shanley

SPECIES

Canine

BREED

Yorkie

SEX

Female spayed

AGE

9 Years

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Chester Animal Hospital

REFERRING VET

Dr. Migliaccio

INVOICE

11733kk

DATE

8/31/21

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