



PATIENT

Lily Mayens

PRESENTING CLINICAL SIGNS

History: History of waxing/waning vomiting and diarrhea, sometimes with blood. Mammary mass palpated.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface at the apex is mildly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Maltese

The left kidney is normal size (3.30 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 hydronephrosis. Renal vasculature is normal.

SEX

Female Intact

The right kidney is normal size (3.12 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 hydronephrosis. Renal vasculature is normal.

AGE

10 Years

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.49 cm at caudal pole) (1.40 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.

WEIGHT

8 lbs.

The right adrenal gland is normal size (0.77 cm at cranial pole) (0.58 cm at caudal pole) (1.29 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.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.02 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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. The portal vein to caudal vena cava ratio is approximately 1:1. 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.

HOSPITAL NAME

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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

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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

SPECIES

Canine

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

BREED

Maltese

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

Other

SEX

Female Intact

The left and right uterine horns and proximal uterine body are distended (up to 1.42 cm) with anechoic fluid. The distal uterine body is not distended and is normal in thickness (0.41 cm in diameter).

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The uterine changes could be consistent with hydrometra, pyometra, or mucometra.

Secondary Findings:

- The urinary bladder wall changes may be artifactual due to lack of luminal distension or could be consistent with cystitis. Correlation with clinical findings is recommended.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the uterine changes, an ovariohysterectomy with submission of the uterus for histopathology is recommended. Gastrointestinal biopsies should be obtained at the time of surgery. Three-view thoracic radiographs are recommended prior to anesthetic event, particularly given the mammary masses.
- To further investigate the GI signs, consider the following:
 - A fecal evaluation for ova/Giardia
 - A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - A 6-week limited antigen diet trial to assess for food allergies
 - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

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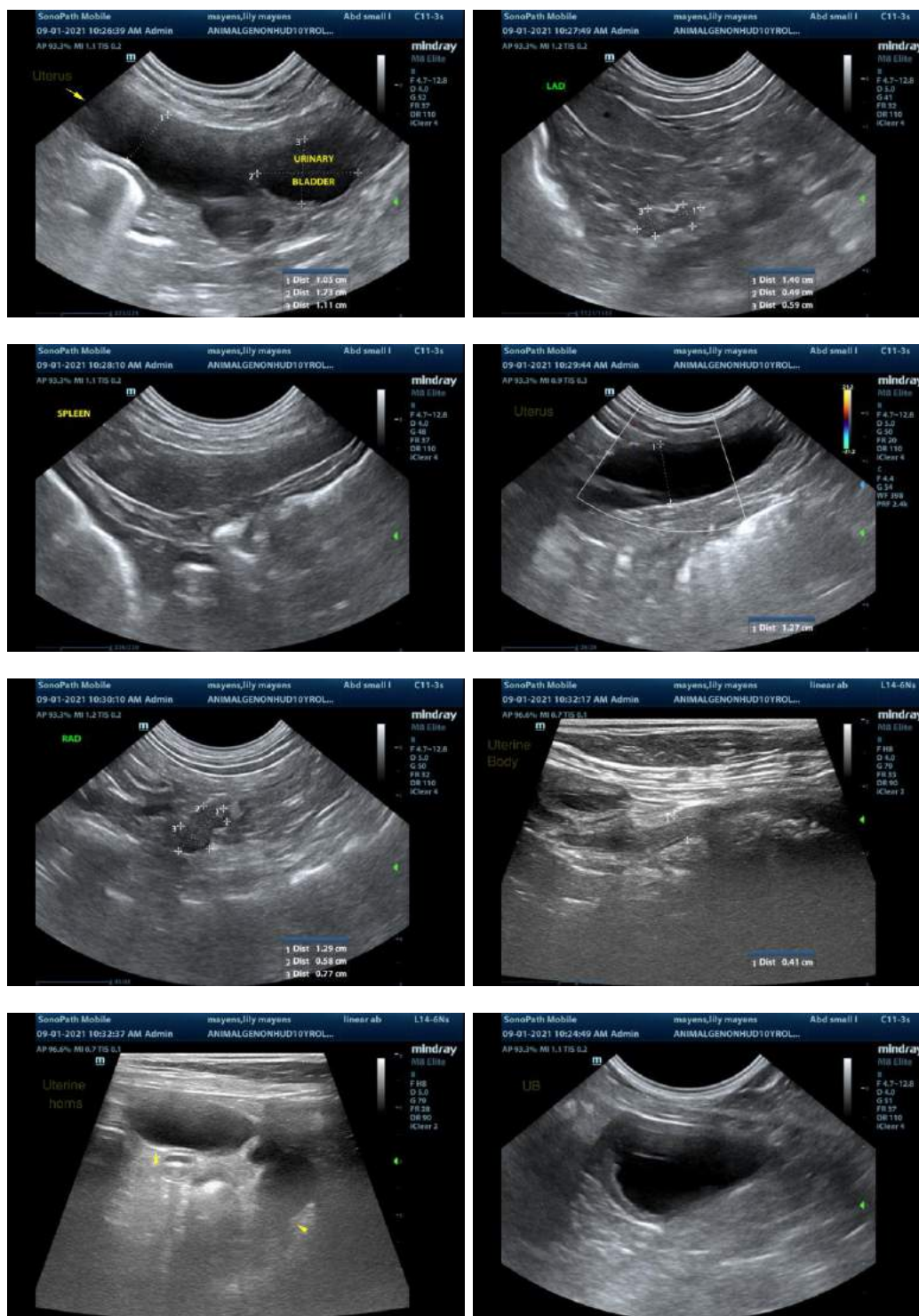
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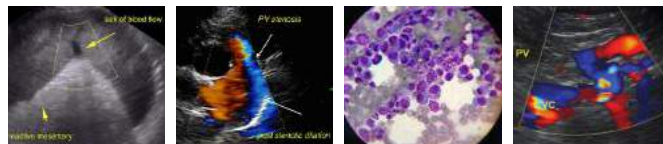
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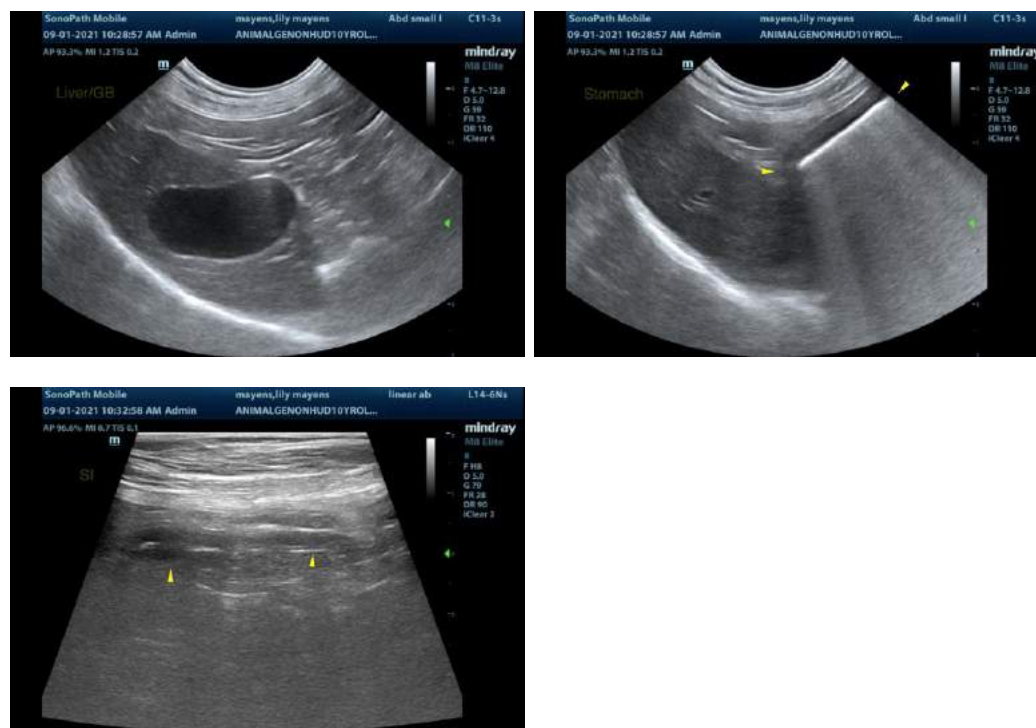
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com