



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sadie Mehta  
**HISTORY:** First seen 9/11 at ER clinic for vomiting, lethargy and anorexia. Treated supportively, did well at first but for the past 2 days she has been vomiting 2-3 times a day and is still slightly lethargic and has some anorexia.

**SPECIES** Canine  
**ABNORMAL PE/CHEM/CBC/UA RESULTS:** Physical exam: painful with palpation of abdomen  
**BLOODWORK (CBC AND CHEMISTRY PANEL)** has no significant findings. Radiographs of the abdomen: Mild duodenal dilation. This finding could indicate pancreatitis or could represent enteritis due to infectious disease. Focal amorphous mineral opacities within the kidneys, consistent with dystrophic renal mineralization and/or nephrolithiasis

**BREED**

Yorkie

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

*Urinary System*

Female, spayed

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. The region of the trigone is normal.

**AGE**

5 Yrs.

The left kidney is normal size (2.62 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 non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

4.2 lbs.

The right kidney is normal size (3.31 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 non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, 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 normal size (0.29 cm at cranial pole) (0.33 cm at caudal pole) (1.22 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**

Dr. Sheldon

The right adrenal gland is normal size (0.51 cm at cranial pole) (0.40 cm at caudal pole) (1.34 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**

Advanced PetCare of  
 Oakland

*Spleen*

The spleen is normal in size (0.77 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**

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*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

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distended. The wall is thin and smooth. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

**SPECIES**

Canine

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.

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**Pancreas**

**SEX**

Female, spayed

The right limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

**AGE**

5 Yrs.

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

4.2 lbs.

**Primary Findings:**

- The pancreatic changes are suggestive of age-related remodeling/fibrosis. Mild chronic pancreatitis is also possible, particularly if the patient has a clinical history that is supportive of this diagnosis.

**Secondary Findings:**

- Bilateral, non-obstructive nephrolithiasis.

\*It is unclear if the patient's clinical signs are secondary to mild pancreatitis, acute gastroenteritis or an underlying metabolic issue or other disease process.

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Advanced PetCare of  
Oakland

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for acute gastroenteritis/pancreatitis is recommended including fluid therapy, antiemetics, gastric protectants and pain medication as needed.
- Other diagnostic considerations include the following:
  - cPLI +/- full GI panel (send to Texas A&M).
  - Fecal evaluation for ova and Giardia.
  - Resting cortisol level to screen for hypoadrenocorticism.
  - If the patient does not respond to medical management and the above diagnostics are inconclusive, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



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Sadie Mehta

## SPECIES

Canine

## BREED

Yorkie

## SEX

Female, spayed

## AGE

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## WEIGHT

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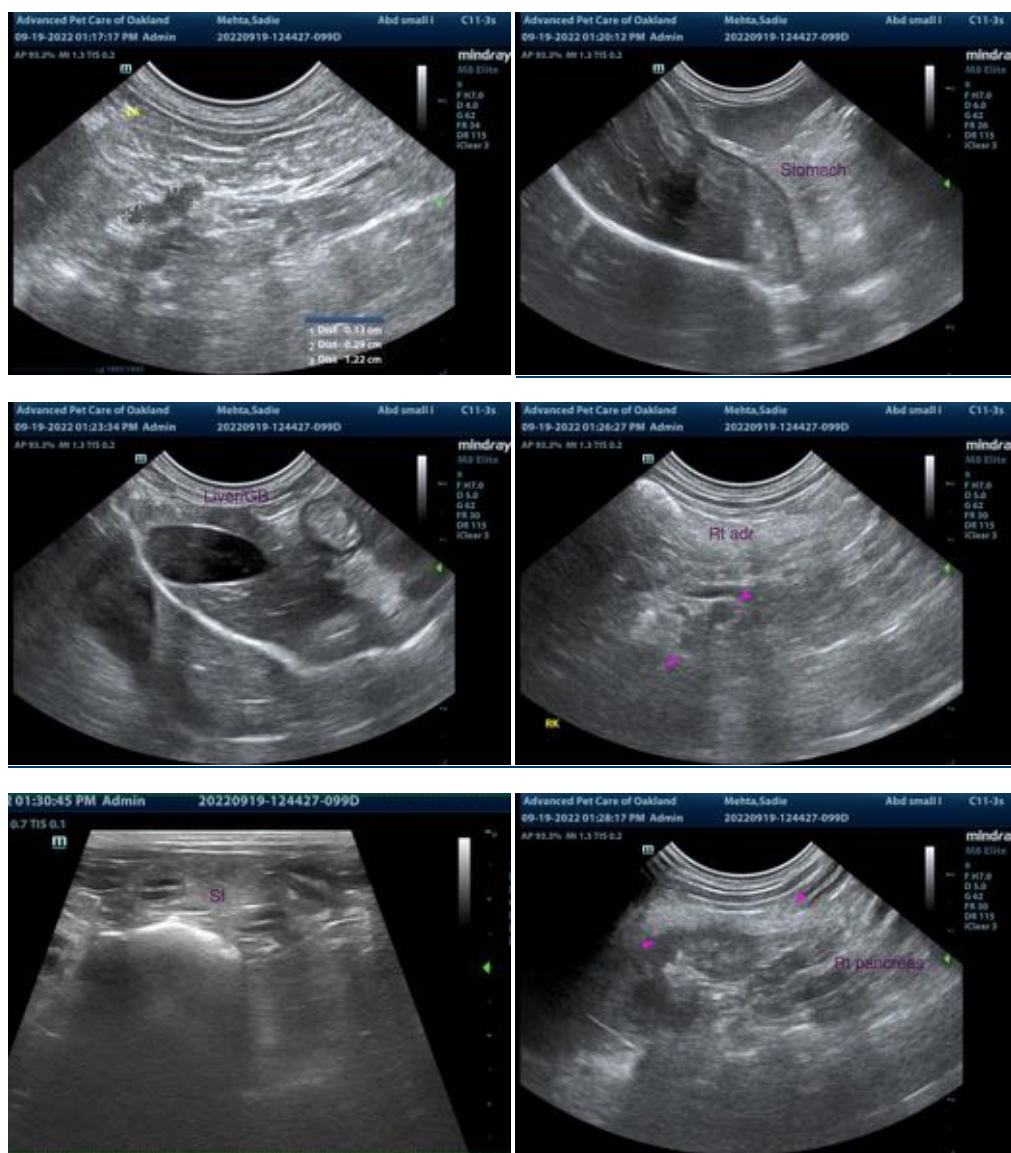
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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