



PATIENT

Cookie McNulty

SPECIES

Canine

BREED

Havanese

SEX

Female Spayed

AGE

8 Years

WEIGHT

7.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Millburn Veterinary
Hospital

REFERRING VET

Dr. Turowsky

INVOICE

11916kk

DATE

9/28/21

PRESENTING CLINICAL SIGNS

History: 2-3 days history of anorexia and lethargy. Blood work revealed azotemia, hyperphosphatemia.

Current med: Cerenia.

Abnormal PE/Chem/CBC/UA Results: Creat. 1.9, BUN 96, Phos. 13.8, Na/k 17, K 8.5, glucose 66.

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 left kidney is normal size (2.64 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.

The right kidney is normal size (3.14 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 normal in length with a flattened contour (0.18 cm at cranial pole) (0.19 cm at caudal pole) (0.77 cm in length) and 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 in length with a flattened contour (0.17 cm at cranial pole) (0.23 cm at caudal pole) (0.87 cm in length) and 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 contracted (0.52 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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. A moderate to large amount of aggregated, mostly gravity-dependent, echogenic to mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 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 left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

Other

A uterine stump is visible (0.43 cm in width). No obvious pathology is seen.

A 0.71 x 0.52 cm echogenic nodule is observed just caudal to the stomach in the region of the left limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism).

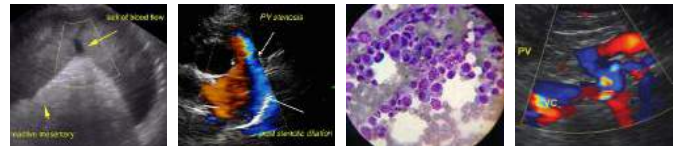
Secondary Findings:

- The origin of the echogenic nodule in the cranial abdomen is unclear. It may represent a nodule within the left limb of the pancreas (i.e., hyperplastic lesion, early tumor), mesentery, or may be a prominent lymph node (less likely).
- Gall bladder debris, non-mucocele.
- The splenic contraction is likely secondary to dehydration.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Visible uterine stump – incidental.

**The patient's clinical history could be consistent with hypoadrenocorticism, acute renal failure, or acute-on-chronic renal failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. An ACTH stimulation test is recommended.
2. Other diagnostic considerations include:



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- a. A urine culture and sensitivity, UPC (if proteinuria is present) and baseline blood pressure measurement.
- b. A physiologic dose of corticosteroids is recommended while awaiting ACTH stimulation test results along with IV fluid diuresis and supportive care.

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3. Consider a recheck ultrasound in 4 weeks to assess for progression of the cranial abdominal nodule.

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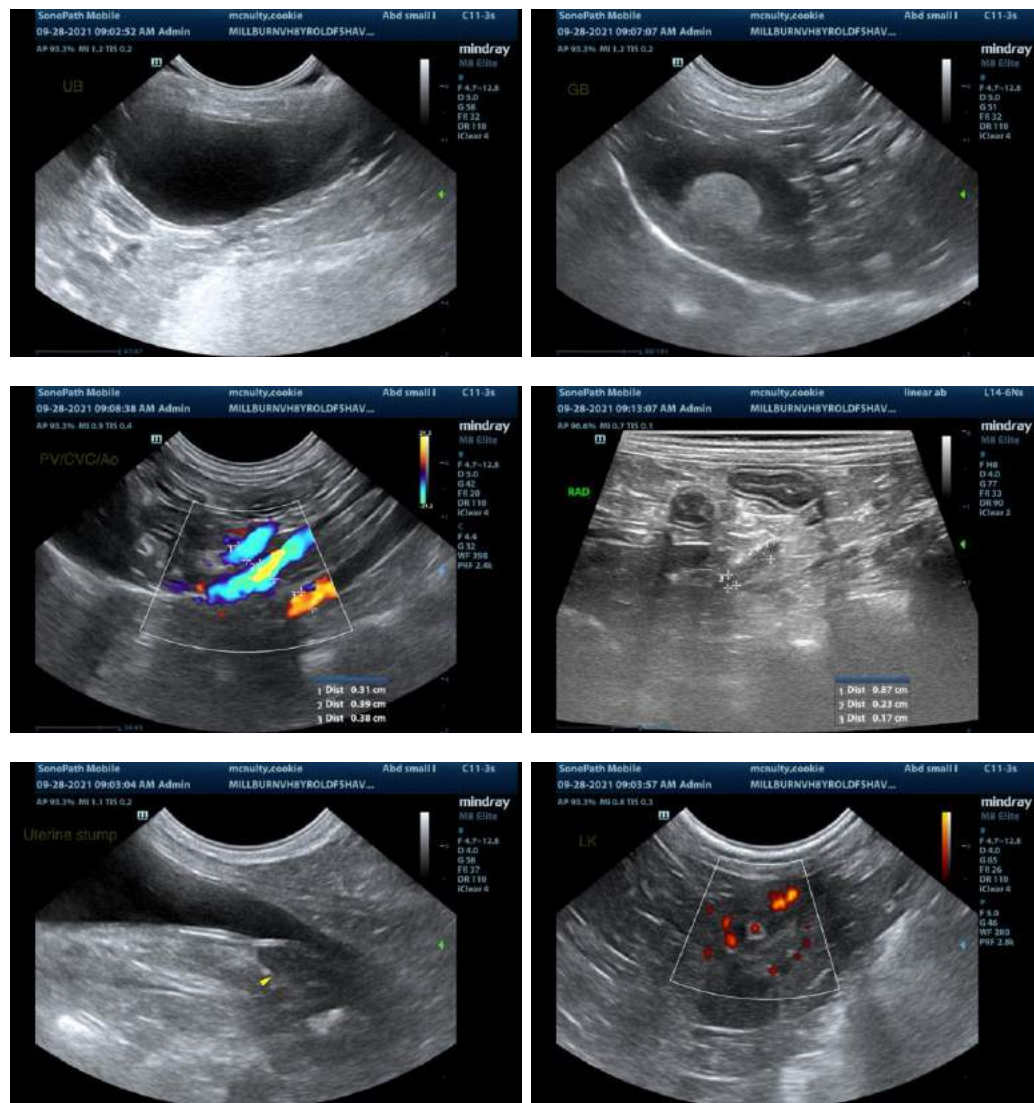
Dr. Turowsky

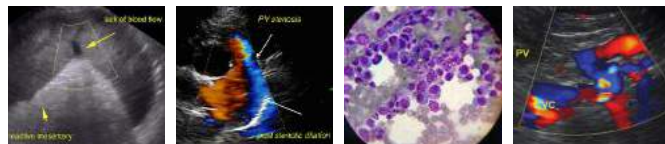
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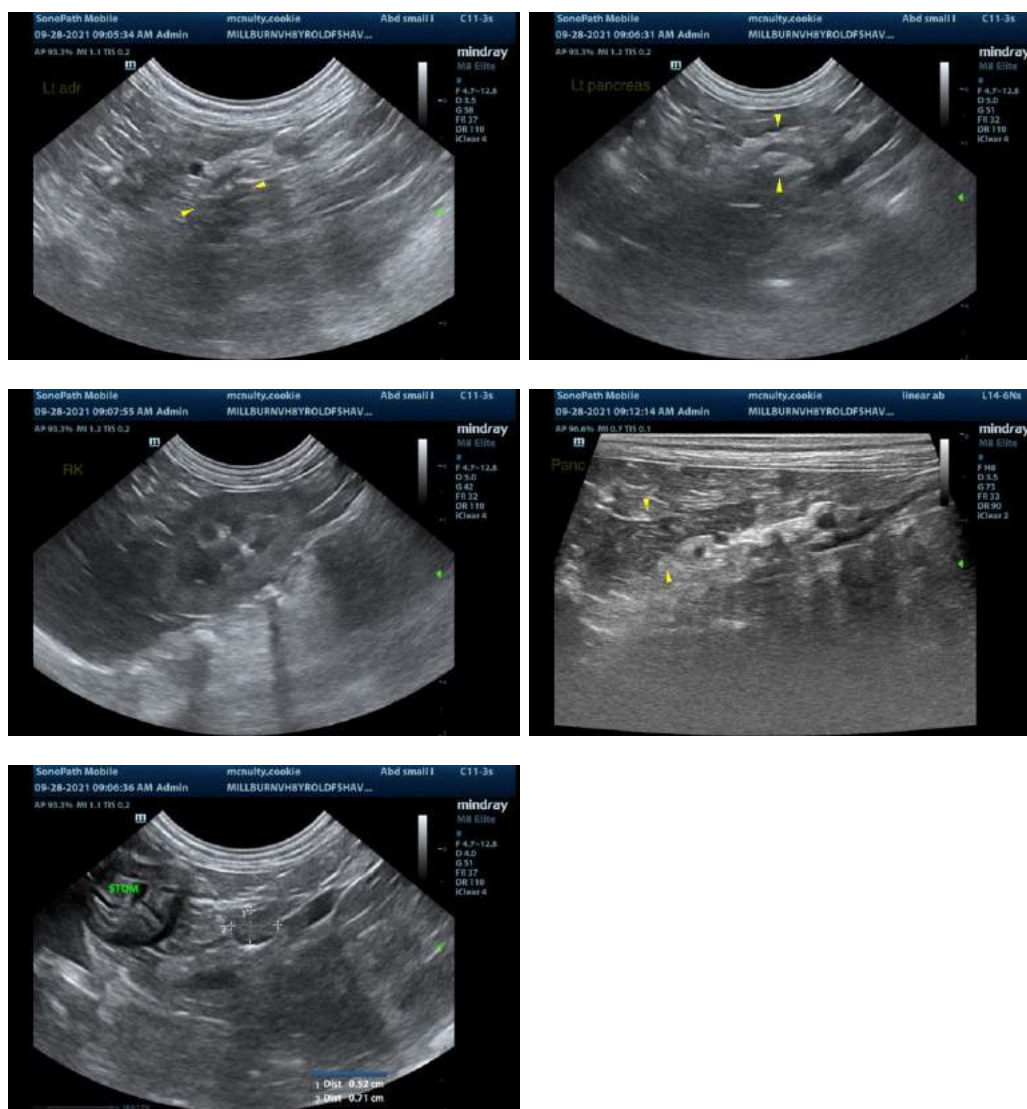
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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