

PATIENT

Bella Lawlor

PRESENTING CLINICAL SIGNS

History: holding head sideways, not eating, vomiting.

Abnormal PE/Chem/CBC/UA Results: SDMA 16, proteinuria 2+, BUN 52

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chihuahua

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder lumen is mildly to moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Spayed Female

The **left kidney** is normal size (2.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

13 years

The **right kidney** is normal size (3.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). A few small, focus of mineralization are visualized. There is no evidence of infarcts or hydroureter.

WEIGHT

5 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.37 cm at cranial pole) (0.36 cm at caudal pole); 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)

The **right adrenal gland** is normal size (0.42 cm at cranial pole) (0.35 cm at caudal pole); 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

Loetitia Saint-Jacques,
RVT LVT

Spleen

The **spleen** is normal in size (0.92 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Pine Creek VC

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.

REFERRING VET

Dr Denny Nolet

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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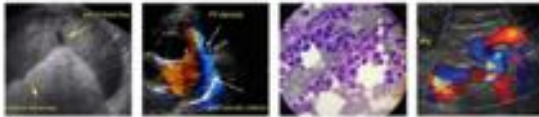
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Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. The gastric wall in the region of the fundus is focally thickened (up to 0.56 cm) with questionable retention of the normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a

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PATIENT

Bella Lawlor normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

Pancreas

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

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

BREED

Chihuahua

Other

A **uterine stump** is visualized and is slightly prominent (0.59 cm in diameter). There is no obvious evidence of inflammation surrounding the stump.

SEX

Spayed Female

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes with right nonobstructive nephrocalcinosis. The right pyelectasia could be consistent with age-related remodeling, pyelonephritis, or some combination thereof.
- The focal gastric wall thickening in the region of the fundus could be consistent with an inflammatory process, polyp or emerging neoplasia. Alternatively, this may be an artifact due to a rugal fold.

WEIGHT

5 lbs

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Prominent uterine stump. This may be an incidental finding. However, an early stump pyometra cannot be completely excluded.

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Internal Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the patient's azotemia and sonographic renal changes, the following diagnostics are recommended:

1. Urine culture and sensitivity
2. UPC (if urine culture is negative)
3. Baseline blood pressure measurement

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HOSPITAL NAME

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Regarding the anorexia and vomiting, consider the following:

1. A fecal evaluation for ova and Giardia
2. Malabsorption panel including serum cobalamin and folate, TLI and PLI, particularly if the GI signs are chronic in nature
3. Resting cortisol level
4. Three-view thoracic radiographs to assess for occult esophageal disease.

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5. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be warranted.

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Regarding the abnormal head position, a thorough neurologic examination +/- a consultation with a board-certified neurologist should be considered.

BREED

Chihuahua

Regarding the prominent uterine stump, if vaginal discharge is present, consider a vaginal cytology to further assess for stump pyometra. Also, discuss with the owner the possibility of the potential for exogenous estrogen exposure.

Consider a recheck ultrasound of the gastric wall in 2-3 weeks to reassess the focal thickening.

SEX

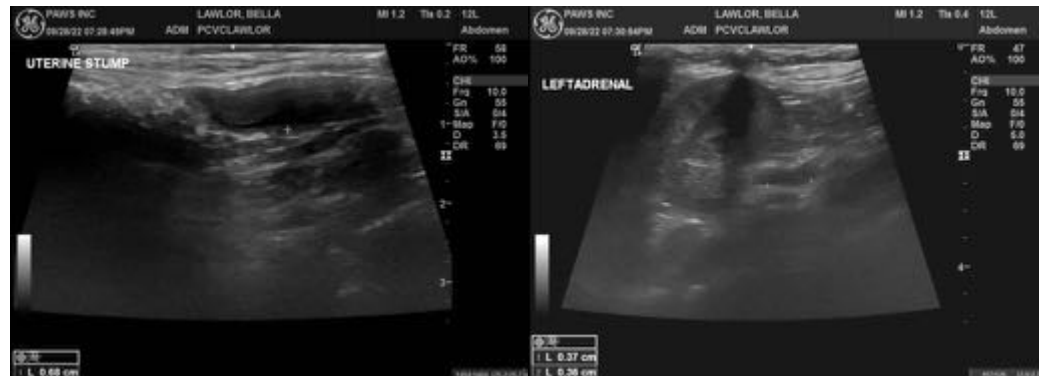
Spayed Female

AGE

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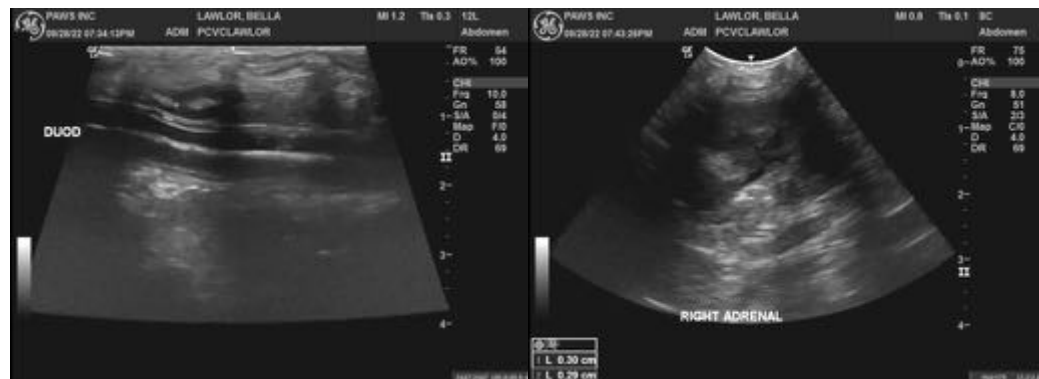
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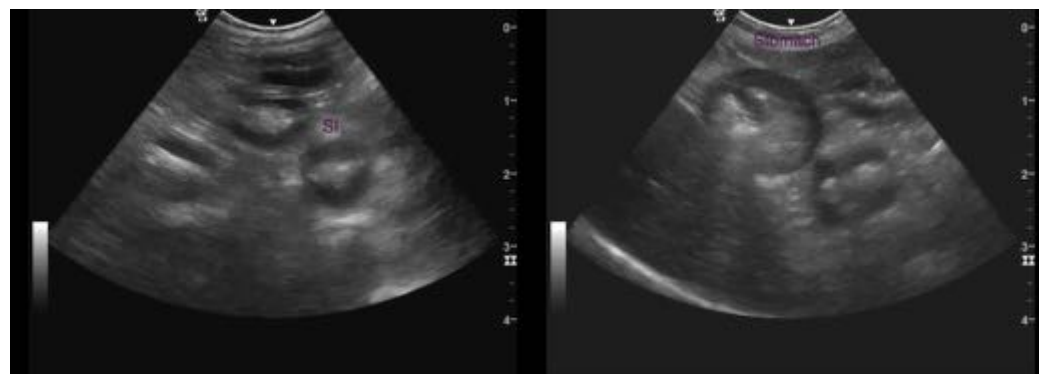


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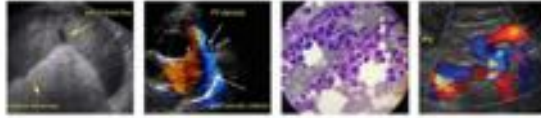
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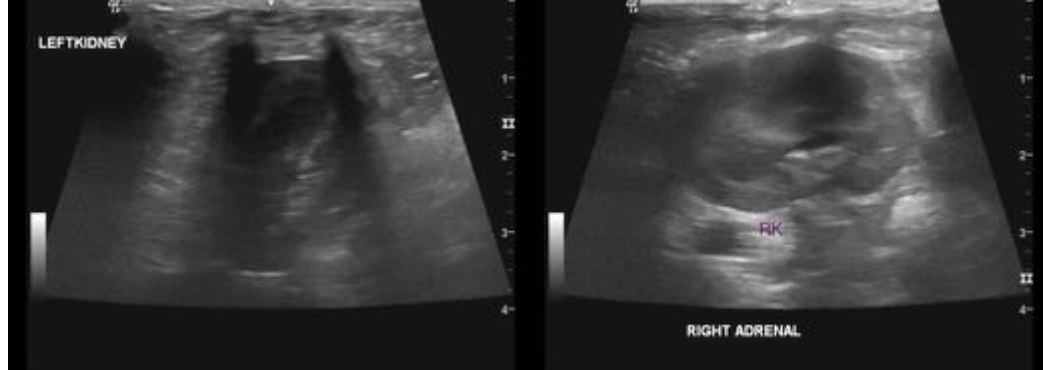
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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