

PATIENT PRESENTING CLINICAL SIGNS

Snoopy Story History: Last night started vomiting, lethargy. Bloodwork WNL 4mths ago. Prev U/S and splenic nodules noted at that time

SPECIES Abnormal PE/Chem/CBC/UA Results: RBC: 5.3, HCT: 32, Bands, Creat: 3.1, BUN 51, phos: 7.1, Total P:>12, T4: ,0.8.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Basset Hound The urinary bladder is moderately distended. The wall in the region of the apex is mildly thickened up to 0.36 cm with a slightly irregular mucosal surface. The wall appears to taper to a normal thickness as it extends toward the urinary bladder neck. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Neutered Male The prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 Years The left kidney presented normal size (7.30 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic to heterogeneous in appearance. There is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the cortical medullary junction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

50 Pounds The right kidney presented normal size (xxx cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic to heterogeneous in appearance. There is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the cortical medullary junction. There is no evidence of nephroliths, pyelectasia or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.67 cm at caudal pole) (2.43 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

Foxfield VS

The right adrenal gland is normal size (0.67 cm at cranial pole) (0.65 cm at caudal pole) (2.58 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.

REFERRING VET

Rodriguez

Spleen

The spleen is subjectively normal in size with undulating peripheral contours. The parenchyma is subjectively hypoechoic to mottled in appearance with several small hypoechoic nodules observed throughout the organ. A few small myelolipomas are observed in the region of the hilus. The spleen measures 2.14 cm. Splenic vasculature is normal with no evidence of thrombosis.

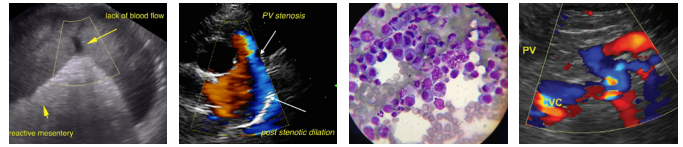
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Liver

DATE

9/30/21



PATIENT

Snoopy Story

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.

SPECIES

Canine

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.

Gastrointestinal

BREED

Basset Hound

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

SEX

Neutered Male

Pancreas

The left 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.

AGE

10 Years

Free Abdomen

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

WEIGHT

50 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis. Given the patients' history, acute-on-chronic renal failure is a concern
- The splenic parenchymal changes could be consistent with benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, emerging round cell neoplasia may be present

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, a urine culture and sensitivity, UPC (if proteinuria is present) and baseline blood pressure measurement is recommended along with IV fluid diuresis and supportive care.
- 3 view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if

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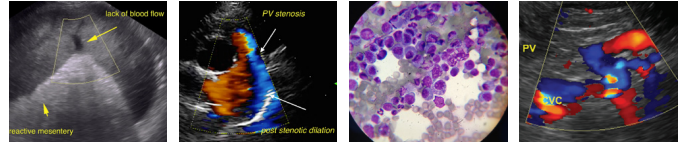
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IV fluids are to be administered.

Snoopy Story

- Consider a fine needle aspirate of the spleen to rule out round cell neoplasia. A 25-gauge needle should be used and clotting time should be assessed prior to the procedure.

SPECIES

Canine

- Although hypoadrenocorticism is unlikely, a resting cortisol level can be considered to screen for this disease.

BREED

Basset Hound

SEX

Neutered Male

AGE

10 Years

WEIGHT

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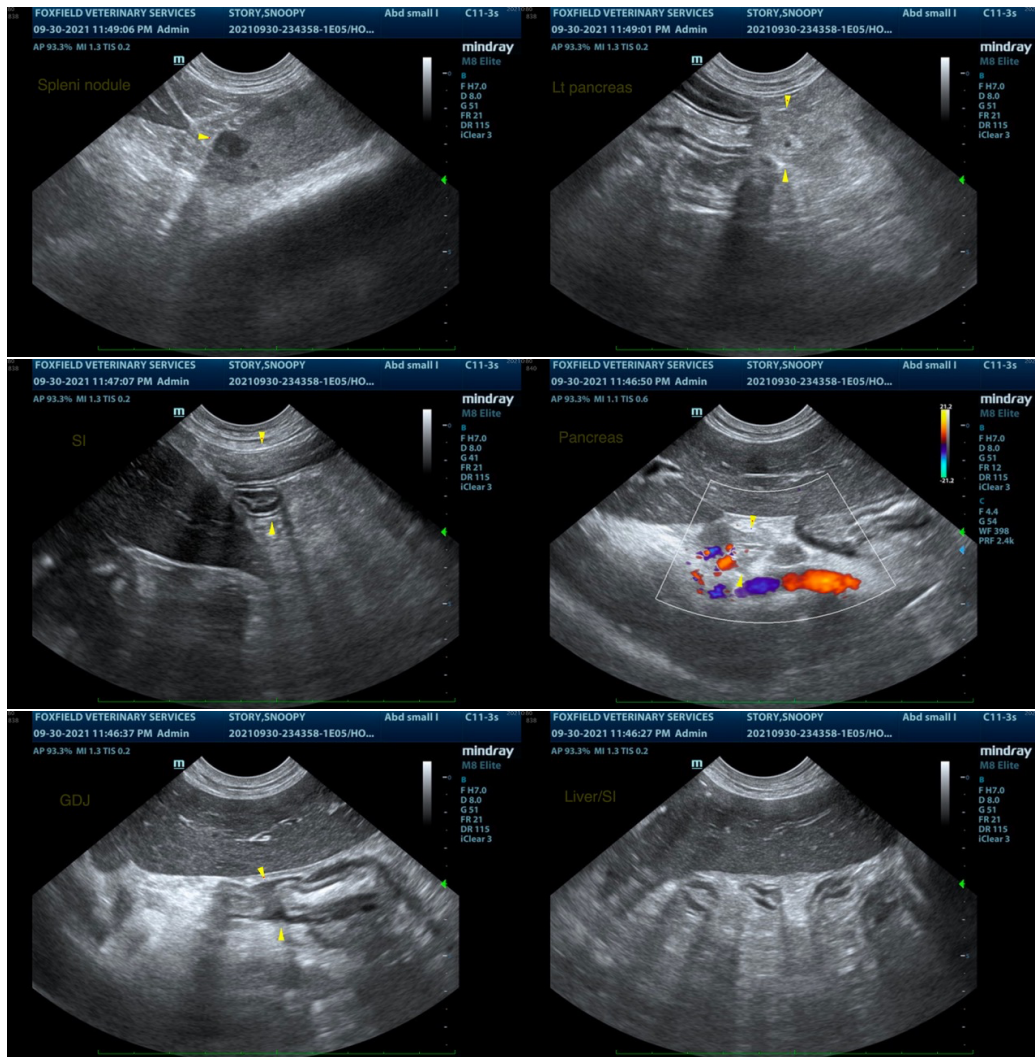
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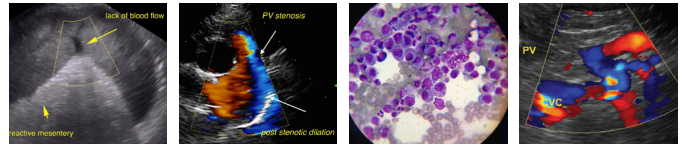
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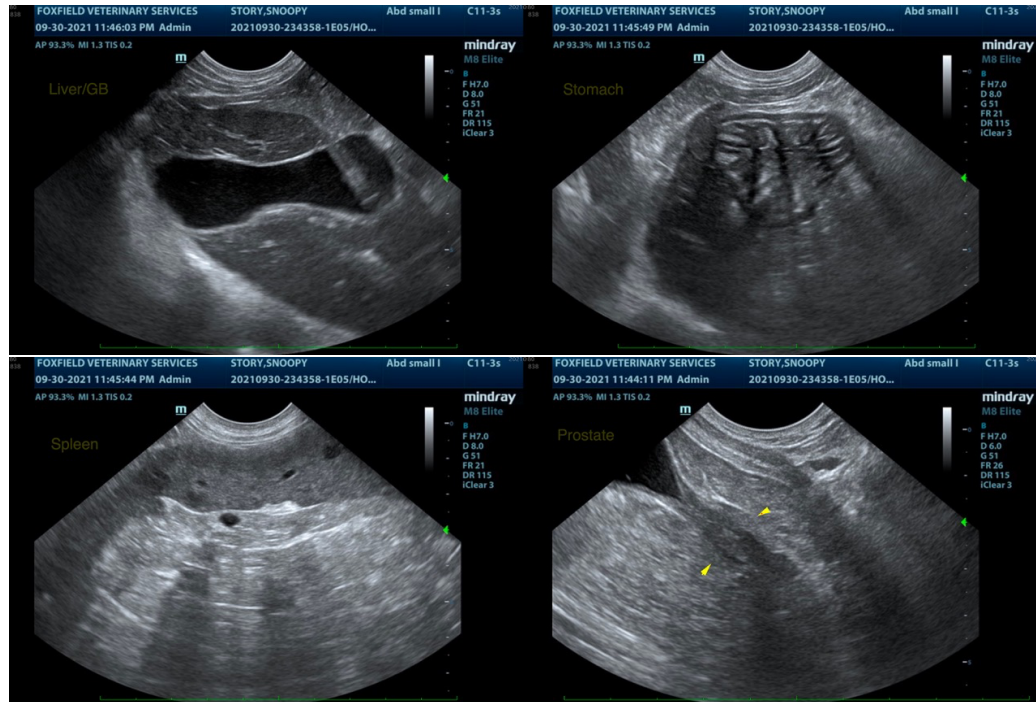
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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