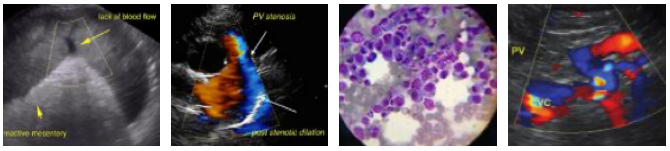
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Vee-Bee Cruz

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
5.8 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ortiz Vidal

INVOICE
13925

DATE
9/6/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to further evaluate changes noticed in radiographs. Radiographs were taken on May 25-2022 and noticed changes with loss of serosa detail, lumpy liver. Also, patient has change in the BW related to renal disease. Patient is apparently doing fine at home. Abnormal PE/Chem/CBC/UA Results: radiographs - loss of serosa; detail on the right upper quadrant VD -- tracheal collapse - lumpy liver rest of rads no overt evidence of dz cbc - wnl chem - elevated sdma 15 (0-14) and bun - 29 (0-27), Tbili 1 (0.0-0.9) t4 - wnl urinalysis - ok

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 and the visible portion of the proximal urethra are normal.

The left kidney is normal size (2.97 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. A few small, non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. A few small cortical cysts are seen.

The right kidney is normal size (3.08 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. A few small, non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. A few small cortical cysts are seen.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.44 cm at cranial pole) (0.51 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.

The right adrenal gland is normal size (0.48 cm at cranial pole) (0.39 cm at caudal pole) (1.25 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.

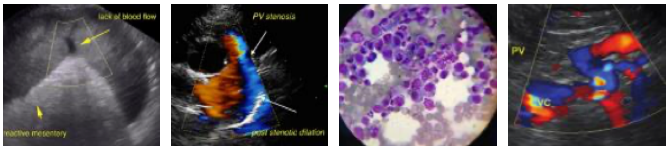
Spleen

The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.24 cm ill-defined hyperechoic nodule is observed near the lateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.42 cm hyperechoic nodule is visualized deep on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Vee-Bee Cruz

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
5.8 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ortiz Vidal

INVOICE
13925

DATE
9/6/22

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 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.

Other

Several ring down lesions are suspected in the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral degenerative renal changes with non-obstructive nephrolithiasis.

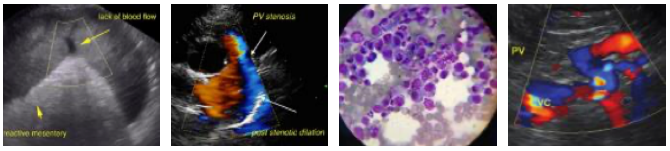
Secondary Findings:

- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule) with a low possibility of an emerging tumor.
- The hyperechoic splenic nodule also trends toward the benign (i.e., myelolipoma) with a lower possibility of neoplasia.
- The suspected ring down lesions in the thorax are suggestive of pulmonary parenchymal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the clinical history and sonographic renal changes, serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progressive azotemia. Also consider a urine culture and sensitivity to assess for occult pyelonephritis as well as a baseline blood pressure measurement to evaluate for systemic hypertension.
- Given the suspected ring down lesions in the thorax, thoracic radiographs are recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Vee-Bee Cruz

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
5.8 lbs.

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

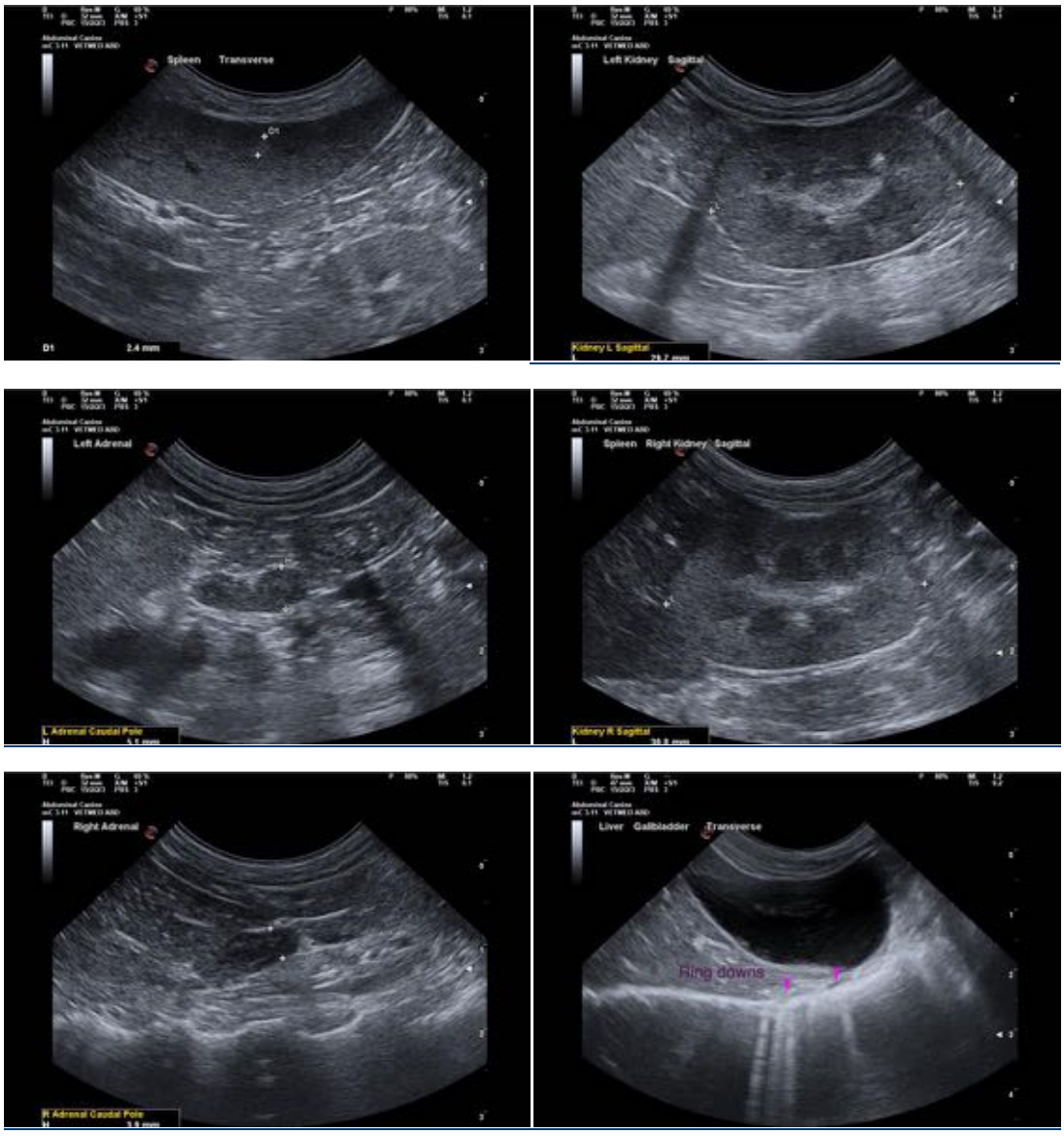
IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ortiz Vidal

INVOICE
13925

DATE
9/6/22



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