



PATIENT

Louie Wechtler

PRESENTING CLINICAL SIGNS

History: Acute lethargy, anorexia, and icterus. History of IMHA and splenic mass (had for years) and PLE. Abdominal fluid is yellow to orange in color.

SPECIES

Canine

Current meds: Prednisone 1.25 mgs SID, Denamarin.

Abnormal PE/Chem/CBC/UA Results: WBC 21.59, ALT 852, ALP >2000, GGT 12, T. bili 7.7, cholesterol 338, lipase 3946. U/A: pH 5, proteinuria 100mgs/dL, UBG 1 mg/dL, Bili 6mgs/dL, blood 25/UL. USG: 1.025.

BREED

Yorkshire Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male Neutered

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of echogenic debris is observed within the lumen. 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.

AGE

15 Years

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

The left kidney is normal in size (3.69 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.24 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of 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 small in size (0.27 cm at cranial pole) (0.31 cm at caudal pole) (0.99 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

Kelly Vazquez, CVT

The caudal pole of the right adrenal gland is visualized and is normal in size (0.49 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

HOSPITAL NAME

Midland Park VH

Spleen

The spleen is subjectively prominent in size (1.16 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is hypoechoic. A few ill-defined hyperechoic to slightly heterogeneous nodules are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Shokoff

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to the spleen and heterogeneous in appearance with a diffuse nodular pattern throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall mildly thickened (up to 0.28 cm), hyperechoic and irregular. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

DATE
9/7/21



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The gastric lumen is mildly fluid distended. The gastric wall is borderline thickened (up to 0.49 cm) with retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The proximal duodenum is mildly corrugated in appearance. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The proximal colonic wall also appears corrugated. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Canine

Pancreas

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

BREED

Yorkshire Terrier

Free Abdomen

A small to moderate amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic and slightly nodular in appearance. A few prominent lymph nodes are observed in the right cranial quadrant.

SEX

Male Neutered

AGE

15 Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a severe inflammatory process cannot be completely excluded.
- The gallbladder wall changes are most consistent with cholecystitis +/- concurrent age-related hyperplasia.
- The ascites/peritonitis is likely secondary to hepatic pathology.
- The splenic changes could be consistent with benign pathology (i.e., myelolipomas) with a lower possibility of neoplasia.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization.
- The pancreatic changes could be consistent with low-grade pancreatitis or may be a normal variant for this patient.
- The gastrointestinal changes are most consistent with an inflammatory process.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the liver +/- spleen are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytologic evaluation is inconclusive, consider a surgical liver biopsy to get a definitive diagnosis.

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HOSPITAL NAME

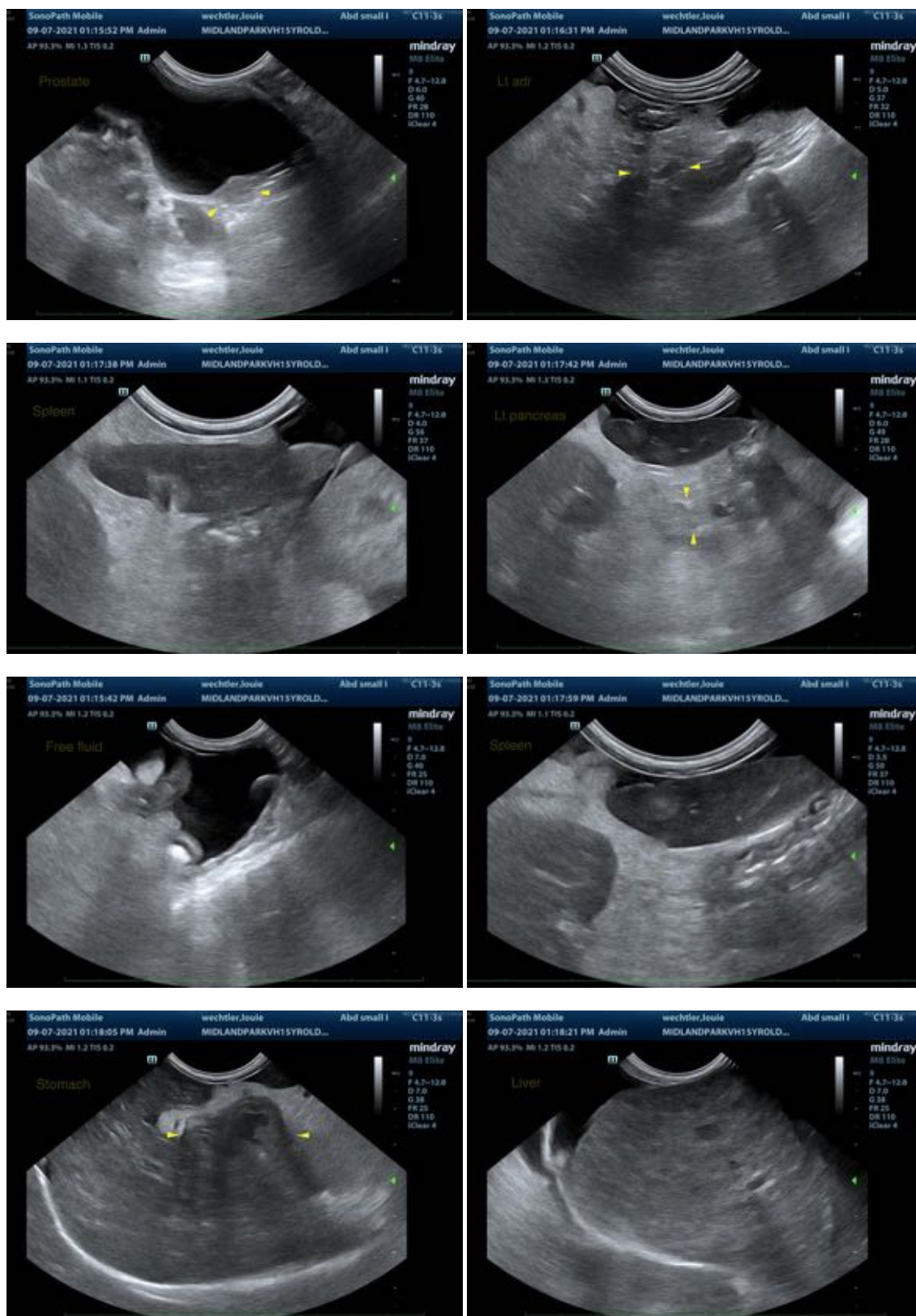
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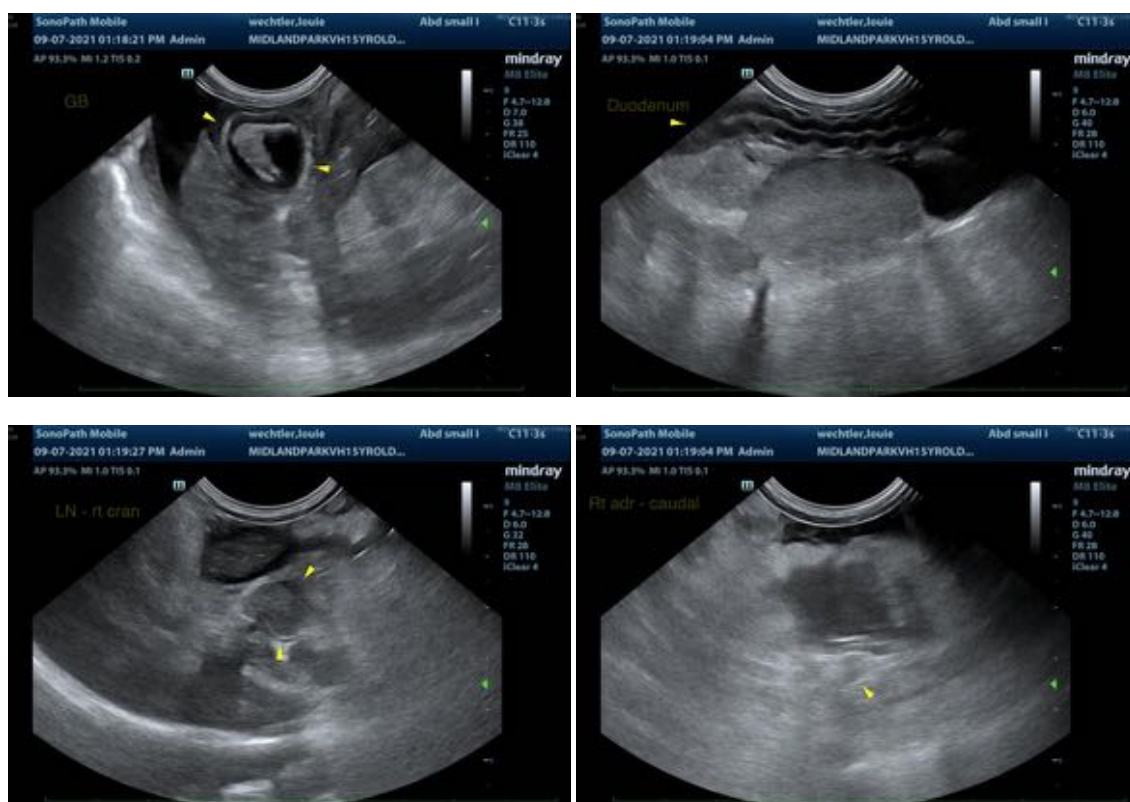
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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