



## PATIENT PRESENTING CLINICAL SIGNS

Maggie Mae Ferry History: increased renal values gaining weight, vomiting mucous

## SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SPECIES

Canine

### Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

### BREED

Beagle Mix

The **left kidney** is normal size (5.08 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. At least two small cortical cysts are observed at the lateral aspect, the largest measuring 0.52 cm in diameter. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis.

### SEX

Spayed Female

The **right kidney** is normal size (5.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### AGE

12 years

### Adrenal Glands

The **left adrenal gland** is normal size (0.72 cm at cranial pole) (0.65 cm at caudal pole) (1.60 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.

### WEIGHT

38 lbs

The **right adrenal gland** is normal size (0.58 cm at cranial pole) (0.60 cm at caudal pole) (1.68 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.

## INTERPRETED BY

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ACVIM (*Small Animal  
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## IMAGING PERFORMED BY

Jenn

### Spleen

The **spleen** is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## HOSPITAL NAME

Rockaway AH

### Liver

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.95 cm cystic lesion is observed deep on the left side. The remaining parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

## REFERRING VET

Dr. Maniar

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Several small choleliths are visualized. A moderate amount of gravity dependent, echogenic debris is also seen within the lumen. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

## INVOICE

11595

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

## DATE

9.8.22

normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The right 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.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

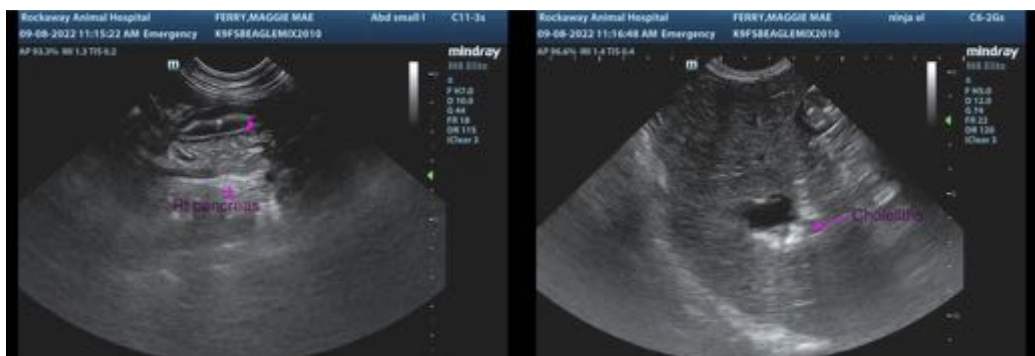
- Bilateral nonspecific degenerative renal changes with trace left pyelectasia.

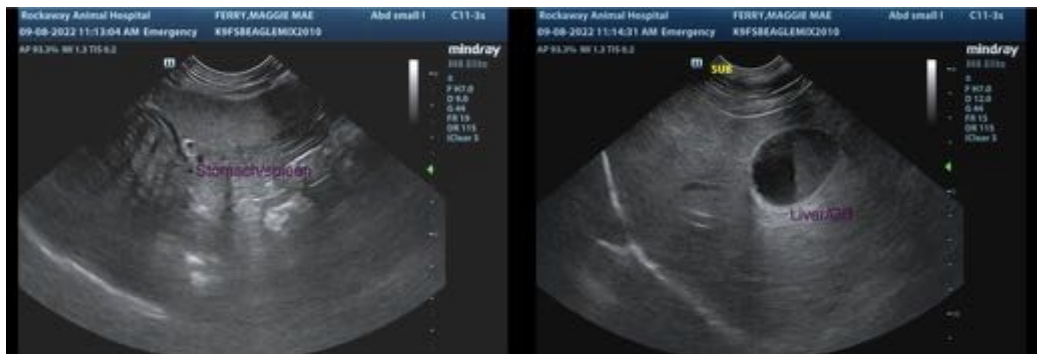
### **Secondary Findings**

- Suspected benign diffuse hepatopathy. Regenerative nodular hyperplasia, age-related remodeling and vacuolar hepatopathy are the top differentials. However, correlation with the patient's liver values is recommended.
- Choleliths – incidental/nonobstructive

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical history, a urine culture and sensitivity, UPC (if proteinuria is present) and baseline blood pressure measurement are recommended, along with IV fluid diuresis and supportive care.





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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