

**PATIENT**

Misty Jones

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Spayed Female

**AGE**

2.16.2012

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Flowerstown AH

**REFERRING VET**

Dr Kline

**INVOICE**

11619

**DATE**

9.9.22

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: 5% dehydration Tense abdomen - hyporexic diarrhea

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Several cystic calculi are observed, the largest measuring approximately 0.80 cm in diameter. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **left kidney** is normal size (4.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.62 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.40 cm at cranial pole) (0.39 cm at caudal pole) (1.75 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 (0.50 cm at cranial pole) (0.45 cm at caudal pole) (1.94 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 (1.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

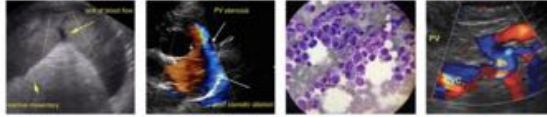
**Liver**

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. One to two ill-defined hyperechoic nodules/areas are observed, the largest measuring 1.85 cm in diameter. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.37 cm in width).

**Gastrointestinal**

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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.



## PATIENT

Misty Jones

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

Spayed Female

## AGE

2.16.2012

## WEIGHT

10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Flowertown AH

## REFERRING VET

Dr Kline

## INVOICE

11619

## DATE

9.9.22

### **Pancreas**

The base and right limb of the **pancreas** are 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.

### **Other**

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The pancreatic changes are consistent with age-remodeling +/- fibrosis. Mild chronic pancreatitis may be present, particularly if the patient's clinical history is supportive of this diagnosis.
- Cystic calculi

### Secondary Findings

- Bilateral degenerative renal changes with nonobstructive nephrocalcinosis.
- Suspected benign age-related hepatopathy. Top differentials include vacuolar hepatopathy and/or regenerative nodular hyperplasia. The hyperechoic nodules trend toward the benign (i.e., regenerative nodules) with a lower possibility of emerging neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis/mild pancreatitis is recommended, including fluid therapy, gastric protectants, antiemetics and pain medication as needed. If the patient's clinical signs do not improve within 48-72 hours of medical management, a more advanced GI work-up may be warranted.

When the patient is stable, consider a cystotomy with stone removal and culture. If surgery is not to be pursued right away, an attempt at medical dissolution (i.e., prescription urinary diet, antibiotics) can be considered. If the stones are not decreasing in size within 4-6 weeks of medical therapy, a cystotomy should be revisited.



**PATIENT**

Misty Jones

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Spayed Female

**AGE**

2.16.2012

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

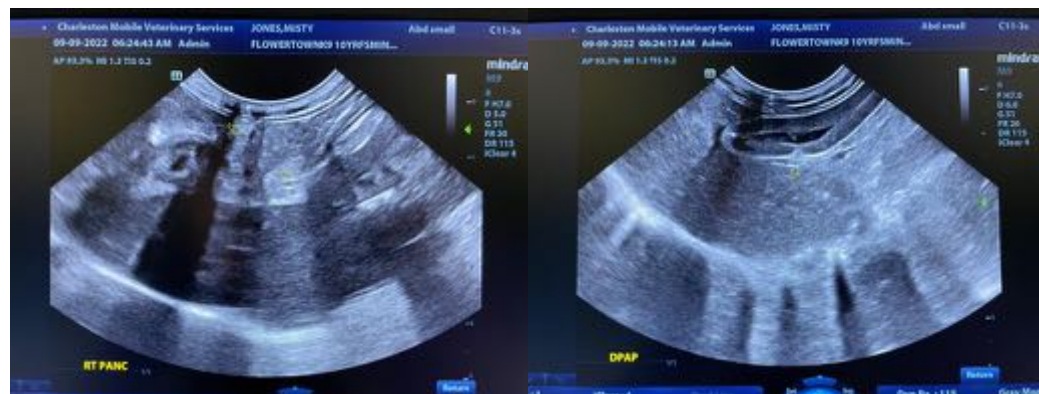
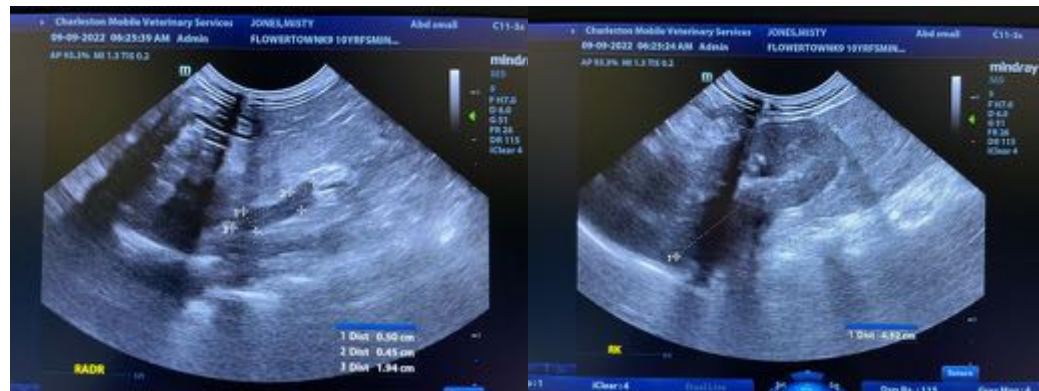
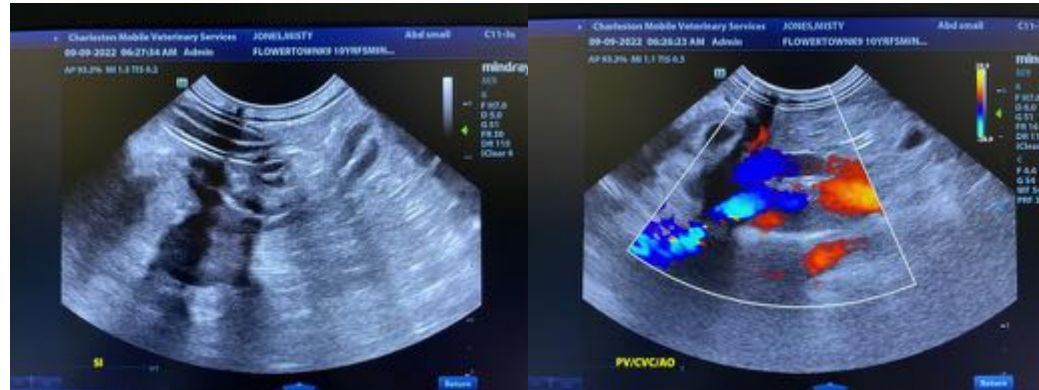
Dr Kline

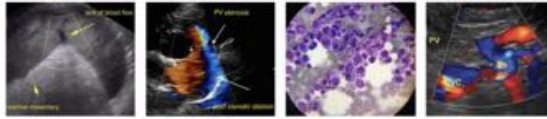
**INVOICE**

11619

**DATE**

9.9.22





**PATIENT**

Misty Jones

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Spayed Female

**AGE**

2.16.2012

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

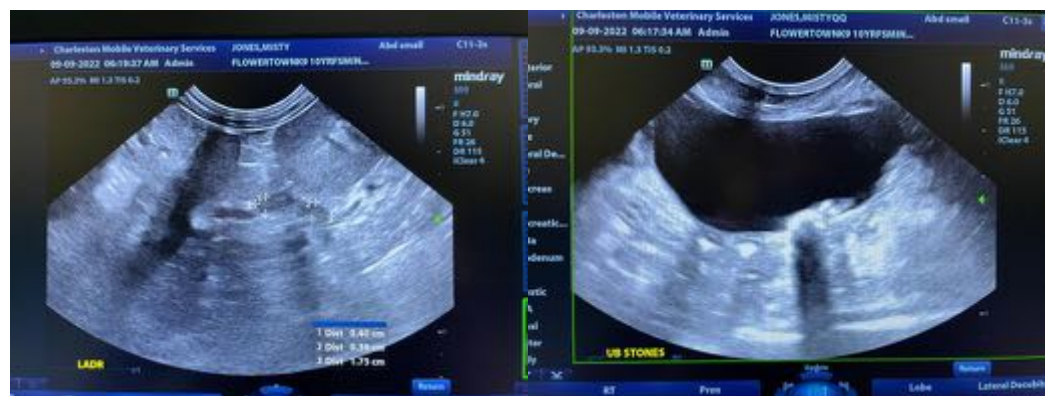
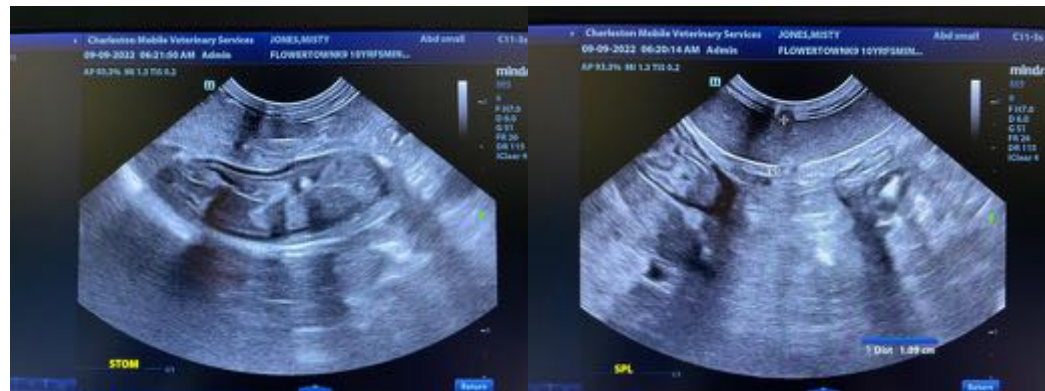
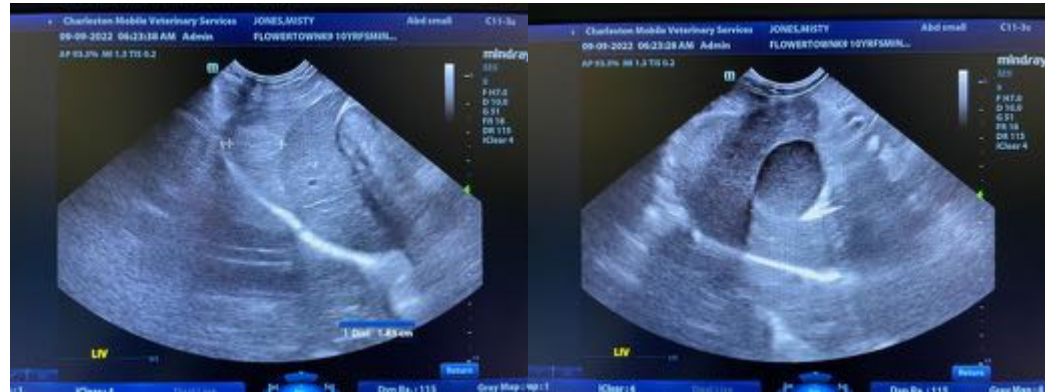
Dr Kline

**INVOICE**

11619

**DATE**

9.9.22





**PATIENT**

Misty Jones

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Spayed Female

**AGE**

2.16.2012

**WEIGHT**

10 lbs



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](mailto:info@SonoPath.com)

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

Dr Kline

**INVOICE**

11619

**DATE**

9.9.22