



PATIENT

Doppelspiel Bittner

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

16 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

DATE

1/4/22

INVOICE

12789

PRESENTING CLINICAL SIGNS

History: Cerenia 16mg PO q 24 hours Entyce 0.7ml PO q 24 hours Metronidazole 250mg 1/2 tab PO q 12 hours

Abnormal PE/Chem/CBC/UA Results: Amylase and Lipase elevation - see lab results cPL abnormal See radiology report. No foreign body is seen. There is no evidence of G.I. tract obstruction. The foamy appearance to the gas in the stomach is consistent with the presence of gastric secretions. There is decreased serosal detail around the intestines, consistent with enteritis and pancreatitis. There is decreased detail adjacent to the splenic head that is likely due to inflammation of the left pancreatic limb. The spleen appears mildly enlarged. This may be artifact due to a shift in position away from the left limb of the pancreas. Other possible causes include extramedullary hematopoiesis, splenic congestion, splenitis, and less likely neoplasia. The liver is mildly enlarged. This may be due to hepatic inflammation secondary to pancreatitis. Other differentials include nonspecific vacuolar hepatopathy, diabetes, Cushing's disease, and less likely neoplasia. Small pulmonary vessels suggest the patient is dehydrated +/- anemic. The visible portion of the thorax is otherwise normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.82 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.42 cm at cranial pole) (0.57 cm at caudal pole) (1.55 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 (0.44 cm at cranial pole) (0.37 cm at caudal pole) (2.20 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



PATIENT

Doppelspiel Bittner

The spleen is normal in size (1.07 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.

SPECIES

Canine

Liver

The liver is subjectively enlarged with swollen/rounded peripheral contours. The parenchyma is slightly hypoechoic relative to the spleen with a finely heterogeneous pattern. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. An excessive amount of aggregated echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

BREED

Mini Schnauzer

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. No obstructive disease is noted.

SEX

Male, neutered

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.

AGE

9 Yrs.

WEIGHT

16 lbs.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Gallbladder sludge, non-mucocele.

IMAGING PERFORMED BY

Jenna Walsh

Secondary Findings:

- Minor, non-specific age-related renal changes.

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

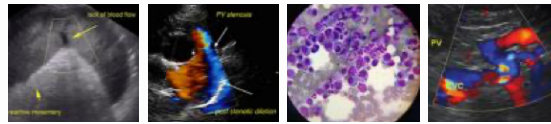
- If the patient is exhibiting gastrointestinal signs, supportive care for gastroenteritis/pancreatitis is recommended.
- Other diagnostic considerations include fecal evaluation for ova and Giardia and a malabsorption panel, including serum cobalamin, folate, TLI and PLI.

DATE

1/4/22

INVOICE

12789



PATIENT

Doppelspiel Bittner

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

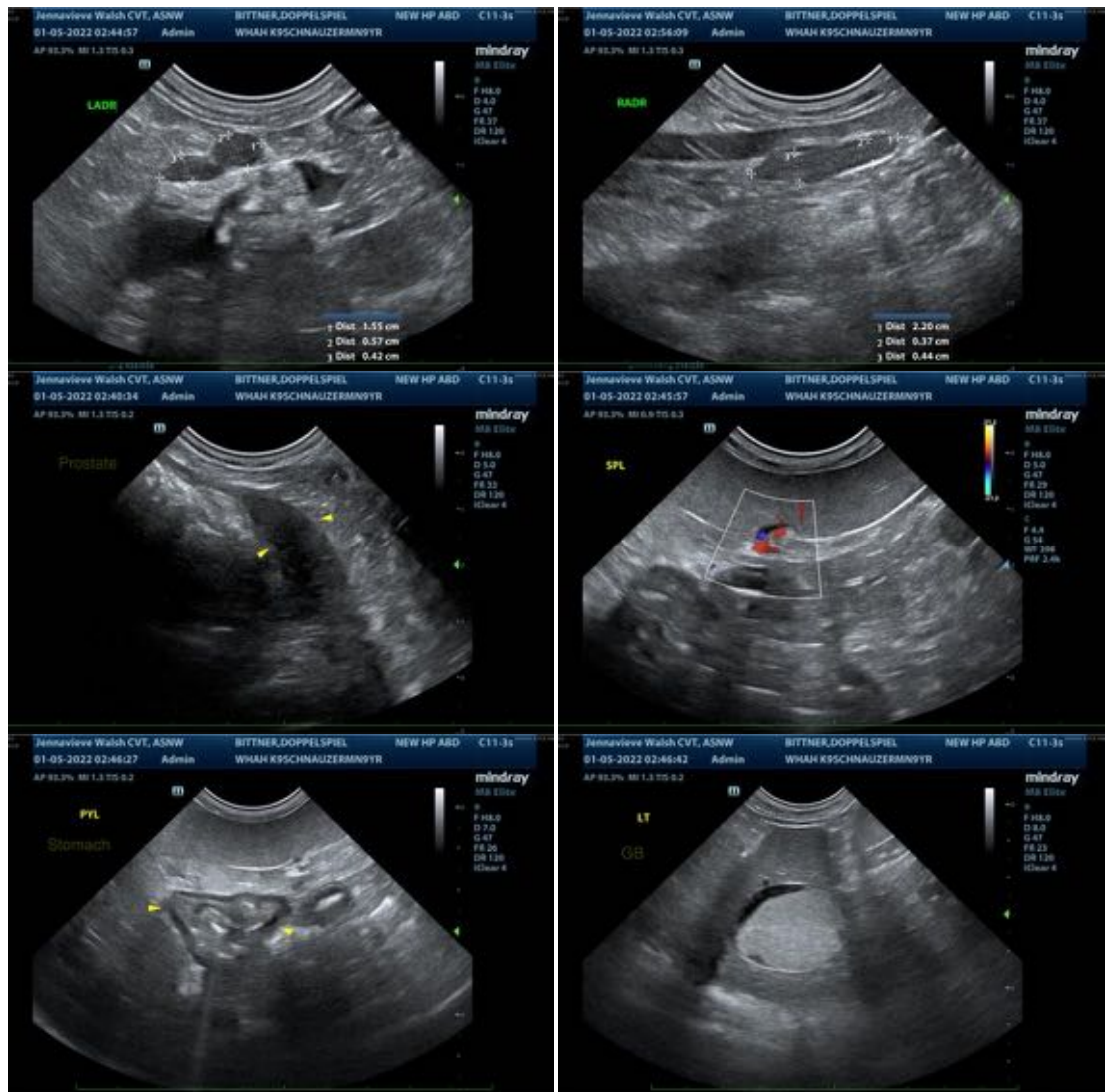
DATE

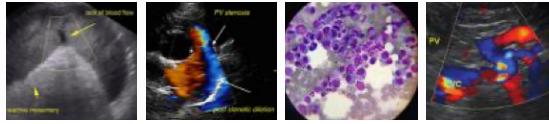
1/4/22

INVOICE

12789

- Also consider a prescription low-fat diet if the patient has a history of pancreatitis.
- Regarding the gallbladder sludge, consider a repeat ultrasound in 2-3 weeks, preferably 2 hours post-small meal. If the sonographic changes are similar to the current scan, Ursodiol therapy can be considered.
- Further history would be necessary to provide additional recommendations.





PATIENT

Doppelspiel Bittner

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

DATE

1/4/22

INVOICE

12789



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