



PATIENT

Chia Larson

SPECIES

Canine

BREED

Chihuahua mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

8.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Glaze

DATE

11/7/22

INVOICE

14182

PRESENTING CLINICAL SIGNS

History: Recurrent episodes of pancreatitis. Patient has recently become PU/PD per O.
Abnormal PE/Chem/CBC/UA Results: Chemistry CBC run at urgent care was unremarkable except for significantly elevated amylase/lipase and cPL. 4Dx negative. Isosthenuric. Repeat U/A first morning sample also isosthenuric UPC .1. No active sediment. Current Medications None Radiographic Findings None taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.34 cm at caudal pole) (1.92 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.

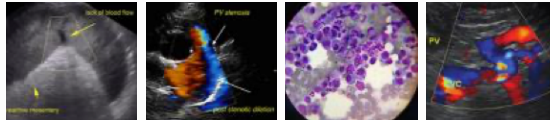
The right adrenal gland is normal size (0.97 cm at cranial pole) (0.34 cm at caudal pole) (1.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.97 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.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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Gastrointestinal

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

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Pancreas

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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.

Chihuahua mix

Free Abdomen

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

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Other

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A brief echocardiogram reveals no obvious evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

- Mild bilateral age-related renal changes.

*An obvious cause for the patient's PU/PD is not identified in this study. Considerations include occult urinary tract infection, early renal disease, Leptospirosis, pituitary-dependent hyperadrenocorticism, diabetes insipidus, psychogenic polydipsia, occult hepatic disease, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the PU/PD, consider the following:
 1. Urine culture and sensitivity
 2. Cushing's testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). It should be noted that Cushing's disease is rare in patients with a normal ALP.
 3. Leptospirosis testing (i.e., blood and urine PCR, serology).
 4. Pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
 5. DDAVP trial to assess for central diabetes insipidus
 6. +/- a modified water deprivation test.

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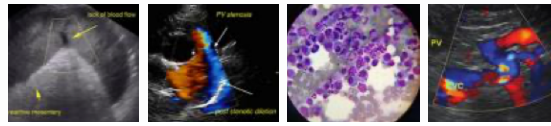
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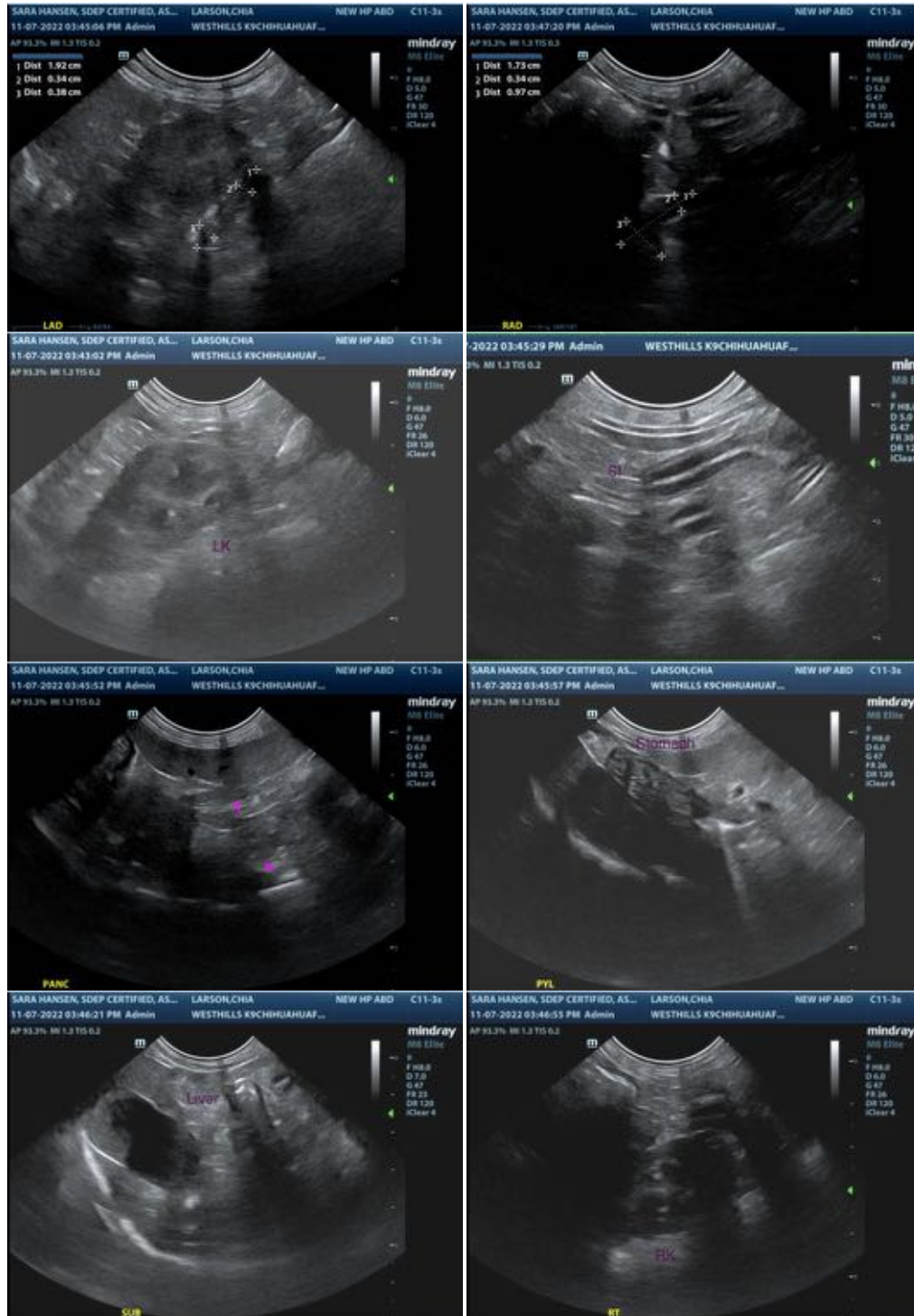
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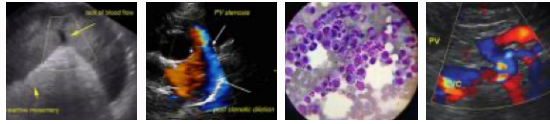
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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