

PATIENT

Koko Heiselt

SPECIES

Canine

BREED

German Shepherd

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

82.9 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

12/21

INVOICE

12748

PRESENTING CLINICAL SIGNS

History: Reticulocytosis, chronic cyclic cystitis (bacterial and non bacterial)
Abnormal PE/Chem/CBC/UA Results: Inc HCT 59 and mild reticulocytes 112,000. Chemistry WNL.
UPC 2.0. USG 1.018 with an inactive sediment. T4 and 4DX negative.

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 left kidney is normal size (7.12 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.

The right kidney is normal size (7.54 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

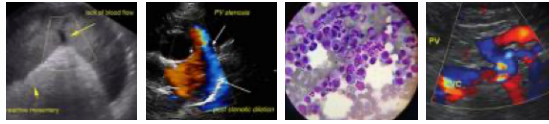
The left adrenal gland is normal size (0.88 cm at cranial pole) (0.64 cm at caudal pole) (3.01 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.71 cm at caudal pole) (2.46 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 (2.19 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



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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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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.

Pancreas

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.

Free Abdomen

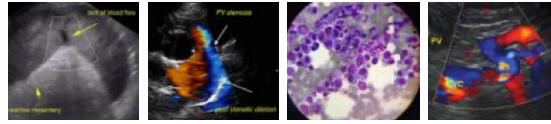
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. An obvious cause for the patient's cystitis and reticulocytosis is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the proteinuria, a urine culture and sensitivity is recommended to assess for infection. If no infection is present, consider initiation of an angiotensin receptor blocker and omega-3 fatty acids with a serial monitoring of the patient's renal values and UPC as well as blood pressure measurements.
- Regarding the reticulocytosis in the face of a slightly elevated hematocrit, consider obtaining additional history from the client regarding the use of nutraceuticals and anti-inflammatory medications, which can sometimes result in these changes. Also consider three-view thoracic radiographs to assess for occult disease in the chest. If the additional history and chest radiographs do not reveal an underlying cause, serial monitoring (i.e., every 2-3 months) of the patient's CBCs is recommended to assess for the development of anemia.



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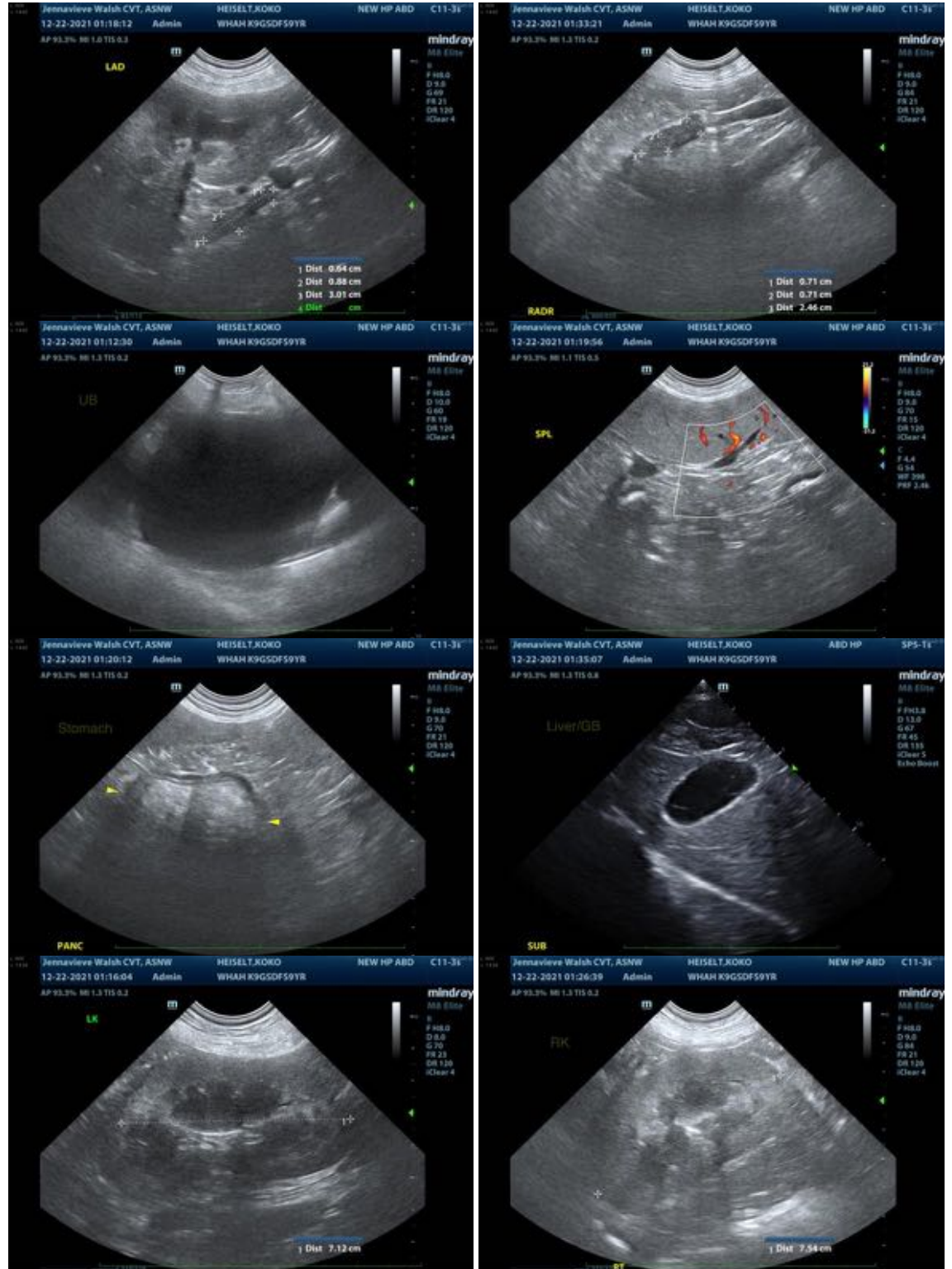
Dr. Eguchi-Coe

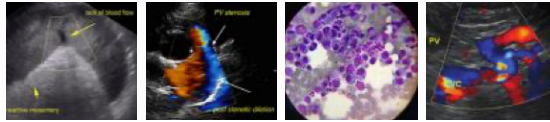
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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andrea.nicastro@sonopath.com

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