

PATIENT

Maddie Jones

SPECIES

Canine

BREED

Australian shepherd mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Creekside VH

REFERRING VET

Dr. Strahon

DATE

5/9/23

INVOICE

14926

PRESENTING CLINICAL SIGNS

History: Hx of pancreatitis. Severe pancreatitis noted 5/3/23. Spleen is larger and more prominent than normal noted 1/3/23. Current Medications Gabapentin 100-150mg PO q8-12hrs PRN for pain. Pentoxifylline 400mg 1/2T PO SID. Primary Question/Differential to Be Answered in This Exam
Examine spleen and pancreas.

Abnormal PE/Chem/CBC/UA Results: Mild azotemia w/ mild elevations of phosphorus and potassium, pending UA to assess if underlying kidney disease or severe dehydration. Creatinine 1.6. BUN 53. Phosphorus 6.5. Potassium 5.6. ALP 293. AST 14.

ULTRASONOGRAPHIC EXAMINATION OF THE CANINE

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.06 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen, mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen, mildly thickened and there is mild to moderate 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 enlarged (0.63 cm at cranial pole) (0.96 cm at caudal pole) (2.45 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 mildly enlarged (2.05 cm at cranial pole) (0.84 cm at caudal pole) (2.36 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 (1.90 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and 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



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distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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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.

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Pancreas

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The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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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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.
- Bilateral chronic nephropathy.

Secondary Findings:

- Bilateral adrenomegaly.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris, non-mucocele.

*The spleen is unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

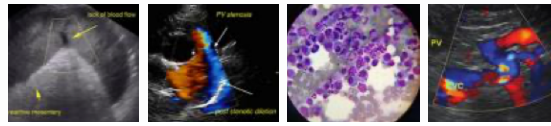
- Regarding the azotemia, a urine culture and sensitivity should be considered to assess for occult pyelonephritis. Also consider a baseline blood pressure measurement. Serial monitoring of the patient's renal values (i.e., every 3 months) is recommended to assess for progressive azotemia.

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- Regarding the history of pancreatitis and azotemia, consider obtaining a nutritional consult (i.e., University of Tennessee; <https://vetmed.tennessee.edu/vmc/smallanimalhospital/small-animal-nutrition/nutrition-services/>) to address both issues.

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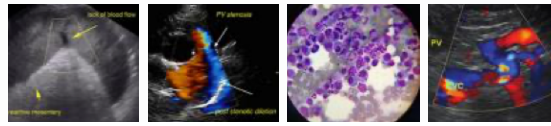
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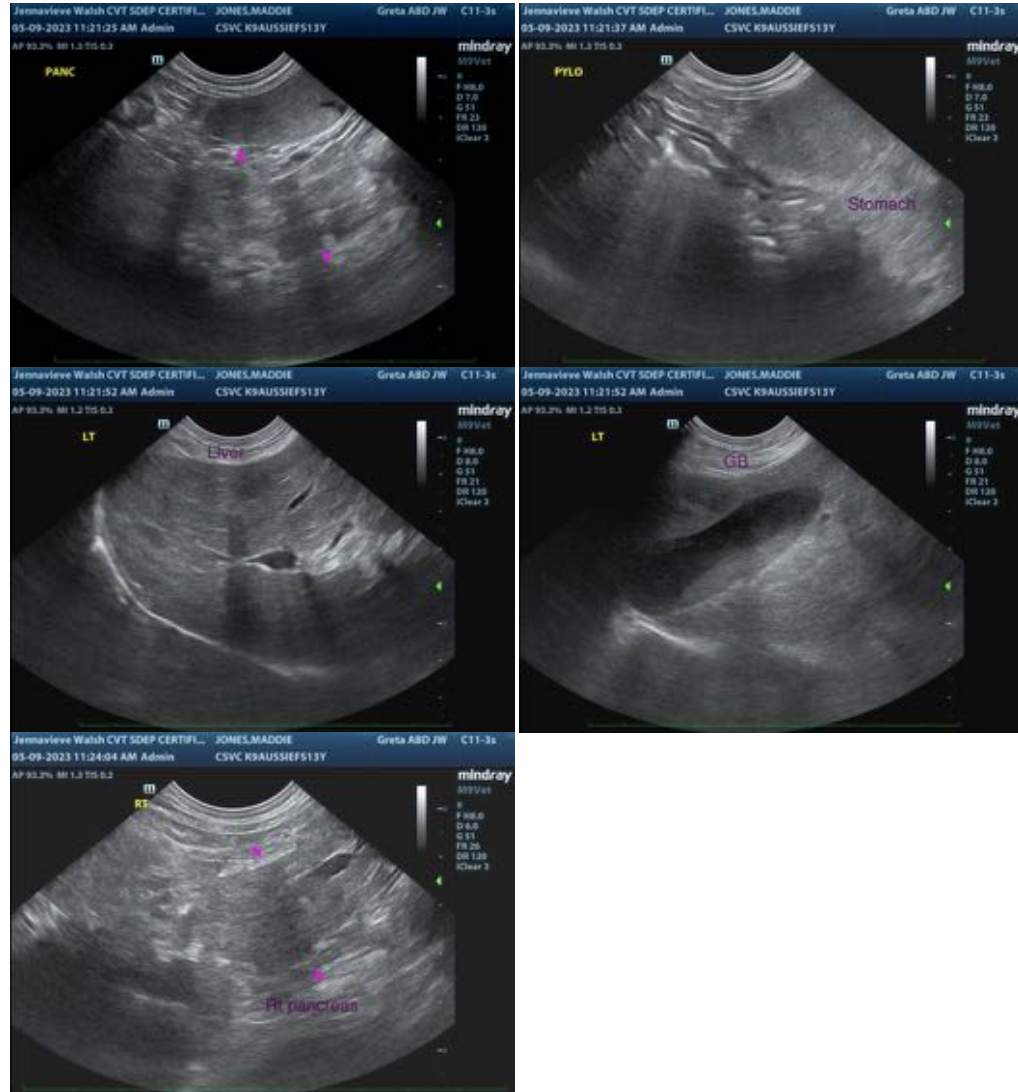
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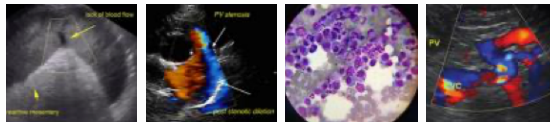
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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