

PATIENT

Chili Mae
Sekermestrovich

SPECIES

Canine

BREED

Bichon Frise

SEX

Female, spayed

AGE

18 Yrs.

WEIGHT

12.2 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. Yuko Eguchi-coe

DATE

9/7/21

INVOICE

12030

PRESENTING CLINICAL SIGNS

History: Anorexia, diarrhea, vomiting, lethargy Current medications vetmedin tylan occasional cerenia.
Borderline anemic, non-regenerative. ALT 299, T-bili 1.1, USG 1.014. No proteinuria, inactive sediment.
Abnormal PE/Chem/CBC/UA Results: SDMA 54, BUN 101, Crea 2.1

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 in size (4.02 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci +/- a few small nephroliths are visualized. A few small cortical cysts are present. There is mild pyelectasia (0.34 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.90 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci and a few small nephroliths are visualized. A few small cortical cysts are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.45 cm at caudal pole) (1.80 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.

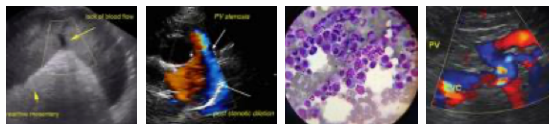
The right adrenal gland is normal size (0.34 cm at cranial pole) (0.47 cm at caudal pole) (1.64 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.16 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several small hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



PATIENT

Chili Mae
Sekermestrovich

SPECIES

Canine

BREED

Bichon Frise

SEX

Female, spayed

AGE

18 Yrs.

WEIGHT

12.2 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. Yuko Eguchi-coe

DATE

9/7/21

INVOICE

12030

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. A 0.43 cm hyperechoic to mineralized shadowing structure is observed in the proximal duodenal lumen. The remaining small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. Portions of the wall of the descending colon are mildly thickened (up to 0.31 cm) with retention of the normal layering pattern.

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 (0.27 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive nephroliths.
- The trace ascites may be secondary to increased vascular permeability (i.e., secondary to microscopic bowel inflammation), low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

Secondary Findings:

- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The colonic wall changes are most consistent with inflammation with a lower possibility of emerging neoplasia.
- The small shadowing structure in the proximal duodenal lumen likely represents transient foreign material.

*An obvious cause for the patient's GI signs is not definitively identified in this study. The renal disease may be a contributing factor but is not likely to be the sole cause.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia



PATIENT

Chili Mae Sekermestrovich

SPECIES

Canine

BREED

Bichon Frise

SEX

Female, spayed

AGE

18 Yrs.

WEIGHT

12.2 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. Yuko Eguchi-coe

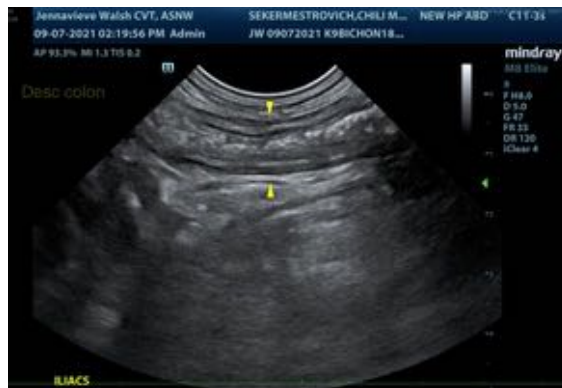
DATE

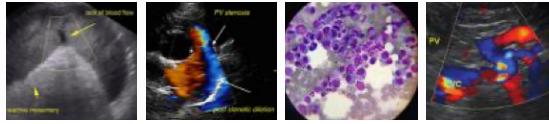
9/7/21

INVOICE

12030

- Serum cobalamin, folate, PLI and TLI
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Consider three-view thoracic radiographs to assess cardiopulmonary status.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Regarding the renal disease, consider the following:
 - Urine culture and sensitivity to assess for occult pyelonephritis
 - Baseline blood pressure measurement





PATIENT

Chili Mae Sekermestrovich

SPECIES

Canine

BREED

Bichon Frise

SEX

Female, spayed

AGE

18 Yrs.

WEIGHT

12.2 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. Yuko Eguchi-coe

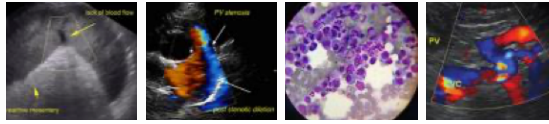
DATE

9/7/21

INVOICE

12030





PATIENT

Chili Mae Sekermestrovich

SPECIES

Canine

BREED

Bichon Frise

SEX

Female, spayed

AGE

18 Yrs.

WEIGHT

12.2 lbs.



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenna Walsh

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

andrea.nicastro@sonopath.com

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Yuko Eguchi-coe

DATE

9/7/21

INVOICE

12030