

PATIENT PRESENTING CLINICAL SIGNS

Rhori Sparkle Calcagni -2 episodes of sudden ataxia and circling with vomiting
- Previous hospitalization at BP on 1/2. ALT was originally slightly elevated at 87 but normalized during hospitalization. Ammonia level was slightly elevated at 104. The rest of the bloodwork is unremarkable.

SPECIES

Canine

BREED

Yorkie

SEX

Female, intact

AGE

8/12/22

WEIGHT

2.52 kg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A scant amount of echogenic debris is observed within the lumen. 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 (3.49 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 (3.80 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 (0.33 cm at cranial pole) (0.31 cm at caudal pole); 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 (0.88 cm at cranial pole) (0.33 cm at caudal pole) (1.48 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 (0.73 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 portal vein: caudal vena cava ratio is approximately 1:1. 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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

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HOSPITAL NAME

Flowertown AH

REFERRING VET

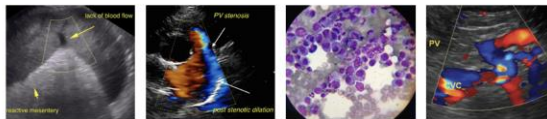
Dr. Kline

INVOICE

14411

DATE

1/10/23



PATIENT

Gastrointestinal

Rhori Sparkle Calcagni

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

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.25 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

The left ovary is normal in shape (0.68 x 0.32 cm). No obvious abnormalities are seen. The right ovary is not definitively visualized despite extensive searching.

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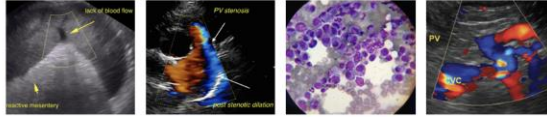
ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary neurologic disease (i.e., meningitis, infectious disease, congenital abnormality) vs underlying metabolic issue vs toxicity vs other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pre- and post-prandial serum bile acids are recommended to assess for an underlying hepatopathy (although a congenital extrahepatic portosystemic shunt is not definitively identified in this study). If the bile acids are inconsistent with an underlying hepatopathy, consultation with a board certified neurologist for further testing (i.e., infectious, brain MRI, CSF tap) should be considered.



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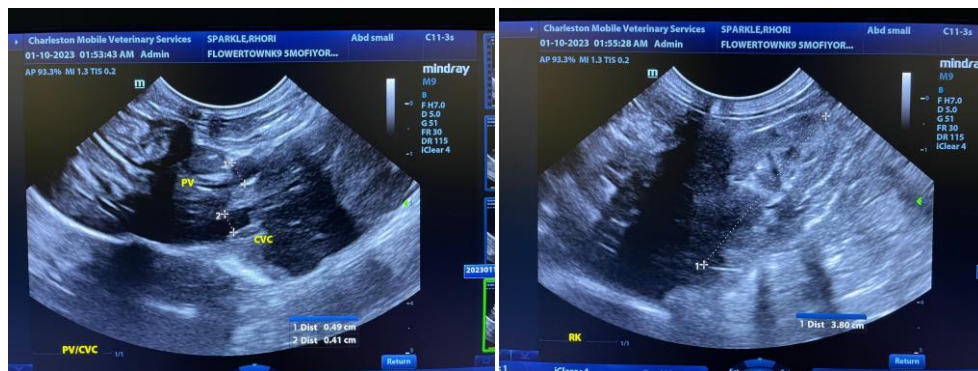
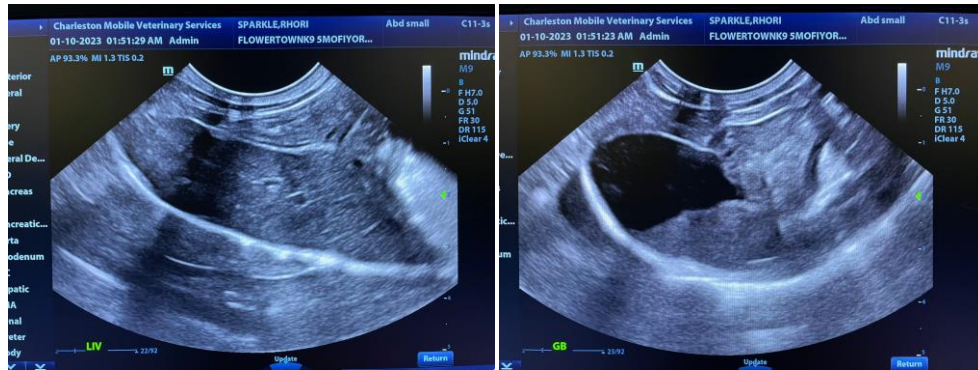
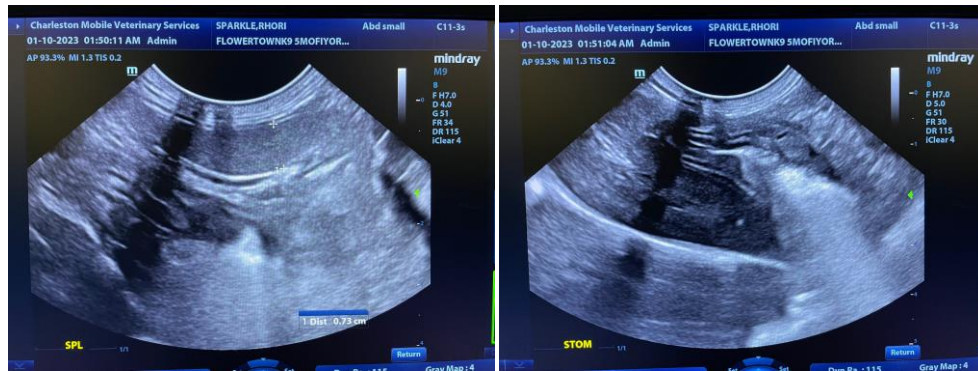
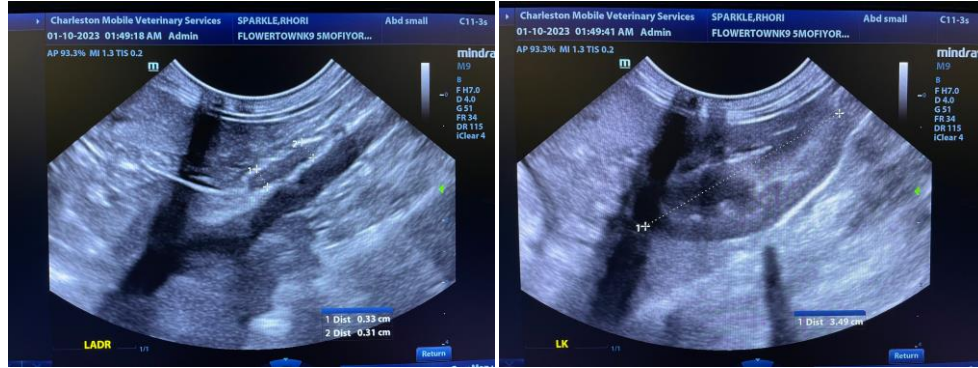
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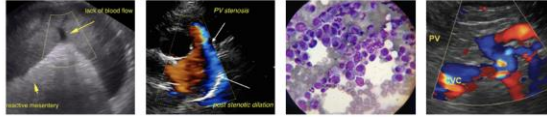
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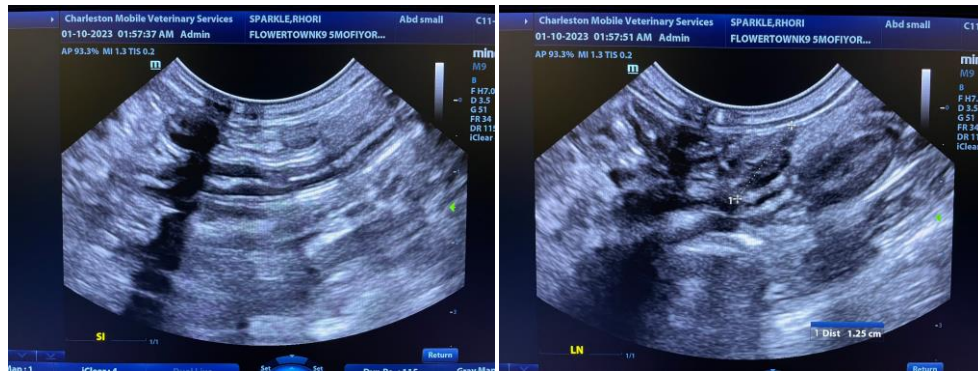
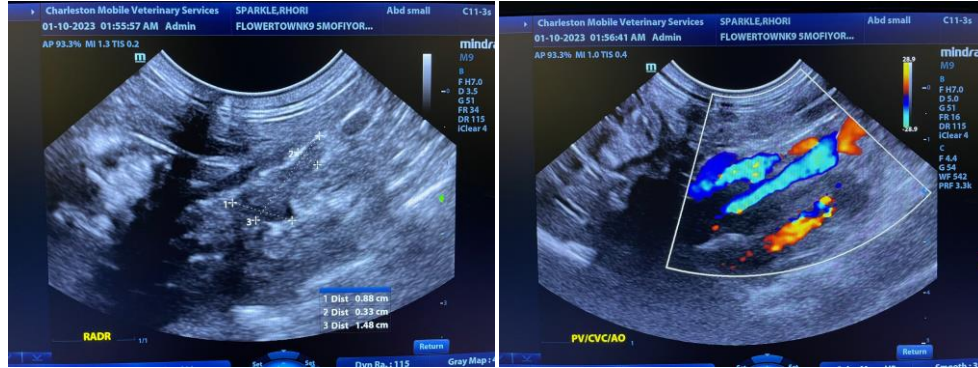
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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