



**PATIENT**

Nola Breaux

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Female, spayed

**AGE**

11/10/2009

**WEIGHT**

11.7 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Soutside AH

**REFERRING VET**

Dr. Carroll

**INVOICE**

14386

**DATE**

12/21/22

**PRESENTING CLINICAL SIGNS**

Per O, last 4 days or so ADR - trembling, seems weak/painful in hind end. Urinating in home, BM ~4x's per day, soft formed, increased frequency. O reports tail docked, back arched. Last 2 days decreased appetite, today not int in food at all, drinking very little. Also, P bit O last week - was barking at another dog through gate, came in, went in kennel, O tried to get P out and she bit him - has never happened before. O thinks P having hard time w/ sight/hearing last week or so. Diet: W/D BID. Current on Sentinel Spectrum. Meds: Denamarin SID W: 11.7 T: 104

**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 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 2-3 cm, are normal.

The left kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of 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 (0.44 cm at cranial pole) (0.45 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 (0.84 cm at cranial pole) (0.37 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.

*Spleen*

The spleen is normal in size (1.46 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. A small amount of aggregated, echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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***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. 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.

***Pancreas***

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

***Other***

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

**ULTRASONOGRAPHIC FINDINGS**

- Minor geriatric hepatic and renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

\*There is no obvious evidence of neoplasia in the abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>.
- Continued supportive care for immune mediated hemolytic anemia is recommended. Depending on the patient's PCV, a blood transfusion may be warranted.



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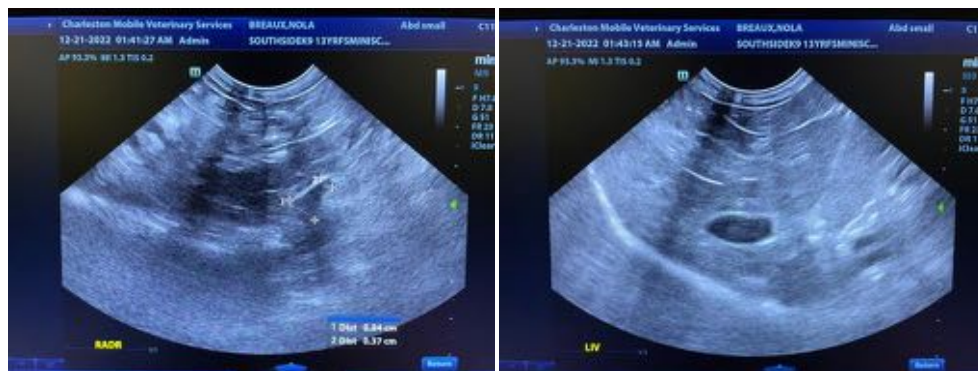
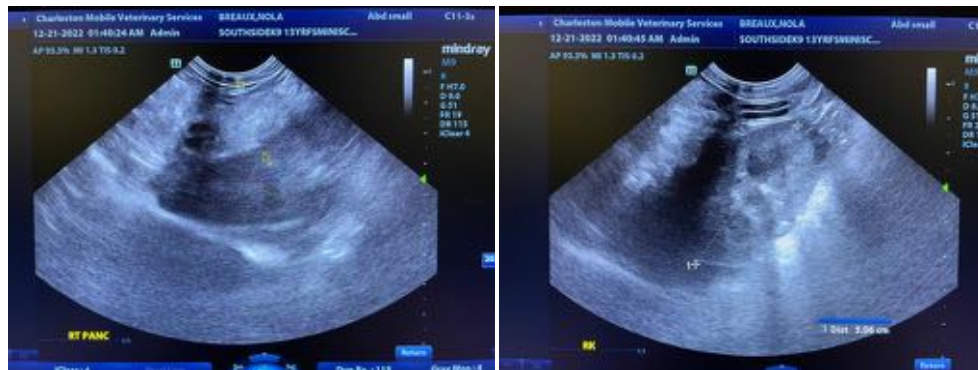
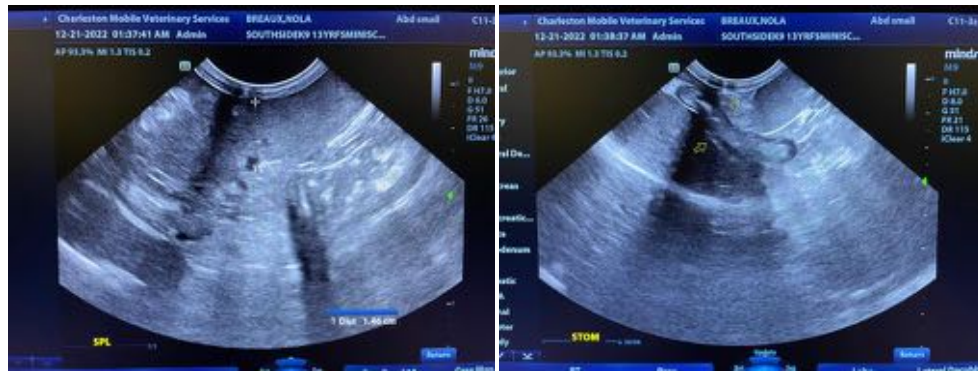
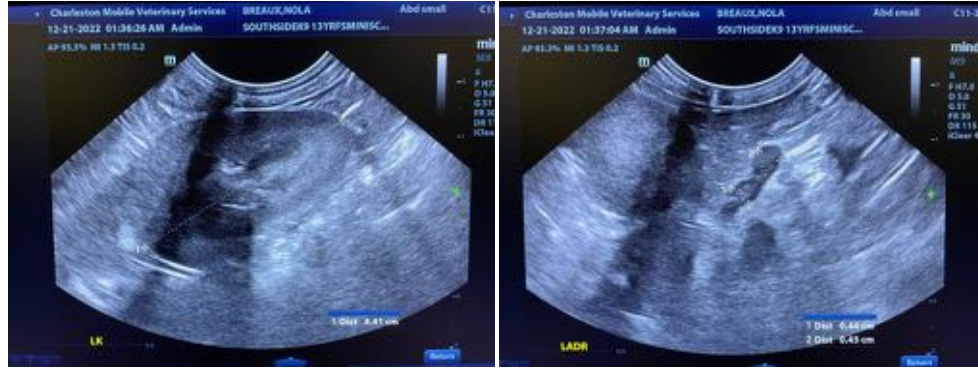
Dr. Carroll

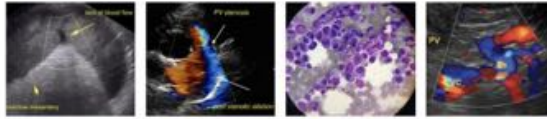
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)

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