



PATIENT PRESENTING CLINICAL SIGNS

Buster Cornwell The patient had a few days last week of inappetence. Possible syncopal or seizure episodes historically - infrequent. SDMA is elevated at 17. ALP in the 200s. Pancreatic enzymes elevated.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Shih Tzu

The urinary bladder wall is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.40 cm) with a slightly irregular mucosal surface. A few cystic calculi are observed, the largest measuring 0.93 cm in diameter. The remaining luminal contents are anechoic. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (0.99 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

18 Yrs.

The left kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is subjectively mildly thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16.2 lbs.

The right kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is subjectively mildly thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.53 cm at cranial pole) (0.52 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.

IMAGING PERFORMED BY

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

The right adrenal gland is upper limits of normal size (1.06 cm at cranial pole) (0.55 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.

HOSPITAL NAME

Spleen

Saddleback Mobile Vet

The spleen is normal in size (6.91 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.

REFERRING VET

Dr. Bauman

Liver

INVOICE

15094

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No 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 distended. The wall is thin and smooth. 1-2 small polypoid like lesions are arising from the

DATE

6/28/23



PATIENT

Buster Cornwell

SPECIES

Canine

BREED

Shih Tzu

SEX

Male, neutered

AGE

18 Yrs.

WEIGHT

16.2 lbs.

luminal surface. A small amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 ileoceccocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and right limb are enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

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

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

Saddleback Mobile Vet

REFERRING VET

Dr. Bauman

INVOICE

15094

DATE

6/28/23

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

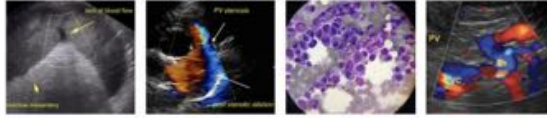
- The pancreatic changes are most consistent with moderate acute or chronic, active pancreatitis.
- Bilateral chronic renal changes with non-obstructive nephrolithiasis. The trace pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Cystic calculi.

Secondary Findings:

- 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.
- Borderline bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urinalysis +/- culture and sensitivity is recommended along with serial monitoring (i.e., every 3 months) of the patient's renal values to assess for the development of azotemia.



PATIENT

Buster Cornwell

SPECIES

Canine

BREED

Shih Tzu

SEX

Male, neutered

AGE

18 Yrs.

WEIGHT

16.2 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

Saddleback Mobile Vet

REFERRING VET

Dr. Bauman

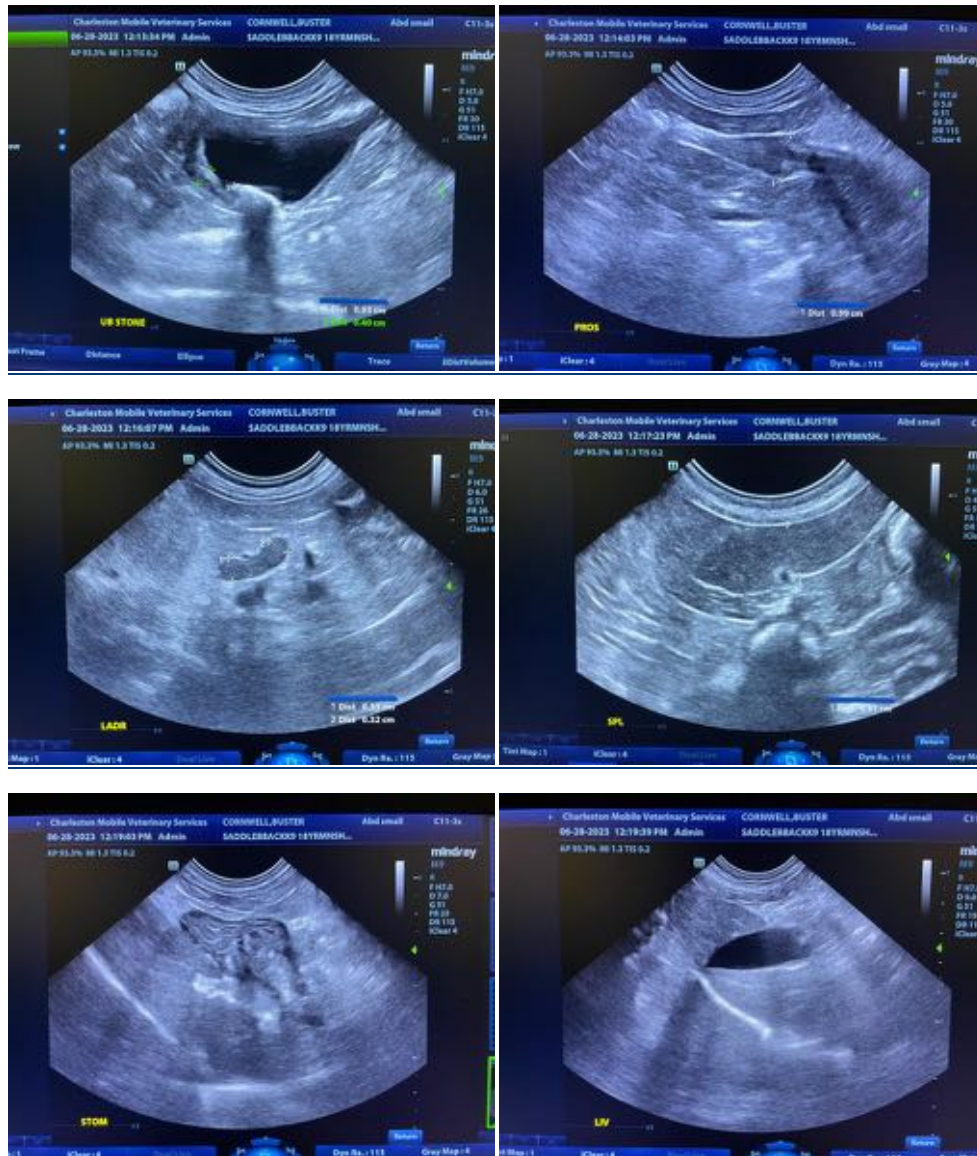
INVOICE

15094

DATE

6/28/23

- Regarding the pancreatitis, symptomatic care is recommended, as needed along with a prescription low fat diet for long term maintenance.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- To further evaluate for syncope/seizures, consider an echocardiogram, ECG, thoracic radiographs, baseline blood pressure measurement +/- cardiology or neurology consult.





PATIENT

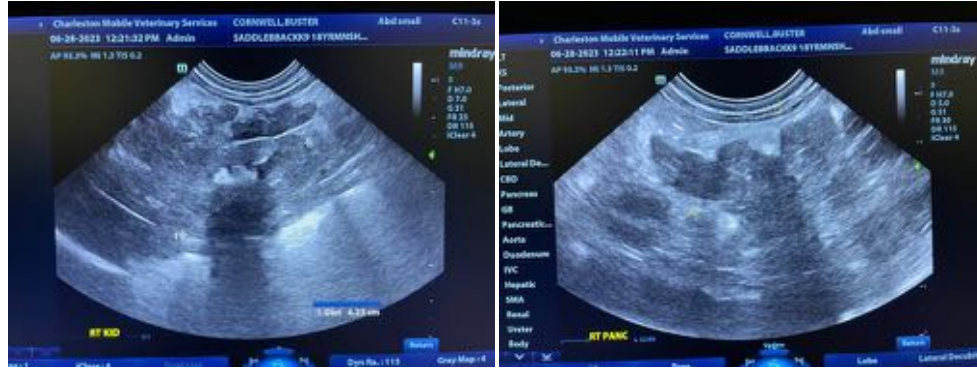
Buster Cornwell

SPECIES

Canine

BREED

Shih Tzu



SEX

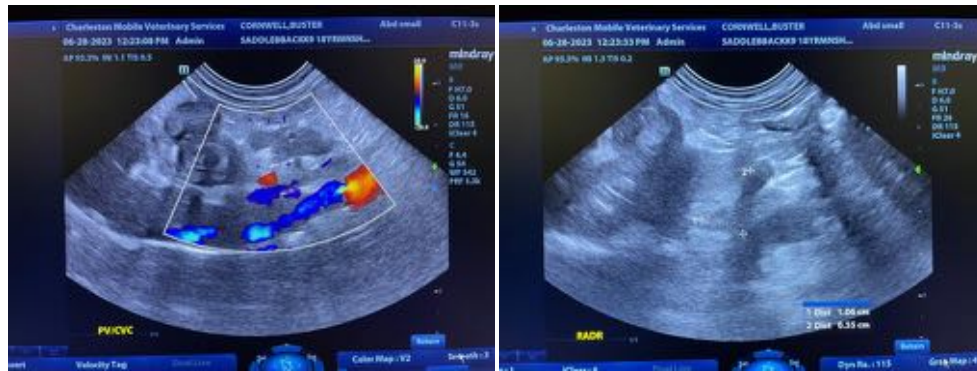
Male, neutered

AGE

18 Yrs.

WEIGHT

16.2 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

Saddleback Mobile Vet

REFERRING VET

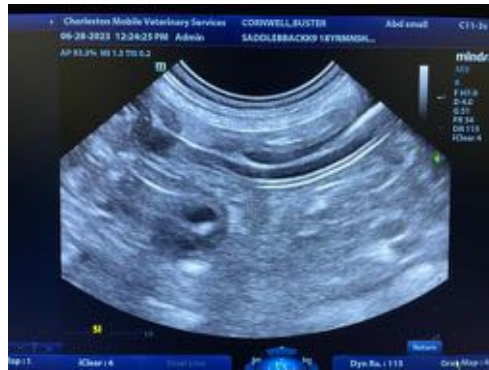
Dr. Bauman

INVOICE

15094

DATE

6/28/23



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