



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Maggie Edgar
SPECIES Canine
BREED West Highland Terrier
SEX Female, spayed
AGE 1/14/2006
WEIGHT 12.14 lbs.

Overall doing well at home, except for some worsening arthritis on the lower dose of steroids. Started on baytril and amoxicillin-clavulanic acid after 6/1/22 ultrasound and started steroids a few days later. Was on two weeks of antibiotics and has been on steroids. Since then, her liver values have improved and she has clinically improved. No fever today. Patient's current medications include prednisone at 2.5 mg once/day and gabapentin. The patient has been off antibiotics for 3-4 weeks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The **left kidney** is normal size (3.69 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. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.16 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. A few, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm at cranial pole) (0.40 cm at caudal pole) (1.21 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 (0.80 cm at cranial pole) (0.47 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 (0.87 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. 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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is suspended 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

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HOSPITAL NAME

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REFERRING VET

Dr. Harasim

INVOICE

11209

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7.8.2022



PATIENT

Maggie Edgar

intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion

BREED

West Highland
Terrier

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

SEX

Female, spayed

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

1/14/2006

- The previously observed hypoechoic hepatic nodules are no longer visible. Given that the patient has been on both antibiotics and corticosteroids, possible underlying ideologies for the nodules include abscesses, neoplasia (i.e., lymphoma), infarcts (less likely), other. The diffuse hepatic parenchymal changes are nonspecific and could be consistent with benign age-related change (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy). Alternatively, inflammatory disease or other hepatopathies may be present. The diffuse changes are similar to the previous sonogram

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- Bilateral, chronic, age-related renal changes with nonobstructive nephrolithiasis.
- The splenic mottling could be consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or similar. Alternatively, infiltrative neoplasia (i.e., lymphoma) is possible. However, in light of the dog's clinical improvement neoplasia is considered less likely. Changes are similar to the previous sonogram.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Repeat bloodwork is recommended today. Depending on the results, antibiotics may or may not be reinitiated. Regardless, prednisone should be continued at 2.5 mg once to twice/day.
- A repeat ultrasound is recommended in 4-6 weeks to assess for recurrence of the hepatic lesions (or sooner if problems arise).

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- 2. Please change first bullet point under primary findings to this:
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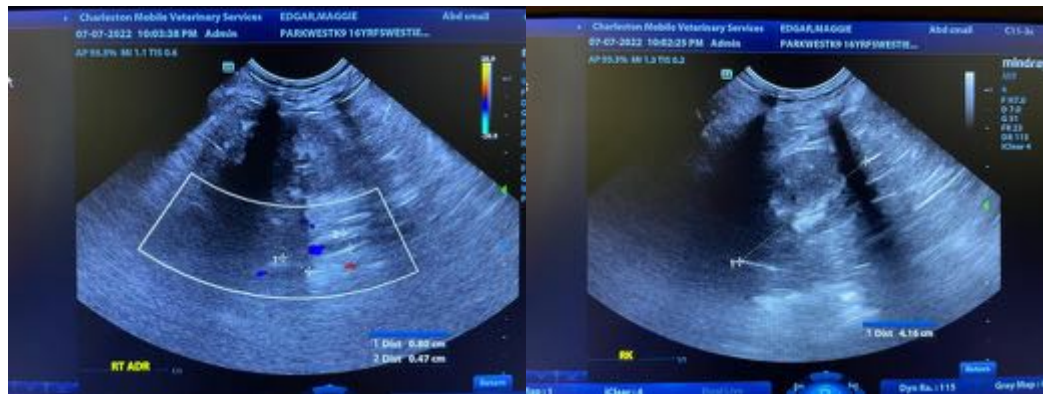
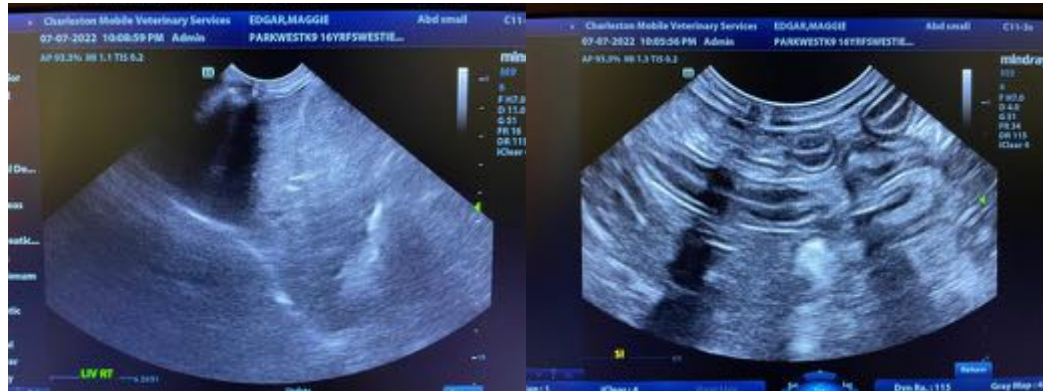
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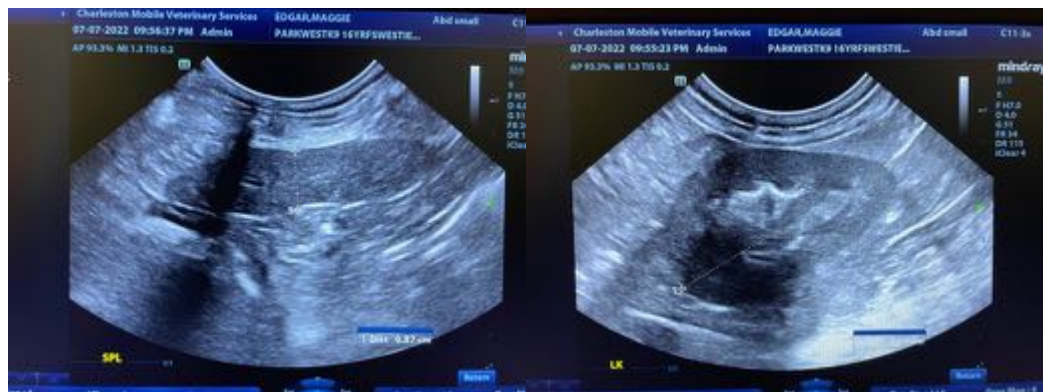
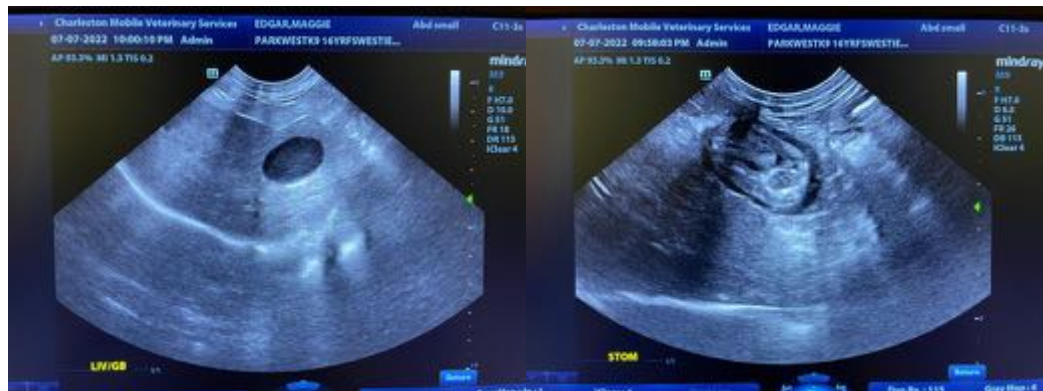
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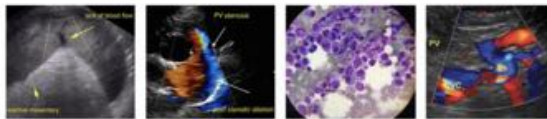
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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