


PATIENT

Party Boy Barrow

SPECIES

Canine

BREED

Westie

SEX

Male, neutered

AGE

16 Yrs.

WEIGHT

8 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Lukacs

INVOICE

12849

DATE

1/12/2022

PRESENTING CLINICAL SIGNS

History: recurrent vomiting episodes, increasing kidney values, mild non-regenerative anemia - has received Onsior 10 mg P O q24h since May 2021 for osteoarthritis, marked dental dz (dentistry not recommended due to sick sinus syndrome). Onsior stopped 12/22/21. Tramadol for pain control. Started galliprant 1/11/22 for better pain control. Eats Royal Canin mobility diet. - vomiting 10/13/2021: vomiting few days (food or bile), good appetite, no diarrhea; CBC/biochemistry mild elevated BUN (11.6 mmol/L); tx cerenia, sucralfate - intermittent vomiting again Dec. 22/2021, good appetite, no diarrhea; CBC/biochemistry mild elevated BUN (13 mmol/L), mild non-regenerative anemia (PCV 35%), urinalysis USG 1.014, quiet sediment; tx cerenia, sucralfate, famotidine, clavaseptin (for concurrent dental infection) - recheck bloodwork 1/11/2022, no further vomiting, mild non-regenerative anemia (PCV 37%), mild azotemia, BUN 13.7 mmol/L, CREA 164 umol/L - previous Focal zone ultrasound Nov. 2020 for hematuria, mild chronic bilateral renal changes noted currently on: galliprant 20 mg PO q24h

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The bladder lumen is mildly to moderately distended with mostly anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.36 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (1.66 cm in width) with a slightly irregular shape. The parenchyma is somewhat heterogeneous in appearance. A few pinpoint hyperechoic foci are seen. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.57 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A few cortical cysts are visualized. A few non-obstructive nephroliths are seen. Hyperechoic shadowing diverticular foci are present. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.94 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Several cortical cysts are visualized. A few non-obstructive nephroliths are seen. Hyperechoic shadowing diverticular foci are present. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.53 cm at caudal pole) (1.75 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 (1.14 cm at cranial pole) (0.56 cm at caudal pole) (1.82 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.



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Spleen

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The spleen is normal in size (1.19 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.

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Liver

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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. 1-2 small ill-defined hyperechoic nodules/areas are seen. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

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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 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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes could be consistent with emerging neoplasia (i.e., adenocarcinoma, transitional cell carcinoma). Alternatively, these changes could be consistent with late-in-life neutering and/or age-related remodeling. Given the size of the prostate, however, neoplasia is a concern. The prostate is similar to slightly larger compared to the previous sonogram.
- Bilateral age-related renal changes with dystrophic mineralization, non-obstructive nephrolithiasis and trace pyelectasia in the right kidney. Changes are similar to the previous sonogram.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with clinical findings is recommended.

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Secondary Findings:

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- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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*An obvious cause for the patient's vomiting is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease or an underlying metabolic issue.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the prostatomegaly, a urine BRAF test is recommended to further assess for neoplasia. If results are inconclusive, consider traumatic urethral catheterization with submission of the prostatic cells for cytologic evaluation.
- Also consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Regarding the recent worsening azotemia, consider a urine culture and sensitivity to assess for occult pyelonephritis, UPC (if proteinuria is present) and a baseline blood pressure measurement.
- To further assess for causes of vomiting, consider a GI panel (sent to Texas A&M), fecal evaluation for ova and Giardia +/- a more advanced GI workup (i.e., GI biopsies).

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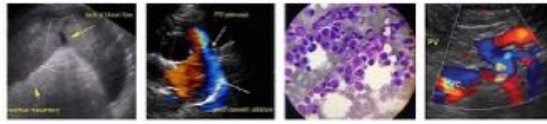
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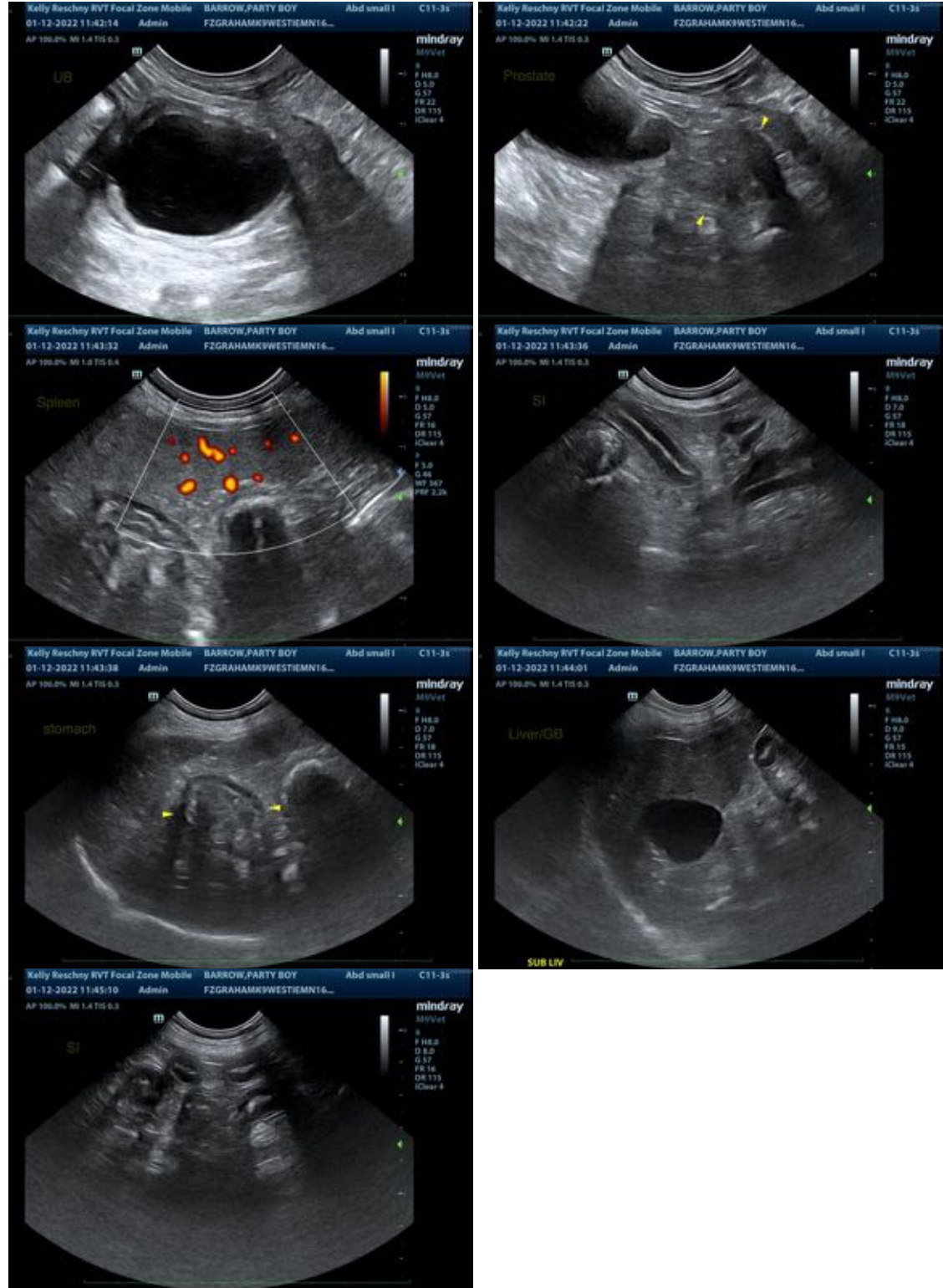
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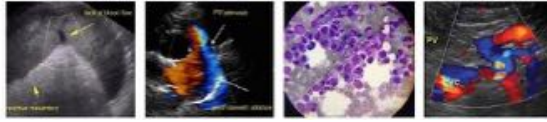
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The information and recommendations provided are based on the images presented by the



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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.

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