


PATIENT PRESENTING CLINICAL SIGNS

Maisie Brogley

History: Hormone responsive urinary incontinence for many years. Was controlled with PPP but recently started having more urinary issues in the house. Also chronic lameness due to FHO at 2 years of age. Proin 25mg q12hours, Metacam 9kg dose, Convenia March 2, 23.

SPECIES

Abnormal PE/Chem/CBC/UA Results: U/A hematuria, SP. Grav 1.020, RBC greater than 50/hpf, WBCs 4/hpf, no crystals or cells. Bloodwork ALT 325(18-121) AST 64(16-55)

Canine

BREED
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Miniature Poodle

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

14 Yrs.

The right kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

10 kg.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.44 cm at caudal pole) (1.94 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.

INTERPRETED BY

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

The right adrenal gland is enlarged (1.96 cm at cranial pole) (1.34 cm at caudal pole) (1.93 cm in length) with an irregular shape and rounding at the poles. The parenchyma is mildly heterogeneous with some loss of glandular detail. No focal lesions are observed. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is normal in size (0.93 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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 Stoney Creek

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Egbers

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a

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4/10/23



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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.

Pancreas

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The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

BREED

Miniature Poodle

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with a fully formed mucocele.
- The hepatic parenchymal changes are non-specific and may be secondary to an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), vacuolar hepatopathy, other hepatopathy or some combination thereof.
- The right adrenal changes could be consistent with hyperplastic change or an emerging tumor.
- Mild bilateral chronic age-related renal changes.

Secondary Findings:

- Minor, age-related pancreatic remodeling.

*An obvious cause for the patient's urinary issues is not definitively identified in this study. Considerations include urinary tract infection, underlying metabolic issue causing polyuria, behavioral issue, other.

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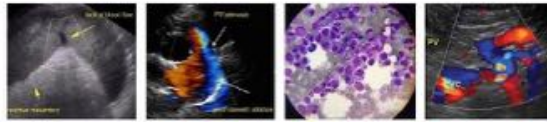
Dr. Egbers

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary issue, a urine culture and sensitivity is recommended to evaluate for occult infection.
- Regarding the gallbladder mucocele, consider a prophylactic cholecystectomy with liver biopsies, if clotting status is appropriate. If surgery is not pursued at this time, Ursodiol therapy is recommended along with close sonographic monitoring (i.e., every 4 weeks to assess for progression of the mucocele).
- Given the elevated ALT, also consider empirical treatment for bacterial cholangiohepatitis/cholecystitis with broad spectrum antibiotics and hepatic antioxidants. If the patient's liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued and liver tissue sampling reconsidered.

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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



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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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