



PATIENT PRESENTING CLINICAL SIGNS

Dexter Rubacky

History: Non-ambulatory with right sided hemiparesis starting on 1/13/23. Seen by neurologist at referral facility where they recommended abdominal ultrasound to look for cause of coagulopathy.

Current meds: Prednisone 5 mgs, Gabapentin 50 mgs, Trazodone 12.5 mgs.

SPECIES

Abnormal PE/Chem/CBC/UA Results: ALP 1714, Phos. 7, Na 161, chol. 410, PLTs 464, neutrophils 12012, monocytes 1092, AG 30.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Chihuahua

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to 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 1-2 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 Yrs.

The left kidney is normal in size (3.76 cm in length) with a slightly irregular shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several cortical infarcts are visualized. A 0.76 cm irregular, hyperechoic area is observed at the caudolateral aspect. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

WEIGHT

The right kidney is normal in size (xxx cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several cortical infarcts are visualized. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The left adrenal gland is mildly enlarged (0.49 cm at cranial pole) (0.58 cm at caudal pole) (1.63 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.

HOSPITAL NAME

Ringwood AH

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.63 cm at caudal pole) (1.80 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.

Spleen

REFERRING VET

Dr. Wilkes

The spleen is normal in size (0.89 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

The liver is subjectively enlarged with slightly swollen 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 moderately distended. The wall is thin and smooth. A small amount of aggregated

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echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. 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

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme (mild). 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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Chihuahua

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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.

AGE

11 Yrs.

Free Abdomen

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

WEIGHT

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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Primary Findings:

- Minor, bilateral, age-related renal changes with cortical infarcts, subtle dystrophic mineralization and trace pyelectasia. The ill-defined hyperechoic area in the left renal cortex (at the caudolateral aspect) is also suspected to be an infarct. However, a granuloma, inflammatory focus or an emerging tumor cannot be completely excluded.
- Bilateral adrenomegaly could be consistent with early hyperplastic change or may be a normal variant for this patient.

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Secondary Findings:

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is the top differential. Inflammatory disease is possible but considered less likely in light of the normal ALT. Infiltrative neoplasia is also possible but considered less likely based on the sonographic appearance of the liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for causes of hypercoagulability, consider the following:

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1. Urinalysis and UPC (if proteinuria is present in the absence of infection).
2. Further testing for Cushing's disease, particularly if the patient is exhibiting appropriate clinical signs.
3. Echocardiogram to assess for underlying cardiac disease.

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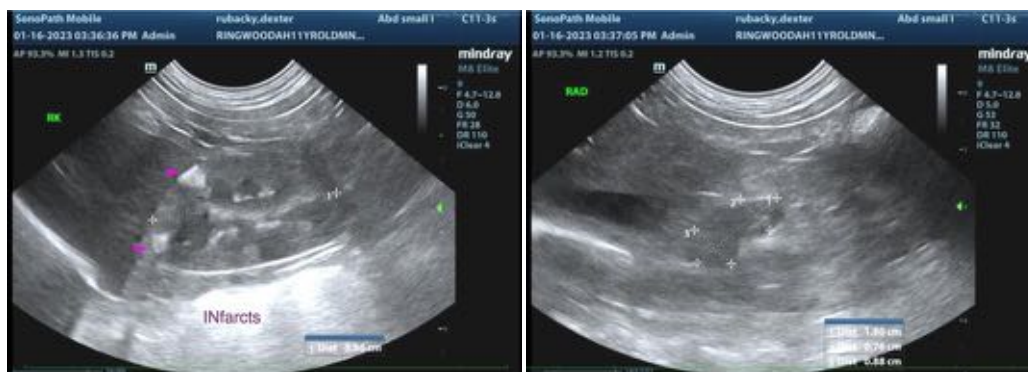
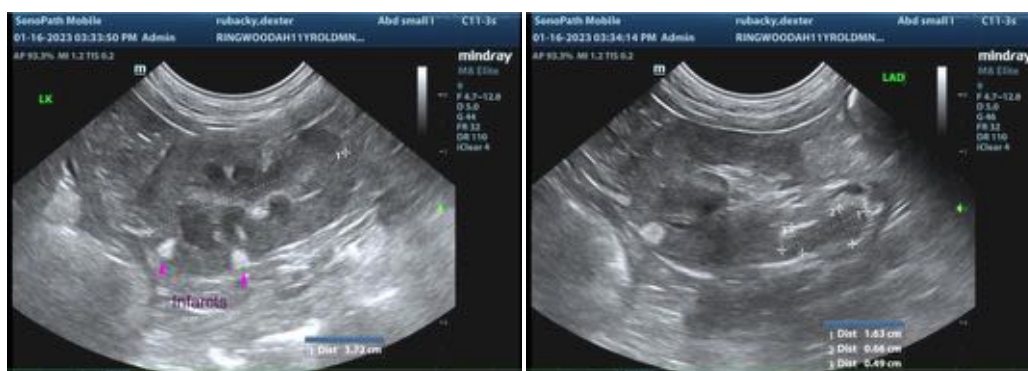
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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