

PATIENT

Nezzie Sparto

PRESENTING CLINICAL SIGNS

SPECIES

History: PU PD, ALP 559- non responsive to liver protectants Current meds: Denamarin
Abnormal PE/Chem/CBC/UA Results: ALP 559 - increasing monthly

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Puggle

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is thickened (up to 0.76 cm) and irregular. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A 0.76 cm cystic calculus is observed within the lumen along with a small amount of suspended echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female, spayed

The left kidney is normal size (4.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

5 Yrs.

The right kidney is normal size (4.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

36.5 lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.49 cm at caudal pole) (1.71 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 (0.63 cm at cranial pole) (0.49 cm at caudal pole) (1.98 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.

IMAGING PERFORMED BY

Val Shumskaya

Spleen

HOSPITAL NAME

Legacy AH

The spleen is normal in size (1.59 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.

Liver

REFERRING VET

Dr. Potenzzone

The liver is normal to slightly 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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

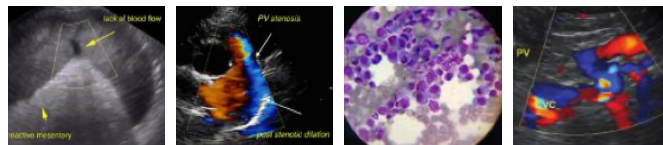
15117

Gastrointestinal

DATE

7/18/23

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 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.



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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.

SPECIES

Canine

Free Abdomen

BREED

Puggle

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

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

AGE

5 Yrs.

- Cystic calculus with urinary bladder wall changes consistent with cystitis.
- The hepatic changes are most consistent with a benign diffuse hepatopathy. Given the liver enzyme pattern, vacuolar hepatopathy (i.e., endocrine, idiopathic) is suspected with a lower possibility of inflammatory disease or infiltrative neoplasia.

WEIGHT

36.5 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the PU/PD, consider the following:
 1. Urinalysis with culture and sensitivity to assess for occult infection
 2. Consider further testing for Cushing's disease (i.e., low-dose Dexamethasone suppression test or ACTH stimulation test).
- If the above diagnostics are inconclusive, consider the following:
 1. Leptospirosis testing (i.e., blood and urine PCR, serology)
 2. Pre and post prandial serum bile acids
 3. DDAVP trial to evaluate for central diabetes insipidus
 4. +/- modified water deprivation test
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- A cystotomy with stone removal analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription urinary diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

INTERPRETED BY

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(*Small Animal Internal
Medicine*)

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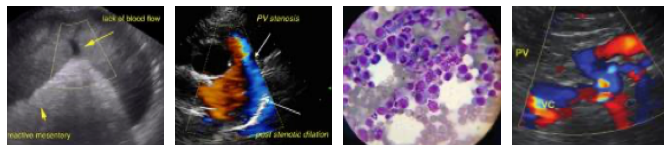
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Puggle

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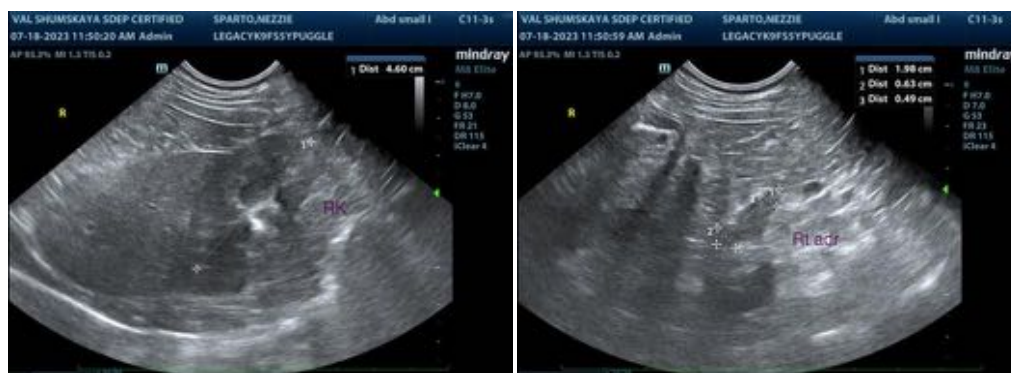
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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Puggle

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