



PATIENT PRESENTING CLINICAL SIGNS

Bonnie Kennedy History: ADR Decreased activity, restless, anxious. Fewer BMs than normal. Wont attempt jumping into car. Suspect back pain, but she is a sock eater and there is a lot of gas in GIT on rads- need to R/O abdominal issue. Limping left hind. started Metacam and Fortiflora and noticed some improvement.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: GHP within normal Urinalysis has elevated pH and crystalluria with protein On rads: Very gassy GIT. See no obvious FB Discospondylosis from L2 to L7, with a possible fracture of one of the bridges between L2 and L3.

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

10 years

The left kidney is normal size (6.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

29.2 kg

The right kidney is normal size (7.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.74 cm at caudal pole) (2.24 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

Crystal Hill

The region of the right adrenal gland is evaluated. The gland itself is not definitively visualized. However, no obvious abnormalities are observed in this region.

HOSPITAL NAME

Simcoe AH

Spleen

The spleen is normal in size (1.72 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. One to two small, ill-defined hypoechoic nodules/areas are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Kennedy

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

INVOICE

10788

The gall bladder 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/not seen.

DATE

4/21/22



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Gastrointestinal

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 gas and chyme. 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.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A prominent mesenteric lymph node is visualized, measuring 2.06 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small, hypoechoic nodules/areas in the spleen likely represent a benign process (i.e., lymphoid hyperplasia or extramedullary hematopoiesis with a lower possibility of emerging neoplasia).

Secondary Findings

- The prominent mesenteric lymph node is likely reactive.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include orthopedic or neurologic disease, occult neoplasia, thoracic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider thoracic radiographs to assess for occult disease in the chest, along with thorough orthopedic and neurologic evaluations. Radiographs of painful areas should be considered along with continued pain management.





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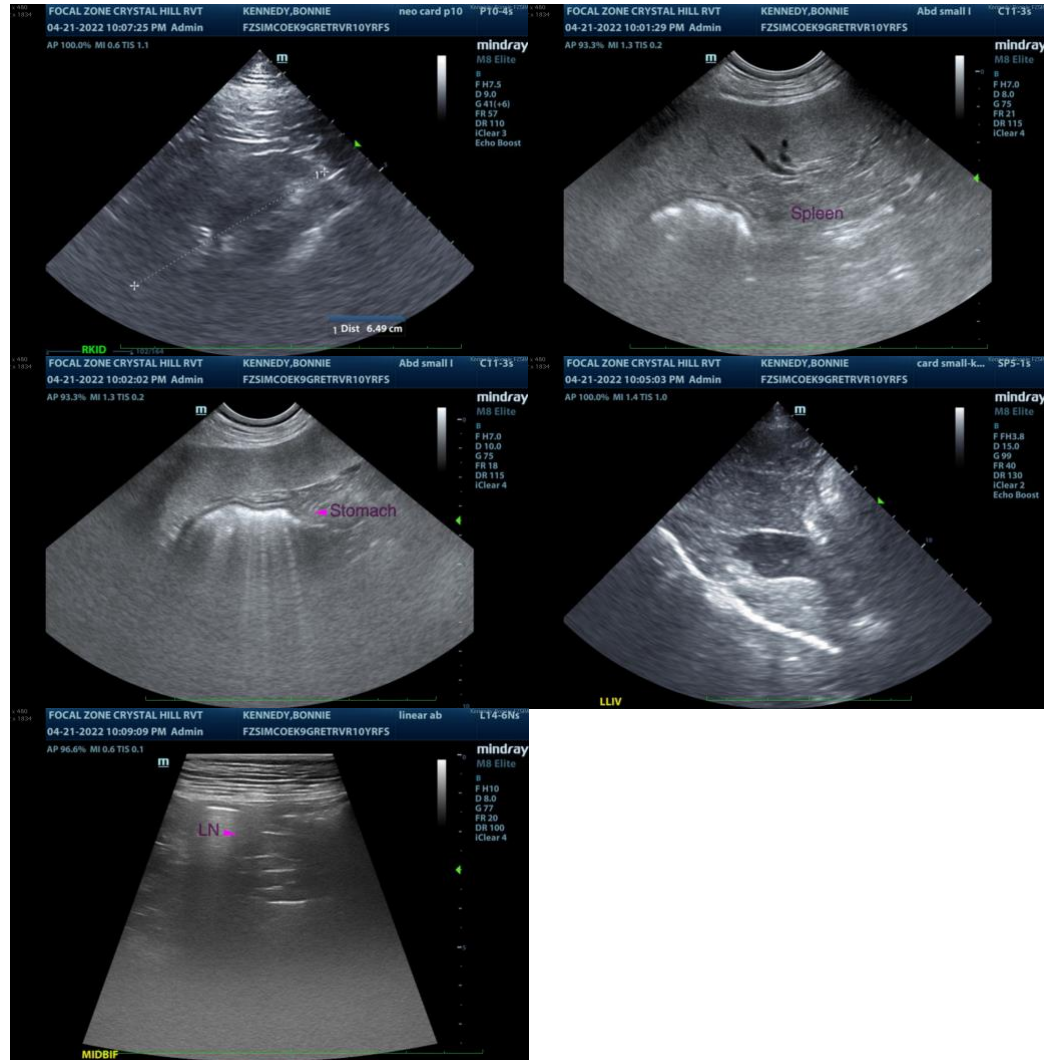
Dr. Kennedy

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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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