



PATIENT

Cooper Overstreet

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 years

WEIGHT

85 lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro

HOSPITAL NAME

Dr. Oldham's Holistic
Mobile Veterinary
Service

REFERRING VET

Dr. Kristi Oldham

INVOICE

10194

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Cooper, 12yr MC Lab with a history of hypothyroidism, laryngeal paralysis, history of GI obstruction/surgical repaired and generalized osteoarthritis; owner concerned about weight loss, loose stools, decreased appetite and anorexia as well as decreased mobility. Current Rx: 1 to 5mg prednisone PO SID, 20mg Pepcid PO BID, 500mg Metronidazole as needed BID, Chinese herbal blend "Shen calmer" to support Yin and Blood deficiency. Not currently on thyroid supplementation

Abnormal PE/Chem/CBC/UA Results: Labwork in December was normal per owner

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is 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 2 cm, are normal.

The prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.54 cm at caudal pole) (2.85 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.

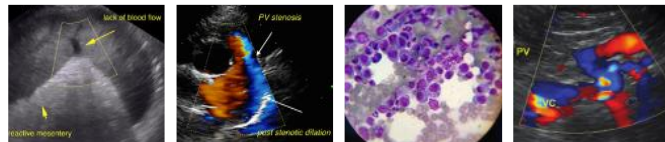
The right adrenal gland is normal size (0.76 cm at cranial pole) (0.57 cm at caudal pole) (1.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

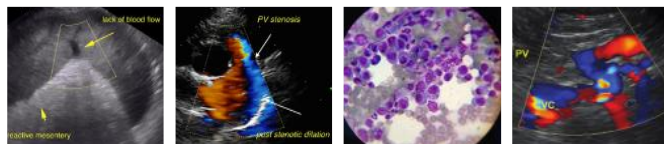
The spleen is normal in size (1.10 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mildly heterogenous in appearance. No distinct focal lesions are



PATIENT	observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
Cooper Overstreet	
SPECIES	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.
Canine	Gastrointestinal 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 small intestinal lumen is segmentally dilated with 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 or overt infiltrative disease is noted.
BREED	
Lab	
SEX	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.
Neutered Male	
AGE	Free Abdomen The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
12 years	
WEIGHT	Other A brief echocardiogram reveals no evidence of pericardial effusion.
85 lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Primary Findings Geriatric hepatic and renal changes. The remainder of the abdomen is unremarkable.. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food intolerance/allergy, intestinal dysbiosis, inflammatory bowel disease, infectious/parasitic, other), low-grade pancreatitis, underlying metabolic issue, occult neoplasia, other.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Andrea Nicastro	<ul style="list-style-type: none"> • Despite the negative fecal evaluation in December, consider prophylactic deworming with fenbendazole. • Also consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin. • GI panel (Send to Texas A&M) • +/- resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended. • Consider consultation with the University of Tennessee's nutritional department (https://vetmed.tennessee.edu/vmc/smallanimalhospital/small-animal-nutrition/) regarding a homemade hypoallergenic diet. • Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. • Given the patient's age, three-view thoracic radiographs can be considered to assess for occult disease in the chest as a cause for weight loss and inappetence.
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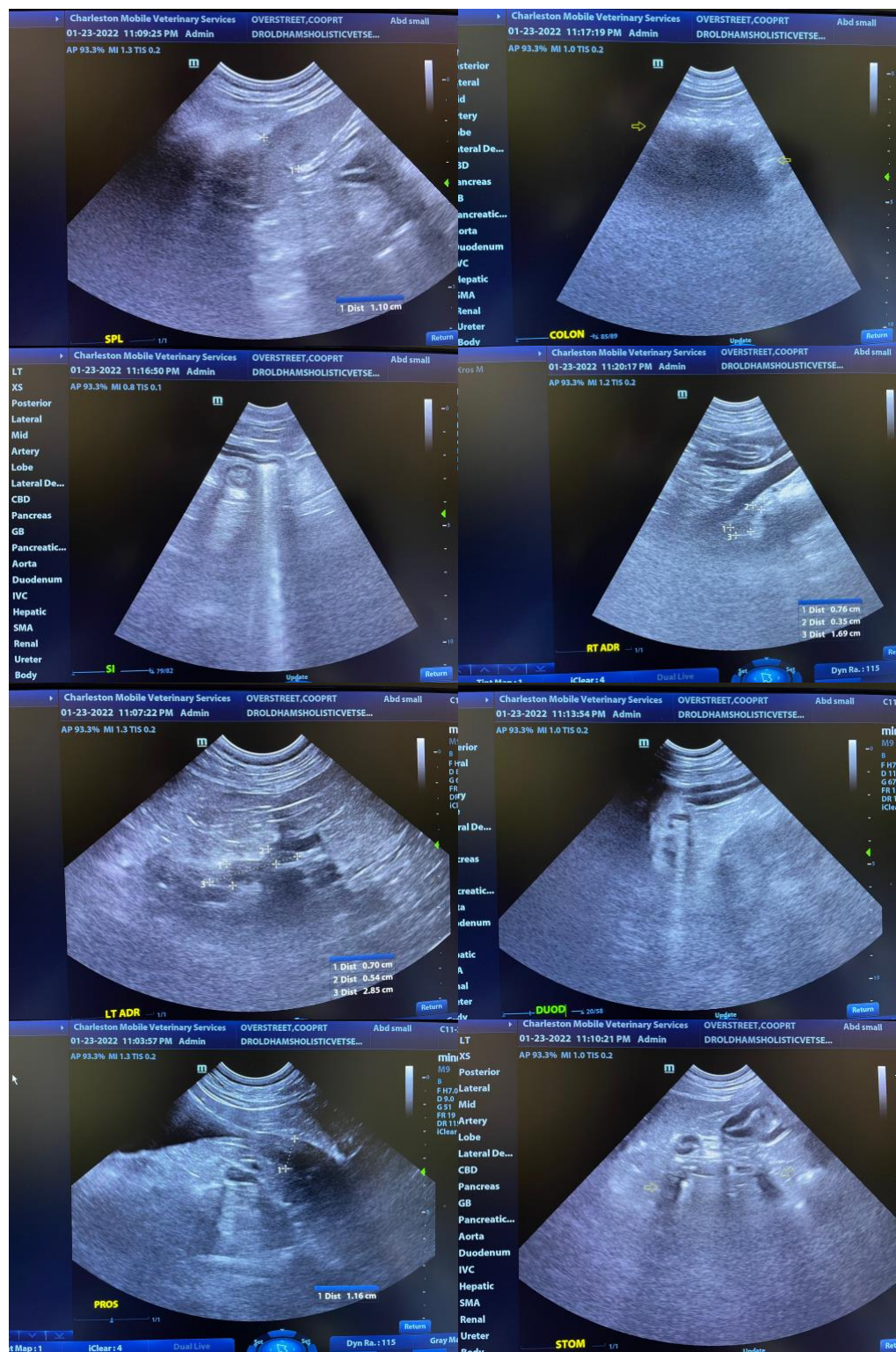
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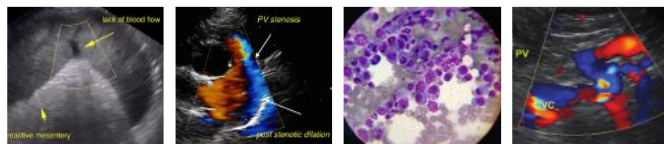


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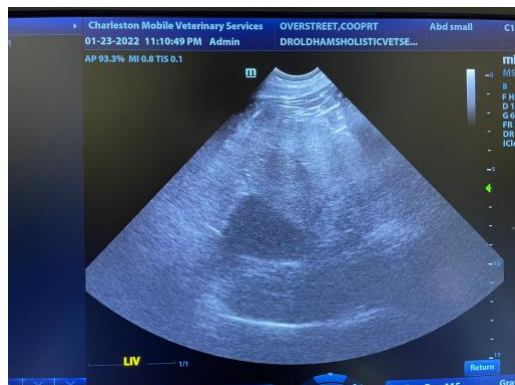
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicaastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com