



PATIENT

Jasper Frodey

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

37 Lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Christina Sitton

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Christina Sitton

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10257

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: having diarrhea and vomiting on/off for the last couple of weeks mild hyporexia, urinary accidents - may be behavioral caused secondary to anxiety

Abnormal PE/Chem/CBC/UA Results: Chemistry CA 7.7 (8.4-11.8) TP 4.3 (5.5-7.5) Albumin 1.9 (2.7 - 3.9) Globulin 2.4 (2.4-4) Cholesterol 122 (131-345) Lipase 284 (0-250) SDMA 13 (0-14) T4 1.6 (1-4) CBC HCT 58.3 (38.3-56.5) CBC USG 1.030 pH 8.5 glucose, bilirubin, protein, bacteria, crystals negative trace ketones cPL 260 (0-200) otherwise wnl UPC/BA tests pending AUS to rule out GI loss of proteins

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

The left kidney presented normal size (4.90 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.

The right kidney presented normal size (5.35 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.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.53 cm at caudal pole); 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.

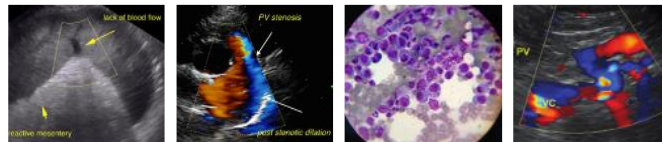
The right adrenal gland is normal size (0.81 cm at cranial pole) (0.44 cm at caudal pole) (2.36 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.44 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 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.



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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.

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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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.57 cm) with a normal layering. There is questionable evidence of mucosal striations in a few segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

BREED

Mix

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Neutered Male

Free Abdomen

Trace free fluid is observed. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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- The patient's clinical history and sonographic changes are most consistent with a protein-losing enteropathy. Differentials include inflammatory bowel disease, infectious/parasitic disease, lymphagiectasia, infiltrative neoplasia (i.e., lymphoma), other.
- The ascites is likely secondary to hypoalbuminemia.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

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- Malabsorption panel including serum cobalamin and folate TLI and PLI
- Consider a low-fat, hypoallergenic diet trial.

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- Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

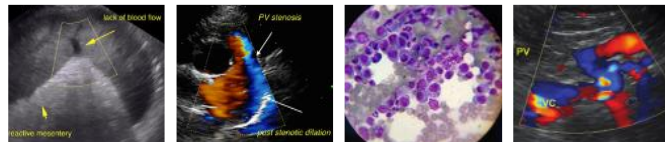
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- Also consider a resting cortisol level to rule out hypoadrenocorticism as a cause for hypoalbuminemia

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- Three-view thoracic radiographs are recommended to assess for evidence of pleural effusion (particularly if the patient is to undergo anesthesia), as hypoalbuminemia can cause third spacing of fluids.

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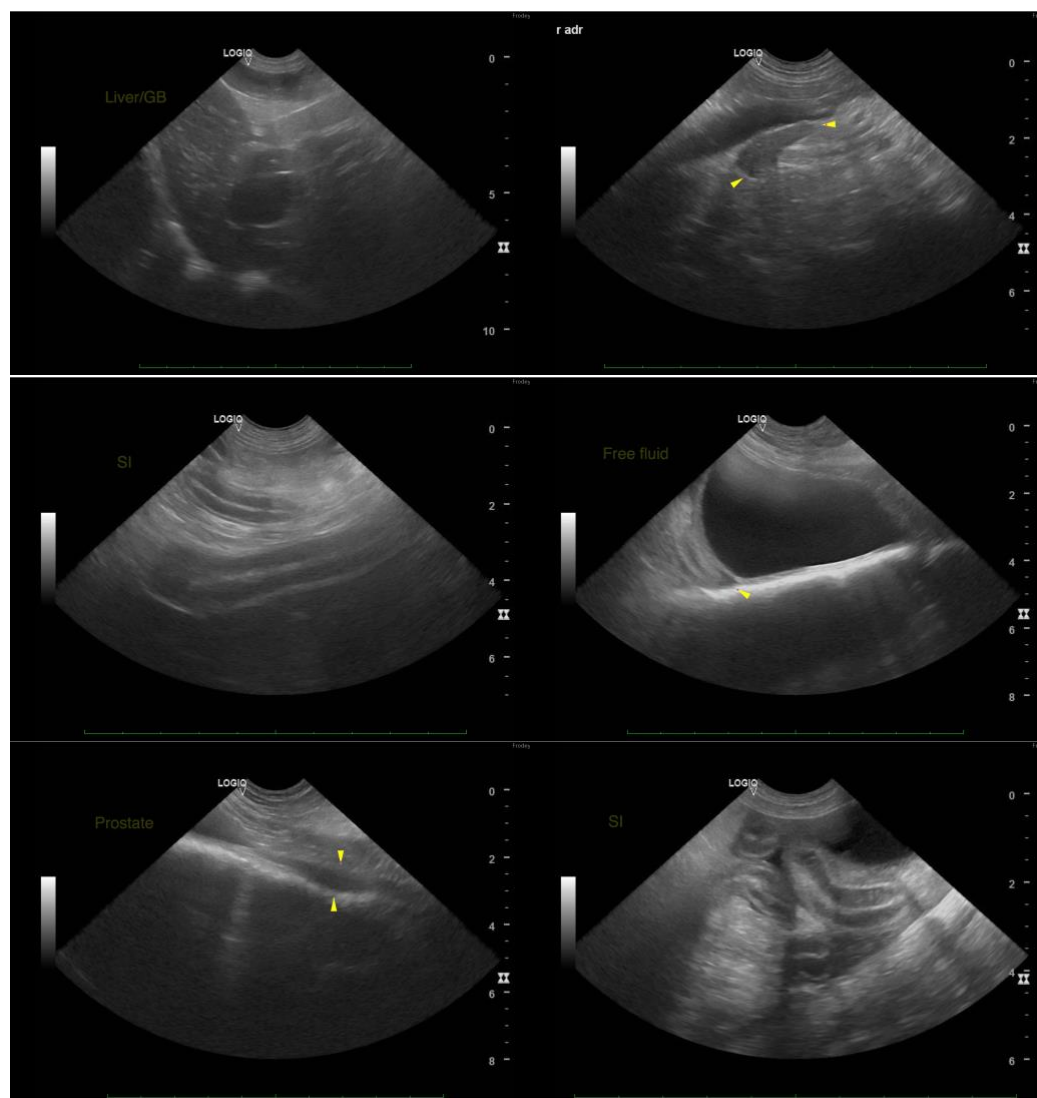
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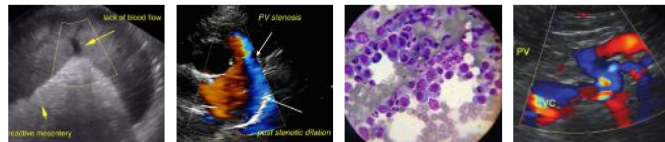
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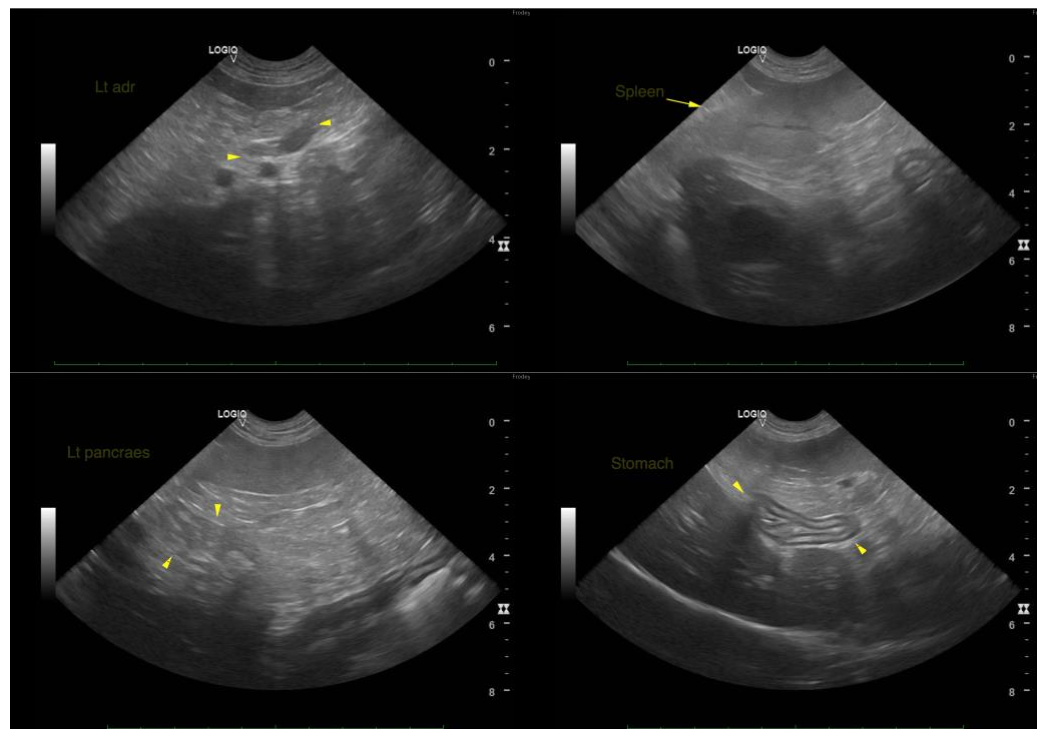
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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