

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ali Braga
SPECIES Canine
BREED Border Collie
SEX Neutered Male
AGE 9 Years
WEIGHT 32 Pounds

History: Ali is a 9 year old (DOB 3/2012) male neutered Border Collie mix belonging to Frank and Marcia Braga. Ali presented on 1/3/22 with a history of possibly getting into some bones and an episode of vomiting. He was anorexic that day as well which was highly unusual for him. We noticed he had dropped about 3.5# since his last visit in 3/2021-- he had been 36# and was down to 32.4#. The owners had said he was very active-- especially after an ACL was repaired (TPLO). We took some rads and no bones or foreign objects were noted. There was a very large amount of stool present, but no signs of obstruction. The stool was soft on rectal exam and he easily defecated a large amount on a walk. Re-took the xrays-- decreased serosal detail to me (thin dog); I did not see any obvious organomegaly or mass. Blood panel/CBC was all WNL (including PSL/lytes etc). A U/A was not run. We gave SQ fluids and Cerenia, and he appeared back to normal the next day-- although the owner thought there was a bit of a cough-- we had managed to get most of his lungs in the re-take Xray and did not appreciate a potential cause for the cough-- was thinking could have been esophageal irritation from acid or the vomiting episode. The plan was to increase his food and see if he was capable of putting on weight or set up an U/S if symptoms returned or the weight loss continued. (I don't know if he has had additional symptoms or if the owners wanted the U/S rather than wait to see)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level or repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone is normal.

The prostate is subjectively prominent in size (1.44 cm in width) with a relatively normal shape and smooth peripheral contours. Parenchyma is subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.03 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 hydroureter.

The right kidney is normal size (5.81 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.51 cm at caudal pole) (2.01 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 caudal pole of the right adrenal gland is visualized and is normal size (0.62 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

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

IMAGING PERFORMED BY
Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Penn Valley Veterinary
Associates

REFERRING VET

Dr. Nancy Reese

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1/10/2022



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The spleen is normal in size (1.67 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.

SPECIES

Canine

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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 to moderate amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

BREED

Border Collie

Gastrointestinal

SEX

Neutered Male

The gastric lumen is not distended. 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 not dilated. In one segment of small intestine, a 0.73 cm hyperechoic nodule is arising from the wall. In the remaining segments, the small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecal colic junction is normal. Within the wall of the descending colon, a 1.13 x 0.63 cm smooth well circumscribed echogenic nodule is arising from the mucosal surface. The remaining colonic wall is normal. No obstructive disease is noted.

AGE

9 Years

Pancreas

WEIGHT

32 Pounds

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.15 cm in length. Surrounding mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The small intestinal nodule/mass could be consistent with neoplasia, granuloma, inflammatory focus, other.
- The descending colonic wall lesion could be consistent with a polyp, tumor, granuloma, other.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia.

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Secondary Findings:

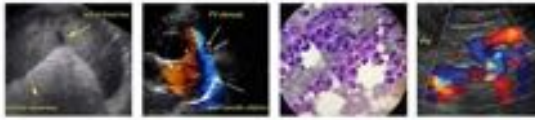
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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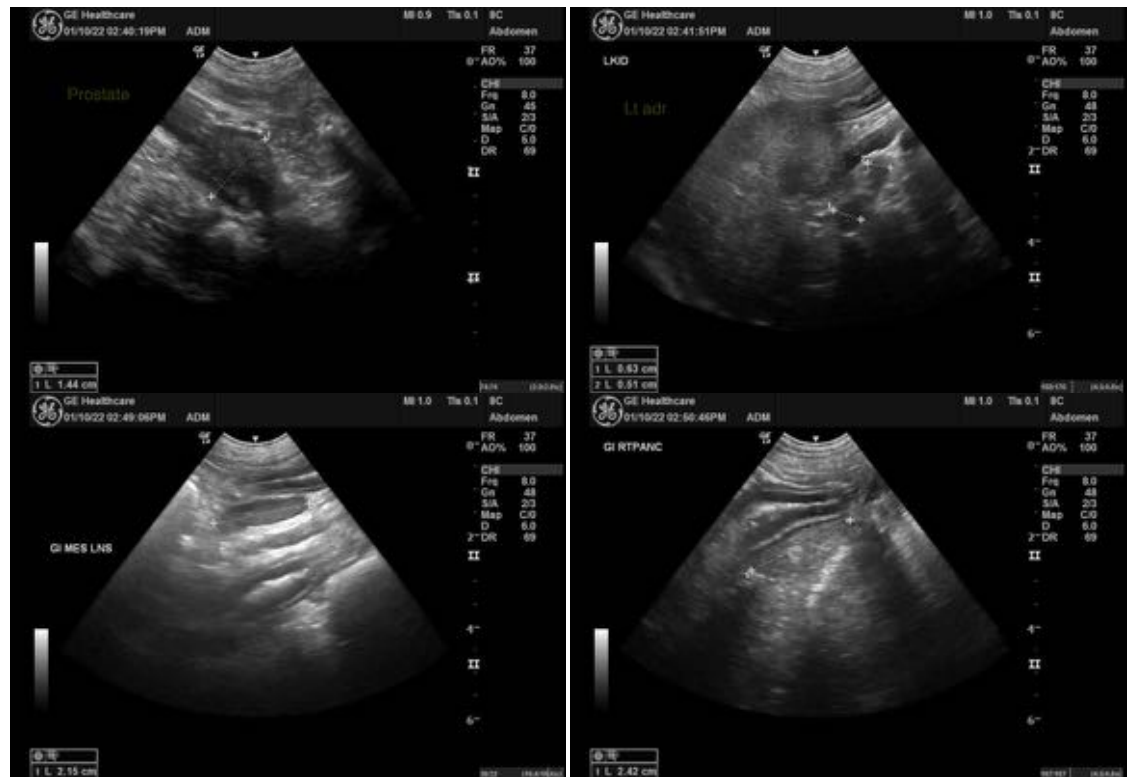
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- The prostatic parenchymal changes may represent benign age-related remodeling. Alternatively, emerging neoplasia cannot be completely excluded. Correlation with the patient's clinical findings is recommended.
- Age-related pancreatic remodeling +/- fibrosis. Low-grade inflammation may also be present, particularly if the patient is painful on abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory in combination with a colonoscopy may be necessary to further assess the small intestinal and colonic wall lesions, respectively.
- Other diagnostic considerations include:
 - A fecal evaluation for ova/Giardia
 - Malabsorption panel including serum cobalamin, folate, TLI and PLI.
 - Complete thoracic radiographs including all portions of the chest.



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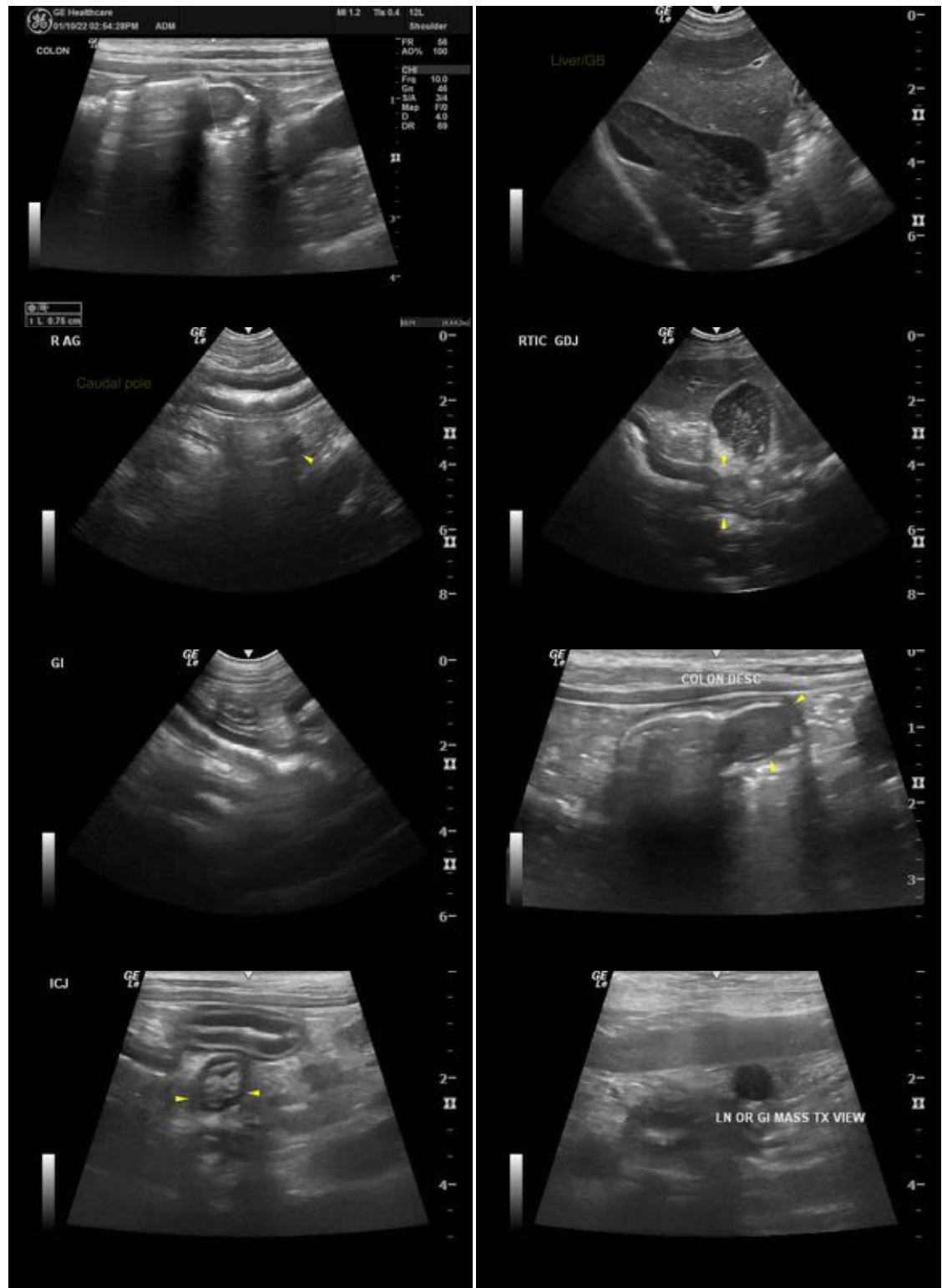
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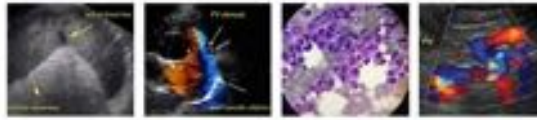
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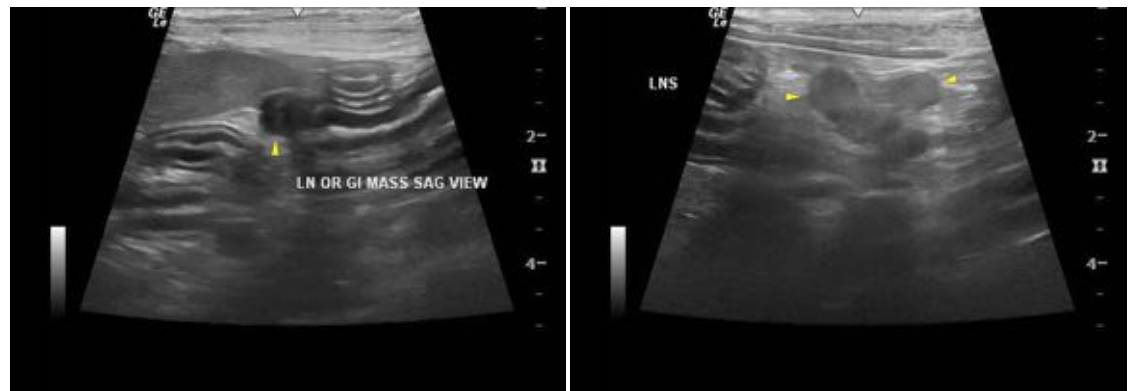
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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