


PATIENT PRESENTING CLINICAL SIGNS

Harley Demko
 History: Dog experiencing abdominal discomfort on and off. Owner wants to make sure all is OK. Has been on Gabapentin 150mg BID. Unsure if musculoskeletal or abdominal pain. Not a huge response so far to the Gabapentin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork all normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

Fr Bulldog

Urinary System

The urinary bladder wall is 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.

SEX

Neutered Male

The prostate is normal in size (0.56 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 years

The left kidney is normal in size (4.74 cm in length) with a normal shape, architecture and 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

14.8 kg

The right kidney is normal in size (4.68 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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 Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.55 cm at caudal pole) (2.09 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Crystal Hill

The right adrenal gland is in normal size (0.73 cm at cranial pole) (0.46 cm at caudal pole) (1.27 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Beamsville AH

Spleen

The spleen is normal in size (1.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.29 cm hypoechoic nodule with a hyperechoic center, is observed near the medial aspect (approximately mid-spleen). Splenic vasculature is normal.

REFERRING VET

Dr. Song

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hyperechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

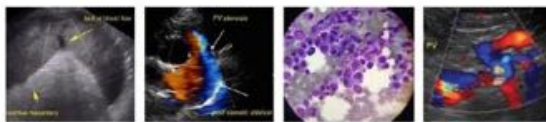
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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of subtle mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule could be consistent with an emerging tumor or a focal benign process (i.e., lymphoid hyperplasia or similar).

Secondary Findings

- Minor age-related renal changes with subtle right dystrophic mineralization
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is the top differential.
- The small intestinal mucosal speckling may be associated with enteritis/inflammation. Correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's abdominal discomfort is not definitively identified in this study. Considerations include orthopedic/neurologic disease, primary GI disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further assess for causes of the patient's discomfort, consider the following:
 1. Orthopedic and neurologic examinations (if not already performed)
 2. Urine culture and sensitivity to assess for occult pyelonephritis
 3. Thoracic +/- whole-body radiographs to assess for bony lesions
- Regarding the splenic nodule, a fine-needle aspirate can be considered (if clotting status is appropriate). However, given its location (adjacent to a major vessel), the lesion may not be safely accessible. If aspiration is not performed at this time, a repeat ultrasound is recommended in 4-6 weeks.



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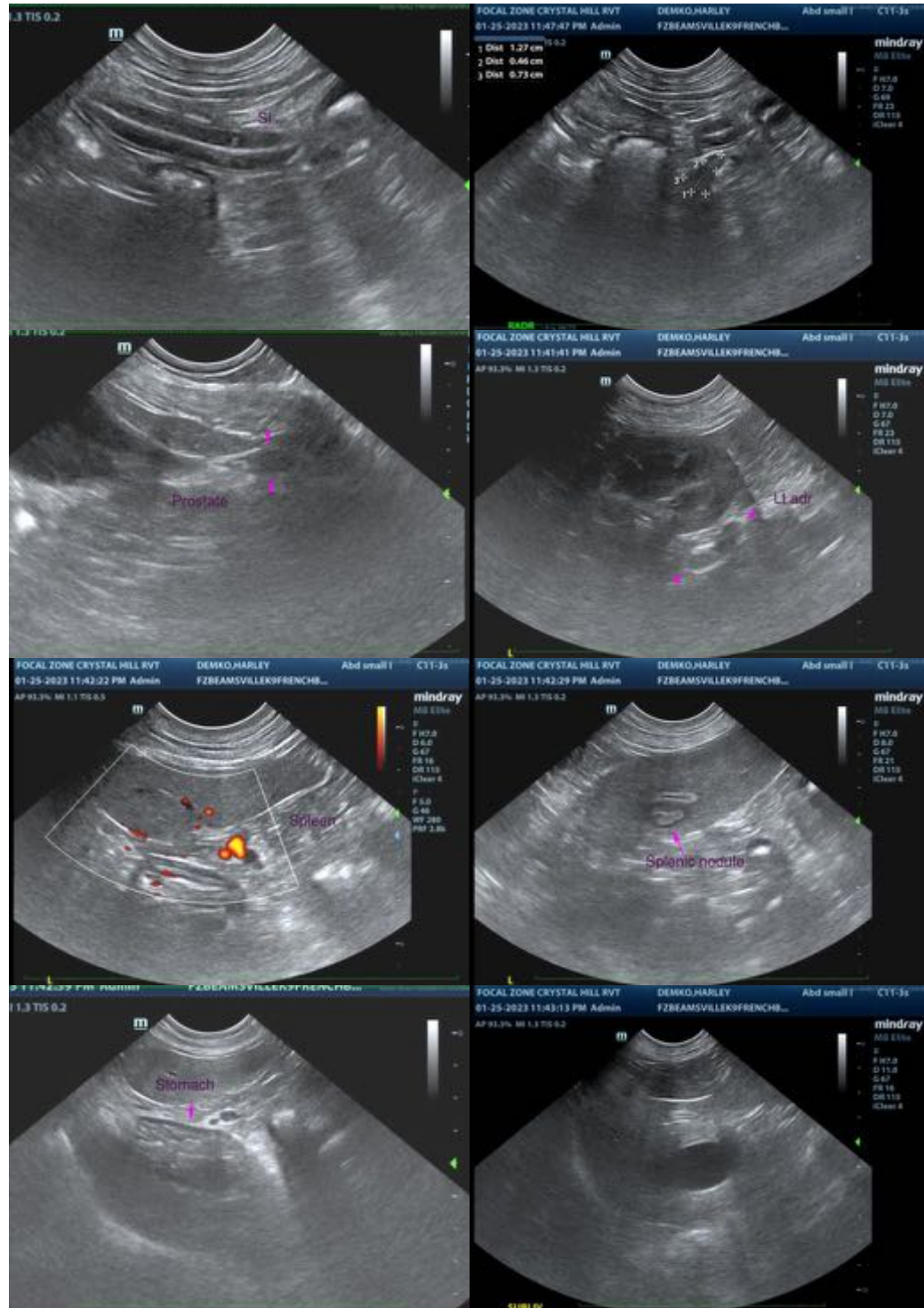
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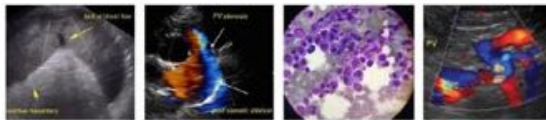
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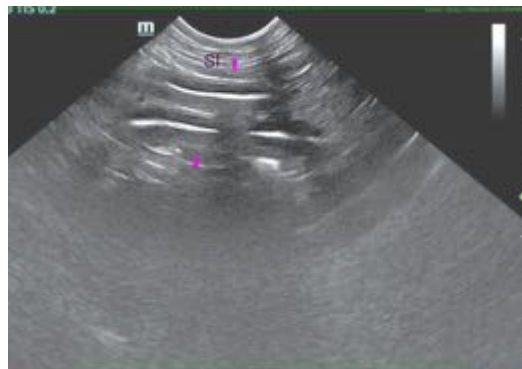
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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