



PATIENT

Murphy Vargo

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Neutered Male

AGE

1 Year 6 Months

WEIGHT

65 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Scott

INVOICE

33929

DATE

1/3/22

PRESENTING CLINICAL SIGNS

Thursday pet came in for bloody/mucousy Diarrhea and decreased appetite, vomited once. Did well with outpatient fluids, cerenia, famotidine but then on saturday stopped eating again. Will take a treat. No vomiting, still having diarrhea. Hx of pruritus when eating chicken. Sibling just died of renal dysplasia FYI

Abnormal PE/Chem/CBC/UA Results: PE WNL, T 102.5, PCV 62%, Chem BUN 13, Creat 1.4, USG 1.024

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 not definitively visualized due to its pelvic location.

The left kidney presented normal size (6.71 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 presented normal size (6.94 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 in length and slightly small in width (0.48 cm at cranial pole) (0.51 cm at caudal pole) (2.13 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 in length and slightly small in width (1.16 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.

Spleen

The spleen is normal in size (1.93 cm) 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.

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.

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 distended with gas and chyme (mild). The small intestinal wall



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thickness is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis/mucosa ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

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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

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- The bilaterally small adrenal glands may be a normal variant for this patient, or may be secondary to early atrophy (i.e., secondary to hypoadrenocorticism).

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- The bowel pattern is consistent with inflammatory bowel disease with lower potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Fecal evaluation for ova & giardia. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended.

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- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Consider a malabsorption panel including serum cobalamin, folate, TLI and PLI, particularly if the patient's GI symptoms are chronic and/or intermittent.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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- Regarding the mildly elevated creatinine and reduced urine concentration, there is concern for possible renal insufficiency. Given these changes, consider urine culture and sensitivity to assess for occult pyelonephritis as well as serial monitoring (i.e., every 3-4 months) of the patient's renal values to assess for progression.

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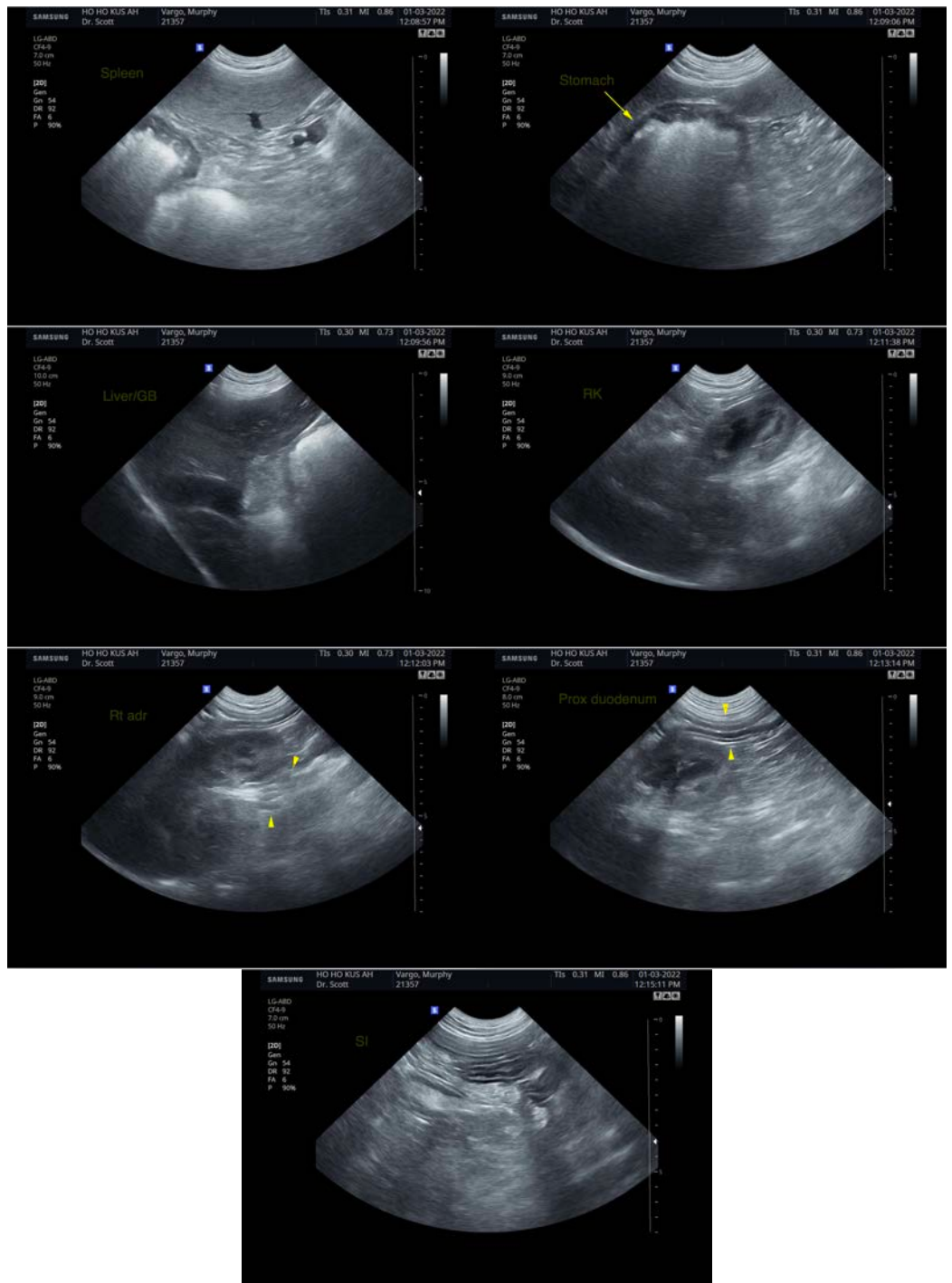
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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