



PATIENT

Otis Stokes

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

3 Years

WEIGHT

46.3 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Not Provided

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13271

DATE

1/5/22

PRESENTING CLINICAL SIGNS

History: Vomiting, wight loss, diarrhea, anorexia x 2 days

Abnormal PE/Chem/CBC/UA Results: BUN 64, Crea 3.5, Ca 12.6, Phos 9.6, Hct 64, wbc 23.7, lym 59, neu 16.78, baso 0.07

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 mostly 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 (1.52 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 (7.28 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. Renal vasculature is normal.

The right kidney presented normal size (6.68 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in length (0.29 cm at cranial pole) (0.26 cm at caudal pole) (1.75 cm in length); with a flattened contour. 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 (1.08 cm at cranial pole) (0.52 cm at caudal pole) (1.98 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 (1.41 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. The portal vein the caudal vena cava ratio is approximately 1:1.



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The gall bladder is of normal contours and contains some gravity 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 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. A several cm segment of small intestine, which is thought to be duodenum, is corrugated in appearance but not overtly dilated. In the remainder of the small intestinal tract, the wall is normal in thickness with a normal layering pattern and the lumen is not distended. Discreet masses are not identified. The colonic wall is normal.

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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

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.81 cm in length.

ULTRASONOGRAPHIC FINDINGS

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- An obvious cause for the patient's clinical signs and lab abnormalities is not identified in the study. Considerations include primary renal disease (i.e., infection, toxin), hypoadrenocorticism, other.
- Focal hyperperistaltic small intestine segment without obvious evidence of foreign body/obstruction.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- An ACTH stimulation test is recommended to assess for hypoadrenocorticism.
- Other diagnostic considerations for the azotemia include the following:

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1. Urinalysis (if not already performed)
2. Urine culture and sensitivity
3. UPC (if proteinuria is present)
4. Baseline blood pressure measurement

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- Supportive care, including IV fluid diuresis, gastric protectants, antiemetics and empirical antibiotic therapy (while awaiting urine culture and sensitivity results) is recommended.



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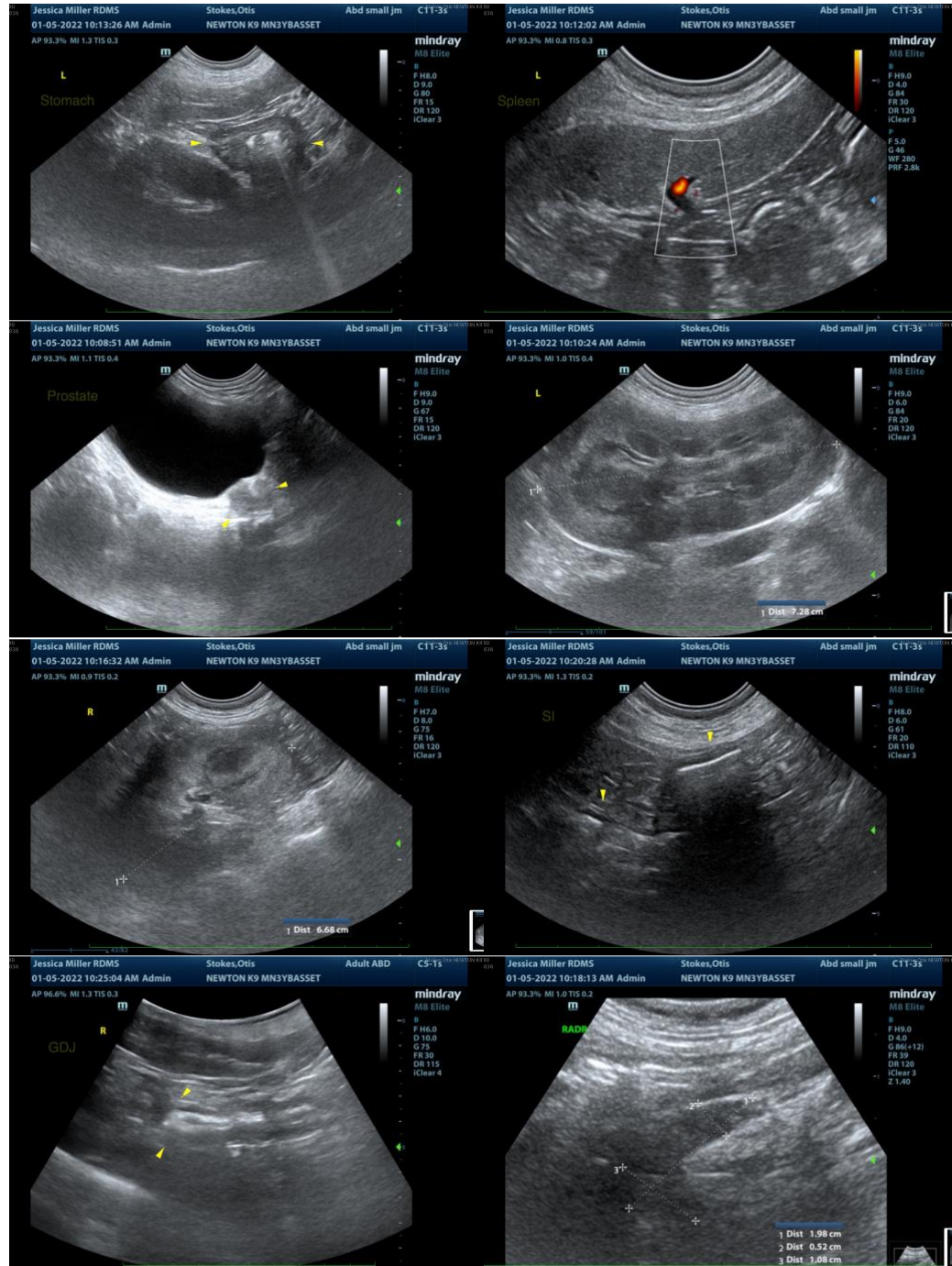
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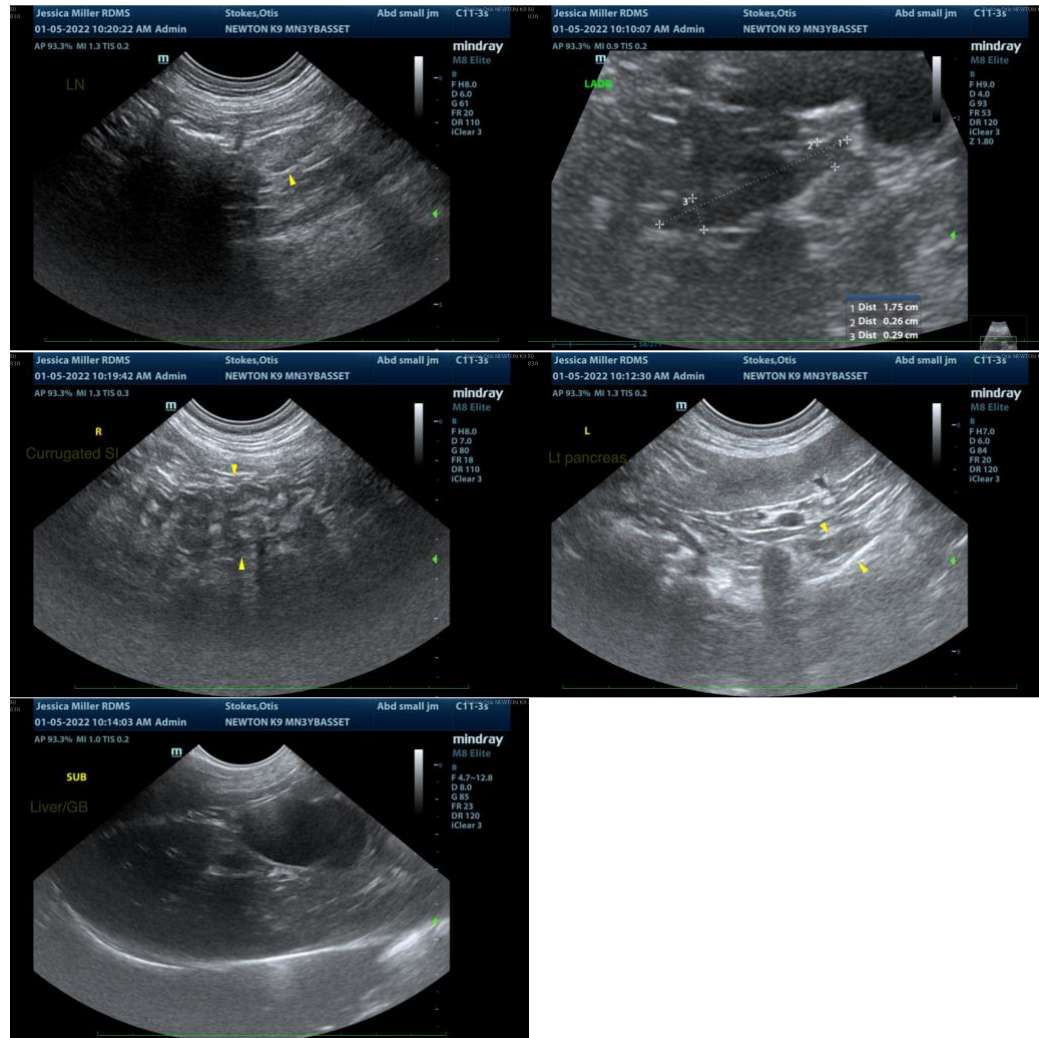
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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