



PATIENT

Rambo Ward

SPECIES

Canine

BREED

Bulldog

SEX

Neutered Male

AGE

07-05-2012

WEIGHT

36.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro,
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(Small Animal Internal
Medicine)

HOSPITAL NAME

Park West Vet Assoc

REFERRING VET

Elise Mauer

INVOICE

11829

DATE

10.14.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Past couple weeks P seems lethargic, and belly bloated after eating. O had changed food to smaller bites of same food, but P seemed to have more trouble eating it. No vomiting/diarrhea. P reluctant to eat unless bowl held up to patient. Having to coax P to go outside. Seemed a little better with gabapentin.

BAR,H 110 bpm MM- pink, moist CRT <2s

EENT: stage 3 periodontal disease, significant wear on all canines and 3rd incisors. ears clean and pink AU, eyes wnl OU, able to chew on tennis ball but did have some gingival bleeding

PLN: nodes palpate within normal limits

H/L: no arrhythmia/murmur, lungs clear, stertorous breathing

ABD: tense on palpation, no mass palpable

Integ: skin pigmented growth on back, skin tag on chest, small tag on R side of neck, pink and coat healthy

M/S/N: no lameness noted, amb x 4, decreased PROM in stifles, a little tender on palpation of mid back, good neck mobility when looking at tennis ball, moved well to get ball on floor

BCS: 6/9

Abnormal lab-work values: AST 87 IU/L. ALT 276 IU/L. Alk Phosphatase 258 IU/L. T4 0.5 ug/dL

Current Medications: clindamycin and gabapentin

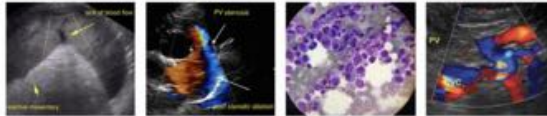
Radiographic Findings

1. Mild right dorsal lateral displacement of the intrathoracic trachea- heart base tumor is considered.
2. Moderate to severe spondylosis deformans- consistent with intervertebral disc degeneration.
3. Moderate right and severe left elbow osteoarthritis.
4. Moderate bilateral stifle osteoarthritis- most consistent with cranial cruciate desmopathy.
5. Mild bilateral shoulder osteoarthritis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.



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The **prostate** is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

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The **left kidney** is normal size (5.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

BREED

Bulldog

The **right kidney** is normal size (6.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The **left adrenal gland** is normal size (0.74 cm at cranial pole) (0.81 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.

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The **right adrenal gland** is normal size (0.88 cm at cranial pole) (0.56 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.

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Spleen

The **spleen** is subjectively prominent in size with slightly swollen peripheral contours. At the craniomedial aspect, a 2.50 to 3.00 cm ill-defined area is slightly mottled in appearance. The remaining parenchyma is homogenous. Splenic vasculature and is normal with no evidence of congestion.

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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 distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

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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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

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

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, reactive hepatopathy, infiltrative neoplasia (less likely)) cannot be excluded.

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Secondary Findings

- The splenic changes, particularly in the craniomedial aspect, are nonspecific and could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.
- Age-related pancreatic remodeling
- Minor bilateral age-related renal changes
- Gall bladder debris – incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver values should be rechecked after the course of clindamycin to help indirectly determine if bacterial cholangiohepatitis is present. If liver values continue to increase, hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) may be warranted. Further recommended should be based on the echocardiogram report.

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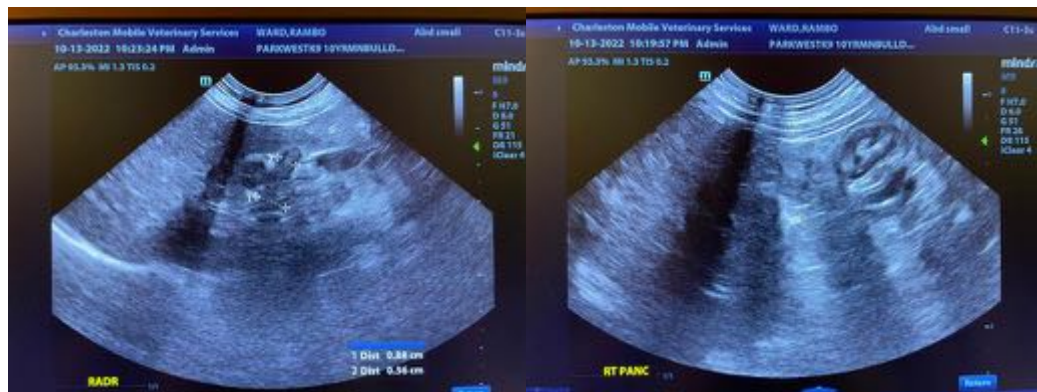
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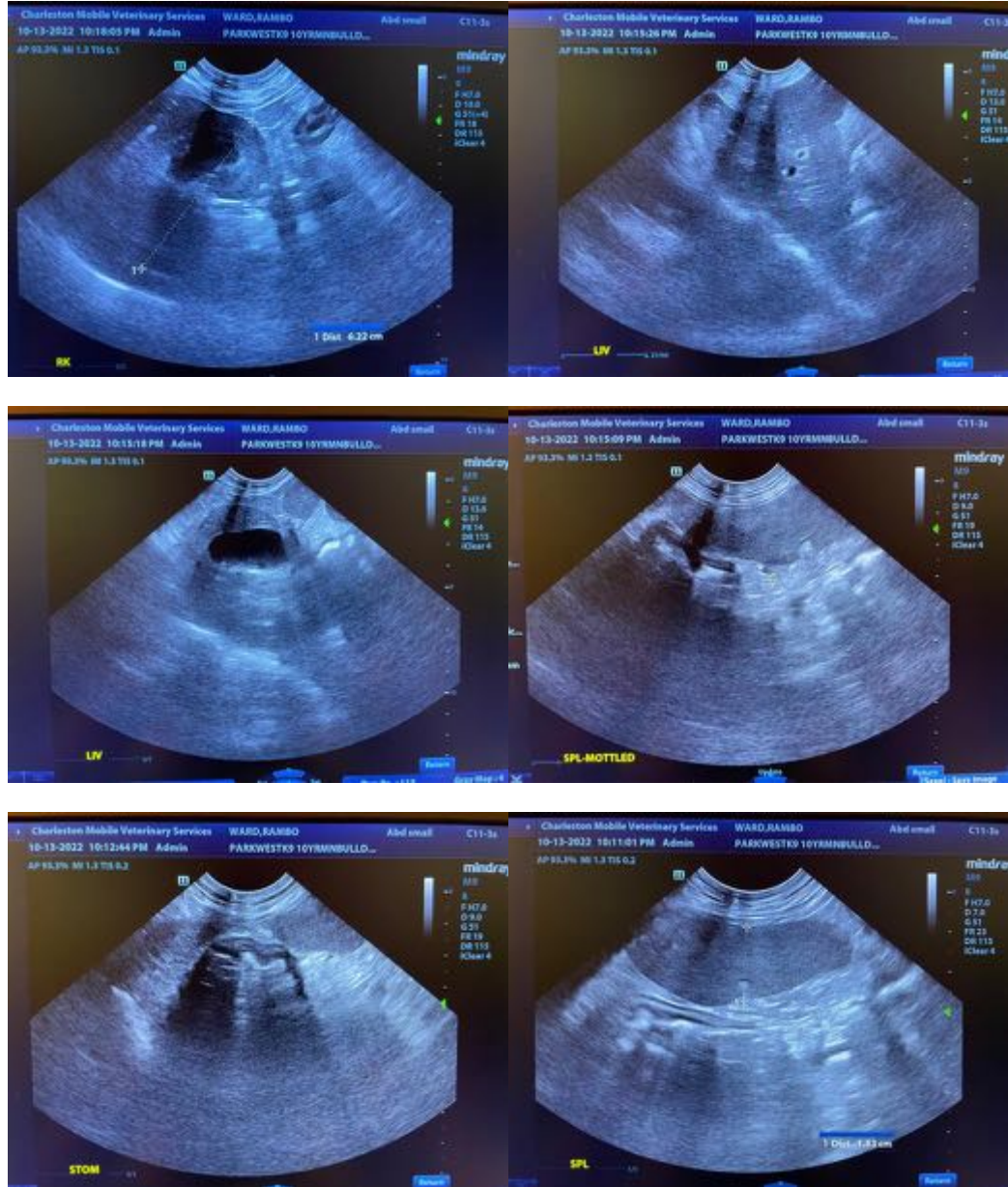
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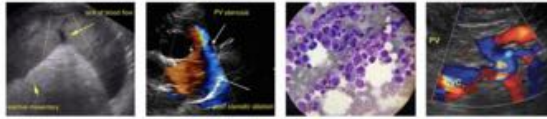
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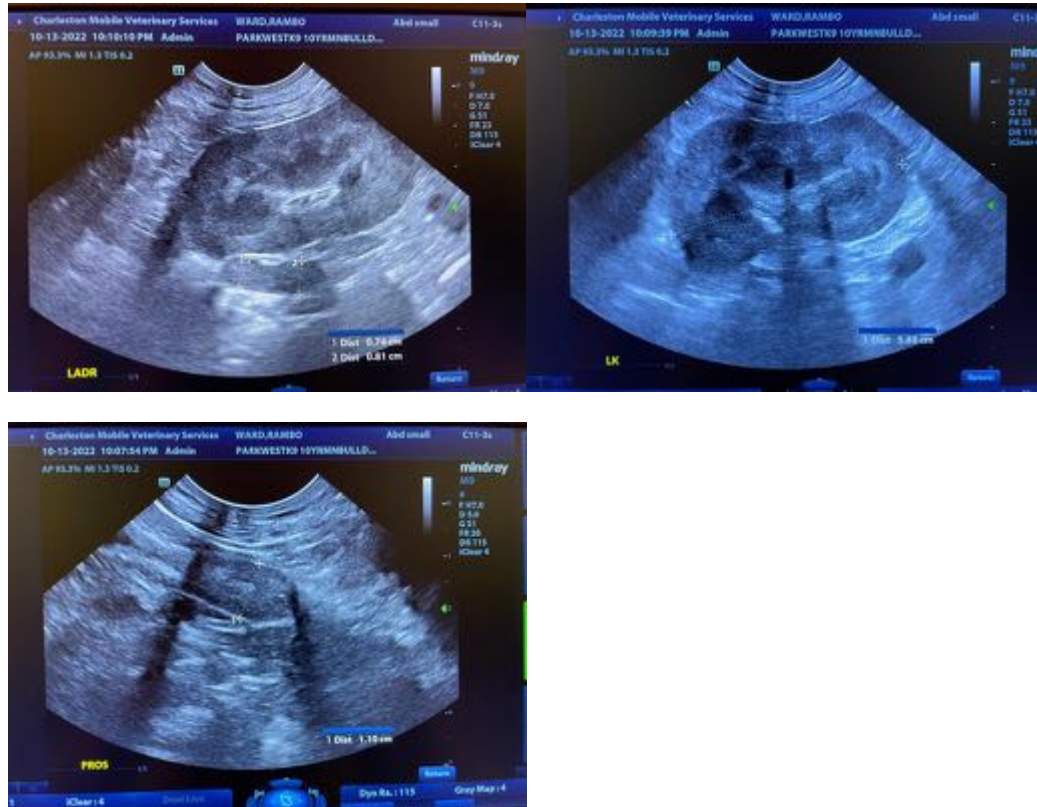
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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