



**PATIENT**

Mosby Ochs

**SPECIES**

Canine

**BREED**

Boykin Spaniel

**SEX**

Female spayed

**AGE**

6 Years

**WEIGHT**

25.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hornbuckle

**HOSPITAL NAME**

Golden Isles Animal  
Hospital

**REFERRING VET**

Dr. Hornbuckle

**INVOICE**

11952kk

**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: Mosby presented for intermittent inappetence, malaise and difficulty defecating. Prev. labs were wnl and a previous x-ray revealed moderate constipation. AUS was ordered to r/o other abdominal pathology.

Abnormal PE/Chem/CBC/UA Results: All wnl

**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 is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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 left kidney is normal size (5.02 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 (5.47 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 (0.43 cm at cranial pole) (0.40 cm at caudal pole) (2.25 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size (1.36 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*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



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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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. A 1.48 cm medial ileal lymph node is visualized.

**SEX**

Female spayed

- Unremarkable abdomen.

\*\*An obvious cause for the patient's clinical signs is not identified in this study.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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1. A thorough rectal evaluation is recommended to assess for possible anal gland issues.
2. Other diagnostic considerations to assess for possible causes of inappetence and malaise include the following:
  - a. Orthopedic and neurologic evaluations.
  - b. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
  - c. Resting cortisol level to assess for atypical hypoadrenocorticism.
  - d. Pre- and post-prandial serum bile acids to evaluate for hepatic dysfunction.
  - e. +/- evaluation for infectious diseases (i.e., tick-borne)

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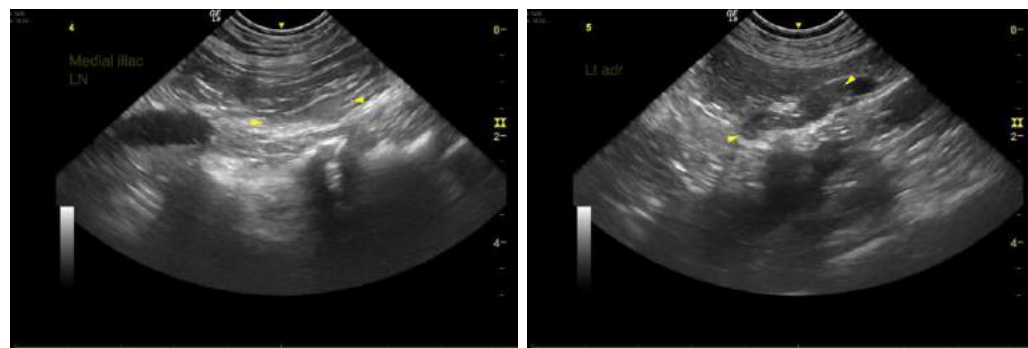
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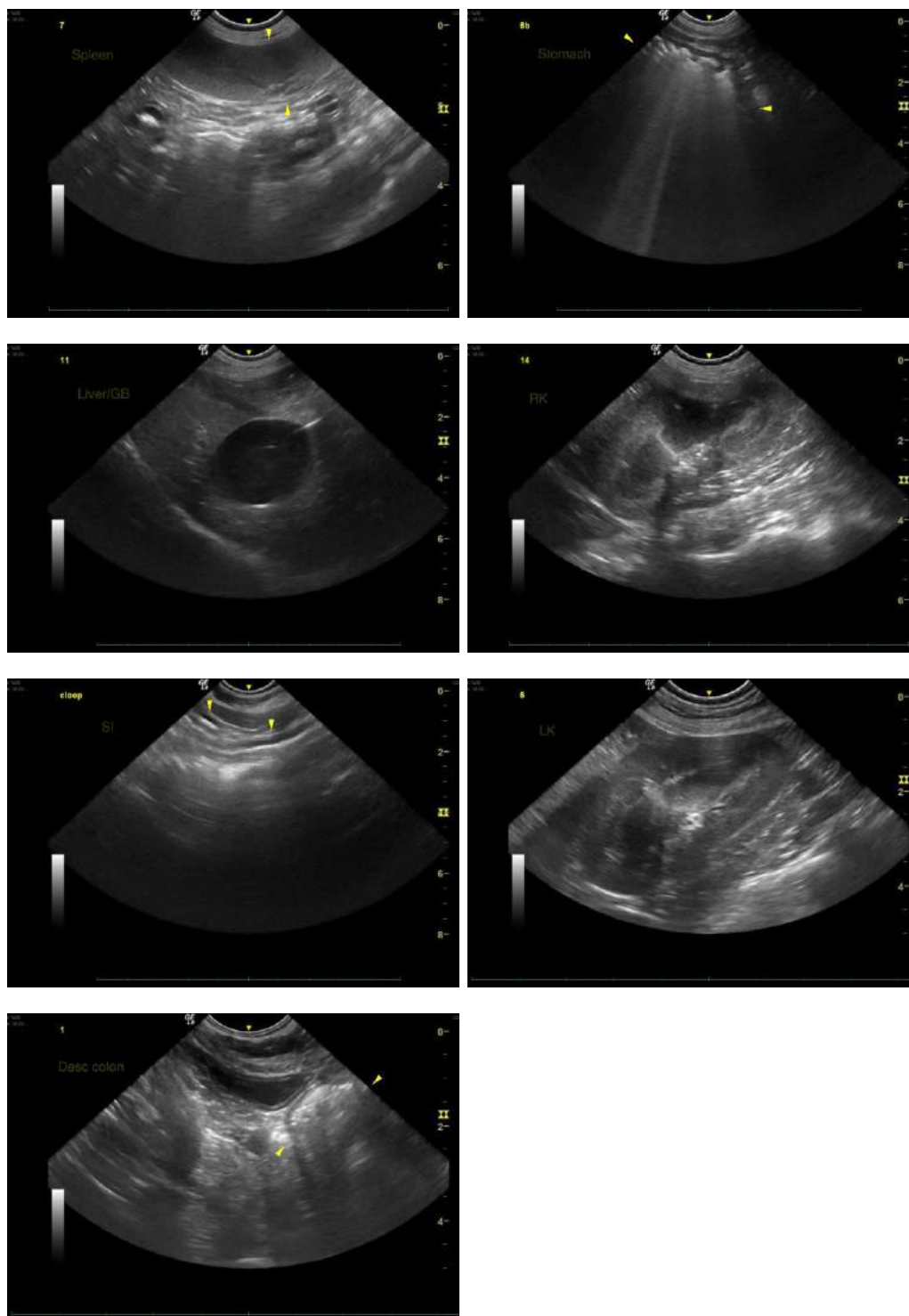
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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