



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pooh Anderson
Species: Canine
History: Chief Concern/Provisional Diagnosis: Owner concerned that sometimes patient has a decreased appetite
History / Physical Findings: P presented on 3/2022 and 6/2022 for an exam for decreased appetite. Lab work, fecal testing, and resting cortisol are all WNL. Thoracic and abdominal radiographs were taken and no abnormalities were noted. Patient has great energy and is gaining weight. Patient is current on vaccines. Current Therapy and Medications : Heartgard and Nexgard

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Breed: Labrador retriever
System: *Urinary System*

Sex: Neutered Male
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.

Age: 2 Years
The prostate is normal in size (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Weight: 74 Pounds
The left kidney is normal size (7.08 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 (6.57 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.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal size (0.52 cm cranial)(0.53 cm at caudal pole) (2.65 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.

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HOSPITAL NAME

Desert Hills AH

The right adrenal gland is normal size (0.81 cm cranial)(0.64 cm at caudal pole) (2.35 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

REFERRING VET

Dr. Caldwell

The spleen is prominent in size (2.75 cm in width at the level of the hilus) with normal curvilinear peripheral contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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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

DATE

10/5/22



PATIENT

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

Pooh Anderson

Gastrointestinal

SPECIES

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. No obstructive disease is noted.

Canine

BREED

Pancreas

Labrador retriever

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.

SEX

Neutered Male

Free Abdomen

AGE

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.21 cm sublumbar lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, the largest measuring 2.51 cm in length.

2 Years

Other

WEIGHT

A brief echocardiogram reveals no evidence of pericardial effusion.

74 Pounds

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IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

ULTRASONOGRAPHIC FINDINGS

- The mild splenomegaly may be a normal variant for this patient. Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or antigenic stimulation) may be present. Infiltrative neoplasia is possible but considered less likely given the sonographic appearance of the parenchyma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider thoracic radiographs to assess for occult disease in the chest.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.
- Orthopedic and neurologic examinations are also recommended to assess for non-metabolic causes of hyporexia.



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2 Years

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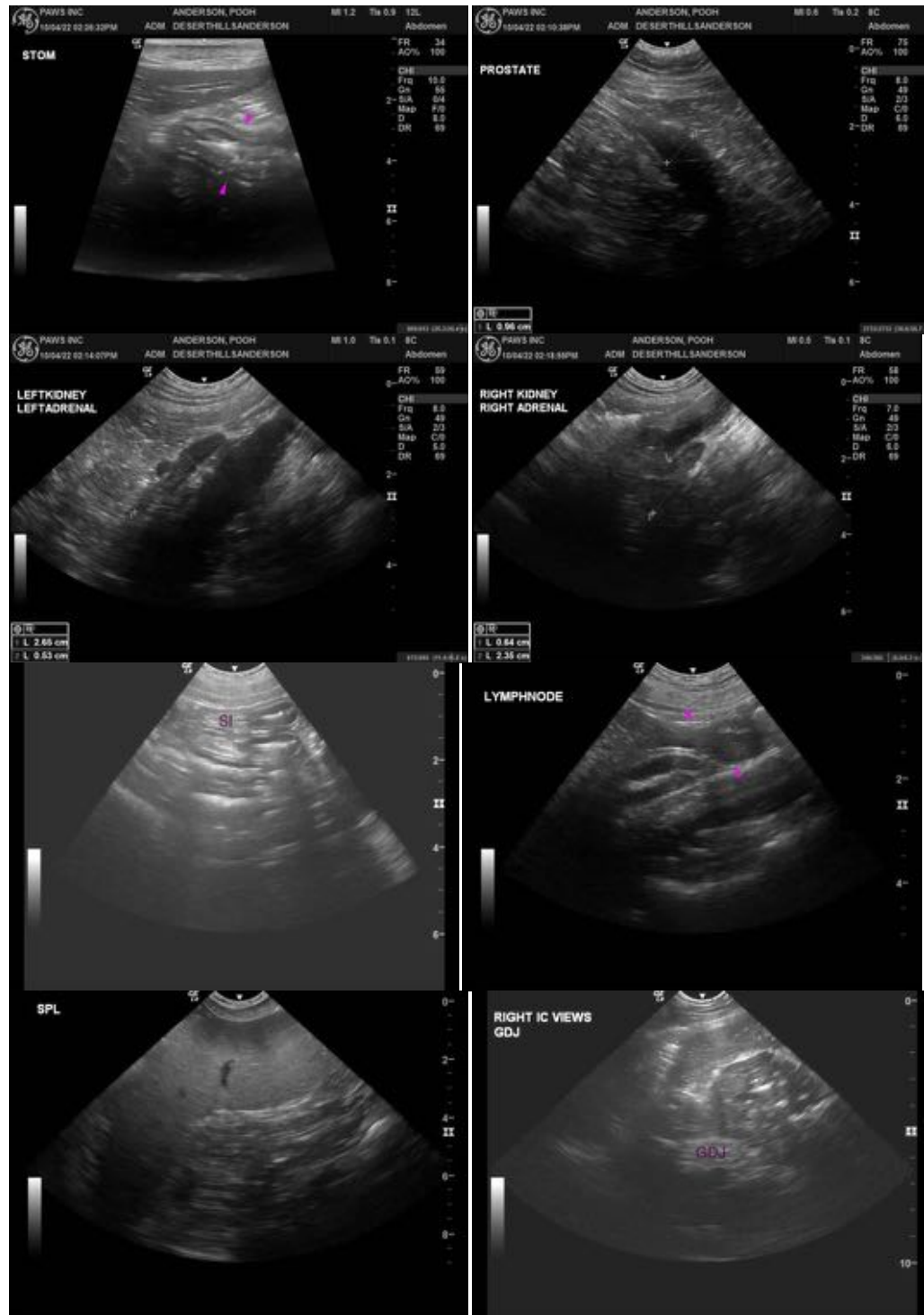
Dr. Caldwell

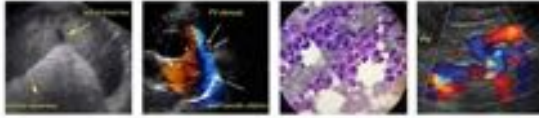
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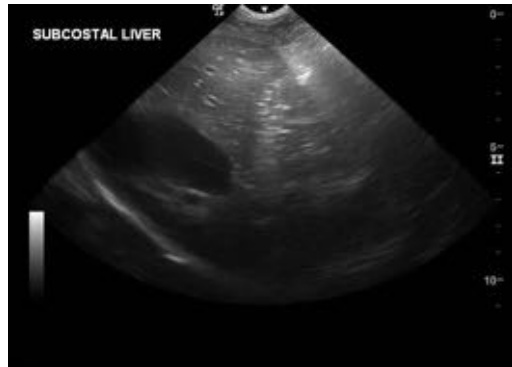
Pooh Anderson

SPECIES

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Labrador retriever



SEX

Neutered Male

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.

AGE

2 Years

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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