



PATIENT

Naddie Cook

SPECIES

Canine

BREED

English Bulldog

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

55 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Kevin Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Lisa Wade

INVOICE

12453

DATE

PRESENTING CLINICAL SIGNS

History: 10lb weight loss Chronic atopic dermatitis, secondary pyoderma 2 weeks ago. Acute diarrhea- resolved with probiotics and metronidazole

Abnormal PE/Chem/CBC/UA Results: Globulin 3.8g/dL (1.6-3.60 BUN 5mg/ dL (6-31)

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 left kidney is normal size (6.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.65 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.

The right adrenal gland is normal size (0.93 cm at cranial pole) (0.57 cm at caudal pole) (2.19 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 gallbladder 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.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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.

Pancreas

The left limb of the pancreas is isoechoic relative to surrounding omental fat. No pathology is observed in this region. See also *Other*.

Free Abdomen

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

Other

A 0.80 cm echogenic nodule is observed in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Minor age-related renal pathology.
- The echogenic nodule in the cranial abdomen may represent a prominent lymph node, a nodule (i.e., hyperplastic) within the pancreas or a mesenteric nodule. The lesion trends toward the benign.

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include maldigestion/malabsorption, underlying metabolic issue, occult neoplasia, primary neurologic disease (i.e., brain tumor), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- Other diagnostic considerations include the following:
 1. Neurologic exam to assess for deficits as primary brain tumors can present with weight loss as the sole clinical sign.
 2. GI panel including serum cobalamin, folate, TLI and PLI.
 3. A fecal evaluation for ova/Giardia.
 4. 6-week limited antigen diet trial.



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- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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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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