



**PATIENT PRESENTING CLINICAL SIGNS**

Kai Yospa History: Sudden onset of cataracts and glaucoma. Planning on bilateral enucleation pending U/S  
Abnormal PE/Chem/CBC/UA Results: Unknown

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine *Urinary System*

**BREED** The urinary bladder, trigone, and pelvic urethra are 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.

Mastiff

**SEX** The left kidney is normal size (7.75 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.

Female, spayed

**AGE** The right kidney is normal size (8.30 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.

5 Yrs.

*Adrenal Glands*

**WEIGHT** The caudal pole of the left adrenal gland is visualized and is normal size (0.81 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

160 lbs.

The caudal pole of the right adrenal gland is visualized and is normal size (0.87 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

**INTERPRETED BY**

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

*Spleen*

The spleen is normal in size (2.21 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.

**IMAGING PERFORMED BY**

Tasha

*Liver*

The liver is not visualized in its entirety. In the visualized portion, the size appears normal with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and is homogeneous in appearance. No focal lesions are observed. Hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is not definitively visualized.

**HOSPITAL NAME**

Dillsburg VC

*Gastrointestinal*

**REFERRING VET**

Dr. Jacobs

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

**INVOICE**

12520

*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.

**DATE**

11/15/21



**PATIENT**

Kai Yospa

*Free Abdomen*

**SPECIES**

Canine

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

**BREED**

Mastiff

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

**SEX**

Female, spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

5 Yrs.

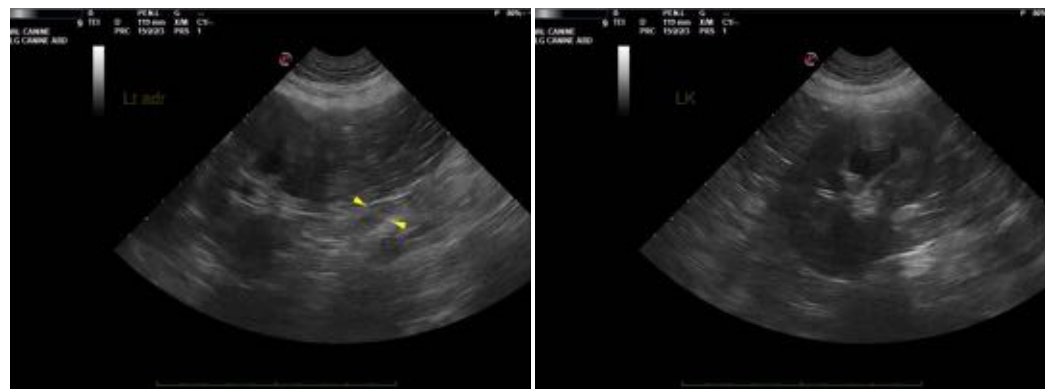
- If possible, additional sonographic imaging of the liver/gall bladder would be useful in ruling out pathology in these organs.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status prior to the patient's enucleation.

**WEIGHT**

160 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
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Medicine)



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Tasha



**HOSPITAL NAME**

Dillsburg VC

**REFERRING VET**

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**DATE**

11/15/21



**PATIENT**

Kai Yospa

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

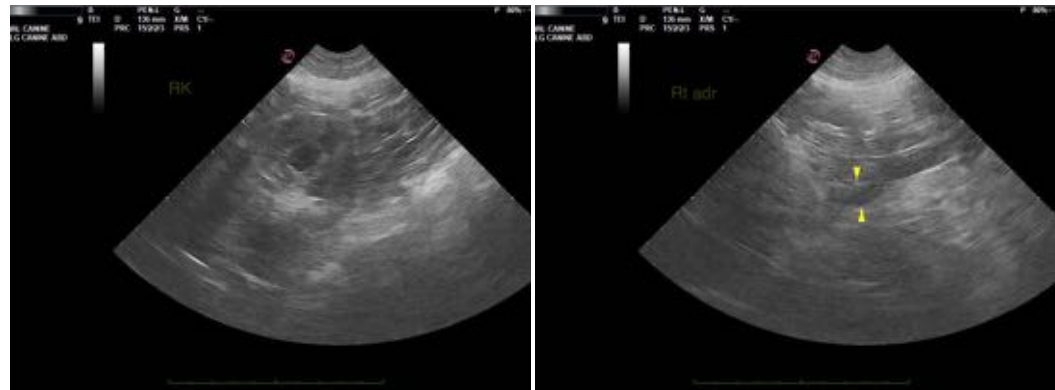
Female, spayed

**AGE**

5 Yrs.

**WEIGHT**

160 lbs.



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(*Small Animal Internal  
Medicine*)

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.

**IMAGING PERFORMED BY**

Tasha

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

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**HOSPITAL NAME**

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**DATE**

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