



**PATIENT PRESENTING CLINICAL SIGNS**

Tucker Jenkins History: Halitosis, vomiting once a week for 3 months

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine 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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Labrador Retr

The region of the **prostate** is not visualized due to its pelvic location.

**SEX**

Neutered Male

The **left kidney** is normal size (6.34 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.

**AGE**

6 years

The **right kidney** is normal size (5.59 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.

**WEIGHT**

93 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.52 cm at caudal pole) (2.54 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.

**INTERPRETED BY**

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

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The **spleen** is normal in size (1.80 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.

**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

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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The **gastric lumen** is minimally 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. There is no evidence of an obstructive pattern.

**DATE**

11.4.22



## PATIENT

Tucker Jenkins

## 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.

## SPECIES

Canine

## Free Abdomen

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

## BREED

Labrador Retr

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, low-grade pancreatitis, other.

## SEX

Neutered Male

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## AGE

6 years

Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended, if not already performed.

Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

## WEIGHT

93 lbs

Other diagnostics considerations include the following:

1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
2. Resting cortisol level to screen for hypoadrenocorticism is also recommended.
3. Fecal evaluation for ova and Giardia.
4. 6-week limited antigen or hydrolyzed protein diet trial.
5. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.

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## HOSPITAL NAME

Rockaway AH

## REFERRING VET

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**PATIENT**

Tucker Jenkins

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

93 lbs

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**HOSPITAL NAME**

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**REFERRING VET**

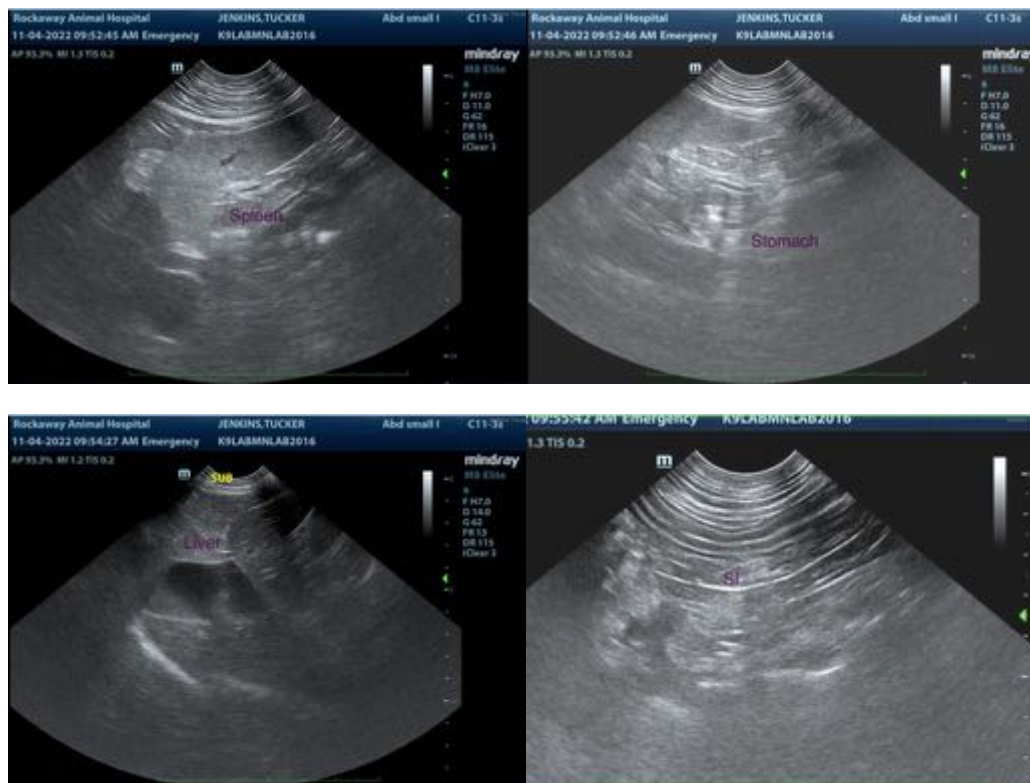
Dr. Maniar

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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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