



PATIENT

Athena Freeman

PRESENTING CLINICAL SIGNS

History: diarrhea 11/2/22, wt loss from 2020- until 2022, Chem 17, cbc, and thyroid all normal. (other dog lost suddenly, so owner is more paranoid') not eating great, and lethargic.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

Shepherd mix

The left kidney is normal size (7.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

SEX

Female, spayed

The right kidney is normal size (7.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

10 Yrs.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

WEIGHT

37 kg.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INTERPRETED BY

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

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 to moderate amount of hyperechoic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**IMAGING
PERFORMED BY**
Jessica Morgan

Gastrointestinal

HOSPITAL NAME

Oxford County VC

The gastric lumen is not distended. 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. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

REFERRING VET

Dr. Halfon

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.

INVOICE

14197

Free Abdomen

DATE

11/9/22



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

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Minor bilateral, age-related renal changes.

BREED

Shepherd mix

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

SEX

Female, spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.
- Consider prophylactic deworming with Fenbendazole.
- Also consider initiation of a probiotic and fiber supplement.
- GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
- Resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Consider transitioning to a hydrolyzed protein or limited antigen diet when the patient is eating again.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

AGE

10 Yrs.

WEIGHT

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REFERRING VET

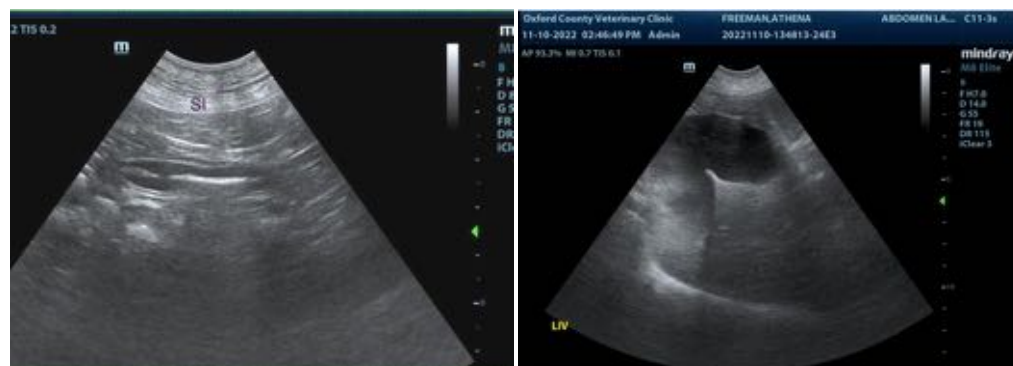
Dr. Halfon

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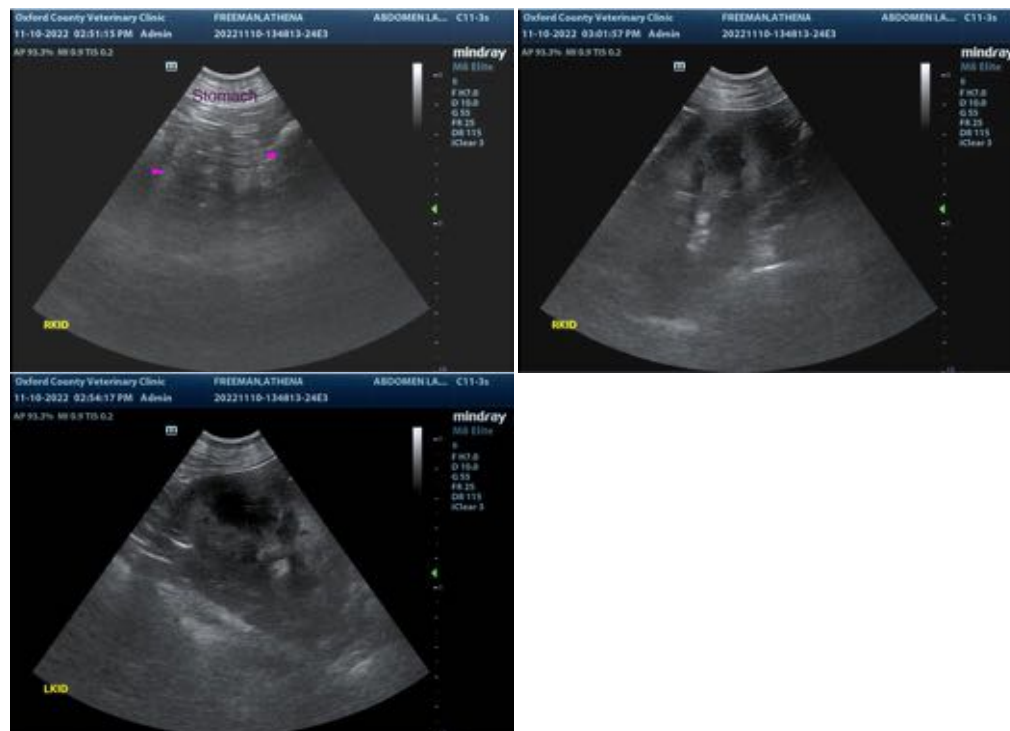
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11/9/22



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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