


**PATIENT PRESENTING CLINICAL SIGNS**

Milo Poulin  
 History: inappetence, vomiting, abd discomfort  
 Abnormal PE/Chem/CBC/UA Results: BW-unremarkable, cPL-normal

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

The urinary bladder wall is mildly distended. The wall is of appropriate thickness for the level of repletion. A 0.55 cm cystic calculus is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

Shih Tzu

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male

The left kidney is normal size (4.13 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8 years

The right kidney is normal size (4.43 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

15 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.35 cm at caudal pole) (1.30 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 right adrenal gland is normal size (1.21 cm at cranial pole) (0.38 cm at caudal pole) (1.48 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.

IMAGING  
 PERFORMED BY

Kelly Reschny

**Spleen**

The spleen is normal in size (1.01 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

AH of Stoney Creek

**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. Egbers

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

INVOICE

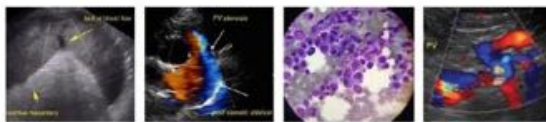
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**Gastrointestinal**

The gastric lumen is mildly to moderately distended with liquid-appearing ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). 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 obvious evidence of an obstructive pattern.

DATE

12.15.22



**PATIENT**

Milo Poulin

**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**

Shih Tzu

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- An obvious cause for the patient's clinical signs is not identified in this study. There is no obvious evidence a foreign body/obstruction. However, a small pyloric outflow tract obstruction cannot be completely excluded. Other differentials include dietary indiscretion, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, mild pancreatitis, other.

**SEX**

Neutered Male

**AGE**

8 years

**Secondary Findings**

- Cystic calculus
- Minor bilateral age-related renal changes with dystrophic mineralization

**WEIGHT**

15 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fecal evaluation for ova and Giardia
- Consider a cPLI, +/- a full GI panel including serum cobalamin and folate, TLI and PLI, to assess for pancreatic disease and maldigestion/malabsorption.
- Supportive care for acute gastroenteritis is recommended while awaiting test results. If clinical signs do not improve with medical management and the above diagnostics are inconclusive, a more advanced GI work-up may be warranted.
- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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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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