



PATIENT PRESENTING CLINICAL SIGNS

Tuk Traill History: - Over the past few weeks Tuk has had episodes of regurgitation, has had a "sensitive GI system" for his whole life and is prone to soft stool with new foods as well as skin irritation. Owner feels a FB is very unlikely as he is crated whenever they aren't home. - PE 12/20/21 - WNL
SPECIES Abnormal PE/Chem/CBC/UA Results: CBC chem WNL

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Husky Mix

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.

SEX

Male, neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

2 Yrs.

The left kidney is normal size (6.74 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

25 kg.

The right kidney is normal size (5.91 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.57 cm at caudal pole) (2.10 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 Reshny, RVT

The right adrenal gland is normal size (1.57 cm at cranial pole) (0.51 cm at caudal pole) (2.04 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.

HOSPITAL NAME

Orchard AH

Spleen

The spleen is normal in size (2.68 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.

REFERRING VET

Dr. Stewart

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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PATIENT *Gastrointestinal*

Tuk Traill The gastric lumen is not distended. The gastric wall and pylorus are 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.

SPECIES

Canine

Pancreas

BREED

Husky Mix

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.

SEX

Male, neutered

Free Abdomen

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

AGE

2 Yrs.

ULTRASONOGRAPHIC FINDINGS

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

WEIGHT

25 kg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Three-view thoracic radiographs +/- a barium esophogram (preferably via fluoroscopy) would be useful to further assess for esophageal disease/dysfunction.
- Other diagnostic considerations include the following:
 1. Malabsorption panel including serum cobalamin, folate, TLI and PLI
 2. A fecal evaluation for ova/Giardia
 3. A 6-week limited antigen diet trial to assess for food allergies
 4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 5. Depending on the results of the above diagnostics, an upper GI endoscopy with GI biopsies may be necessary to get a definitive diagnosis.

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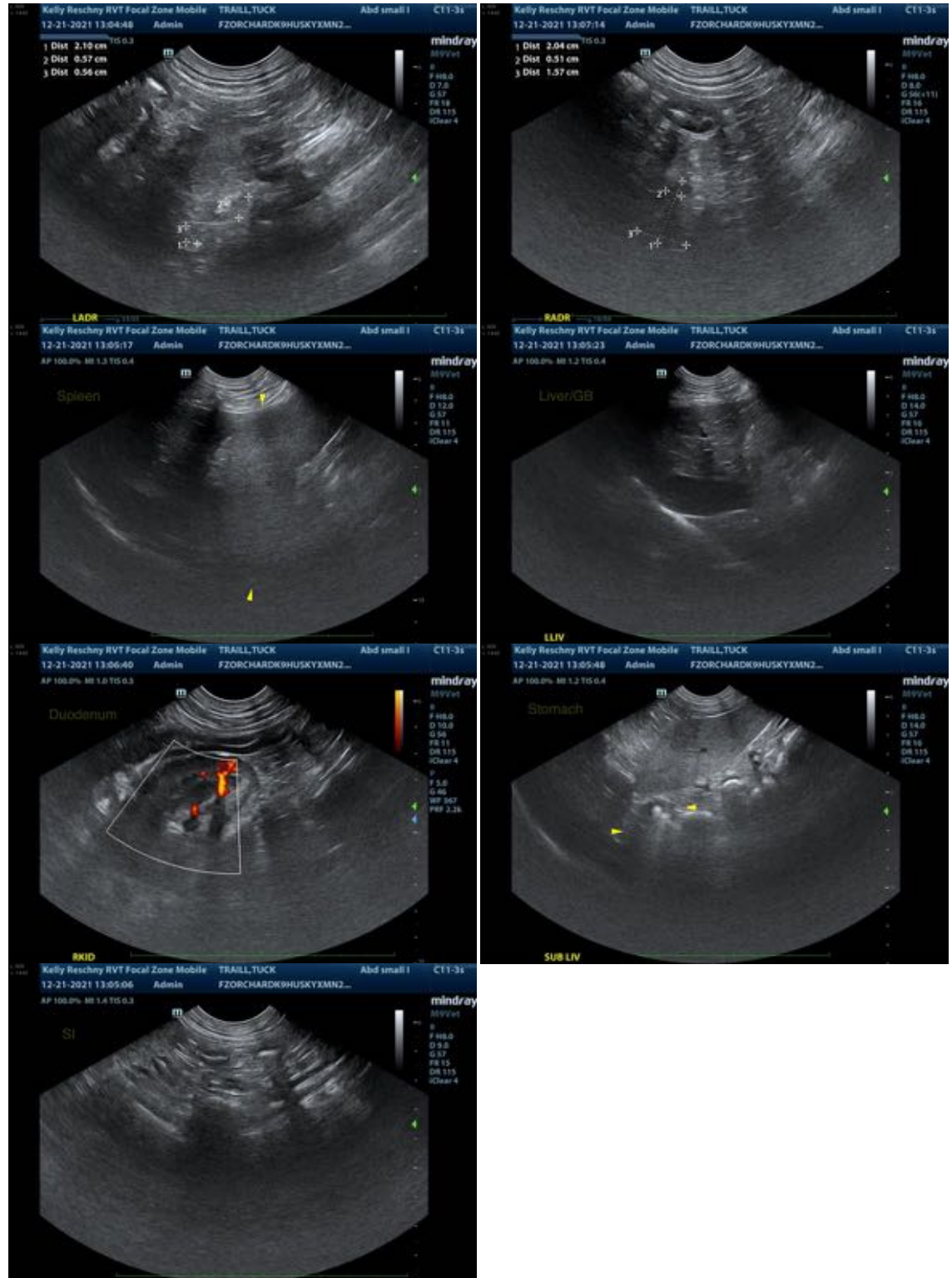
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



PATIENT

image/video clips provided.

Tuk Traill

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.

SPECIES

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

Andrea.nicastro@sonopath.com

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