

PATIENT

Joey Serrano

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

8 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Dr Lindsay Sjolín

REFERRING VET

Alpine AH

INVOICE

11933

DATE

12.27.22

PRESENTING CLINICAL SIGNS

History of hyporexia for 1 1/2 weeks. Abdominal radiographs and lab-work suggested enterocolitis with pancreatic inflammation. Treated with fluids, cerenia and buprenorphine with minimal improvement. No vomiting, or diarrhea Physical exam findings: Moderate dental calculus. Abdomen seems uncomfortable, but p was sedated for exam.

Reason for Ultrasound: evaluate for cause of hyporexia

Abnormal PE/Chem/CBC/UA Results: Abnormal CBC values: mild erythrocytosis and hemoconcentration. T Abnormal Chemistry Values: WNL. Snap cPL is abnormal

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.84 cm in width) with a slightly irregular shape. The parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (3.69 cm in length) with a normal shape, architecture and 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 hydronephrosis.

The right kidney is normal size (4.08 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.44 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and smooth peripheral contours. A 0.49 x 0.34 hyperechoic nodule is observed at the caudal pole. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

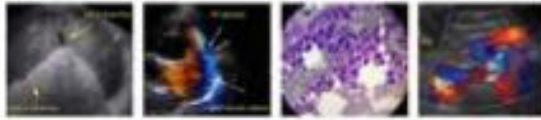
The right adrenal gland is normal size (0.61 cm at cranial pole) (0.44 cm at caudal pole) (1.96 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.26 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A small (0.59 cm), ill-defined hyperechoic nodule is observed in the region of the right medial lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally to mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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.

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Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue, orthopedic or neurologic disease, occult neoplasia, other.

Secondary Findings

- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor is also possible.
- The hyperechoic hepatic nodule also likely represents benign nodular hyperplasia with a lower possibility of a neoplastic process.
- Minor age-related pancreatitis remodeling

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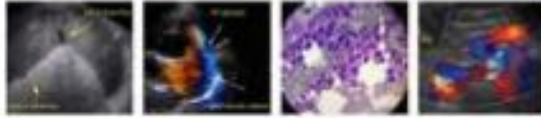
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Orthopedic and neurologic examination are also recommended to assess for nonmetabolic causes of hyporexia.



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- Depending on the results of the above diagnostics, a more advanced GI/metabolic work-up (i.e., malabsorption panel, fecal evaluation for ova and Giardia, GI biopsies) may be warranted.

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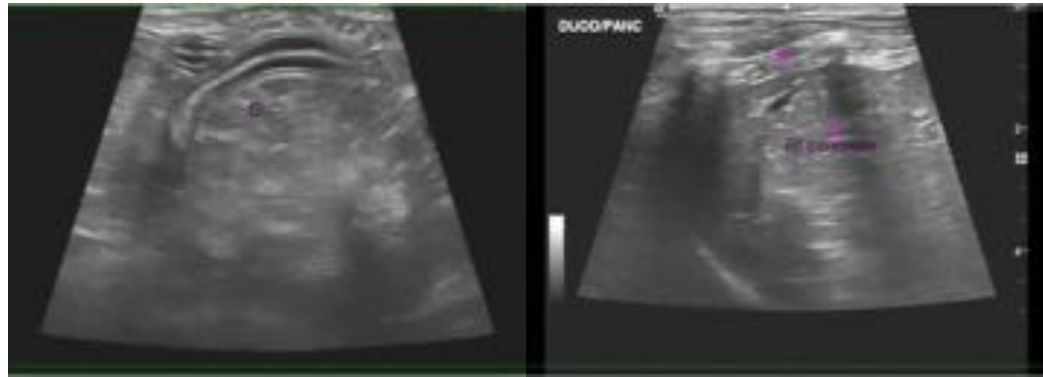
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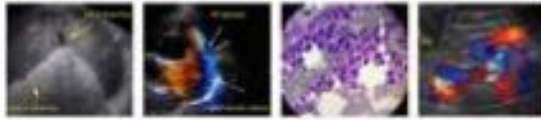
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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