



**PATIENT**

Zoey Knapp

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Dr. Velasco

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

Dr. Velasco

**INVOICE**

33908

**DATE**

12/31/21

**PRESENTING CLINICAL SIGNS**

Zoey presented for a second bout of hematochezia in the last 3 months, of unknown origin. She has also lost 0.8# Exam is WNL, and on day of exam, Zoey is actually doing better and eating well. She is drinking much more water and having lots of accidents.

Abnormal PE/Chem/CBC/UA Results: Lipase >1800, rods in urine (free catch)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is noted.

The left kidney is normal in size (4.70 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (5.19 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.54 cm at caudal pole); 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.

The caudal pole of the right adrenal gland is visualized and is upper of limits of normal size, measuring 0.56 cm in width with normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

**Spleen**

The spleen is normal in size (1.26 cm) 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 or overt infiltrative disease is noted.



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**Pancreas**

The right limb of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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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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**ULTRASONOGRAPHIC FINDINGS**

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- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. However, correlation with the patient's liver values is recommended.
- Bilateral age-related renal changes with dystrophic mineralization and mild pyelectasia
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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\*An obvious cause for the patient's hematochezia is not identified in this study. Considerations include colonic mucosal polyp or tumor, infectious/parasitic disease, inflammatory bowel disease, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regarding the hematochezia, consider the following:

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- Fecal evaluation for ova and Giardia.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended.
- A 6-week limited antigen diet trial to assess for food allergies.
- Ultimately, a colonoscopy with biopsies may be necessary to get a definitive diagnosis.

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Regarding the bacteriuria:

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- A urinalysis (via cystocentesis) and urine culture and sensitivity is recommended.
- Baseline lab work including a CBC/Chem panel and T4 is also recommended, if not already performed.

**REFERRING VET**

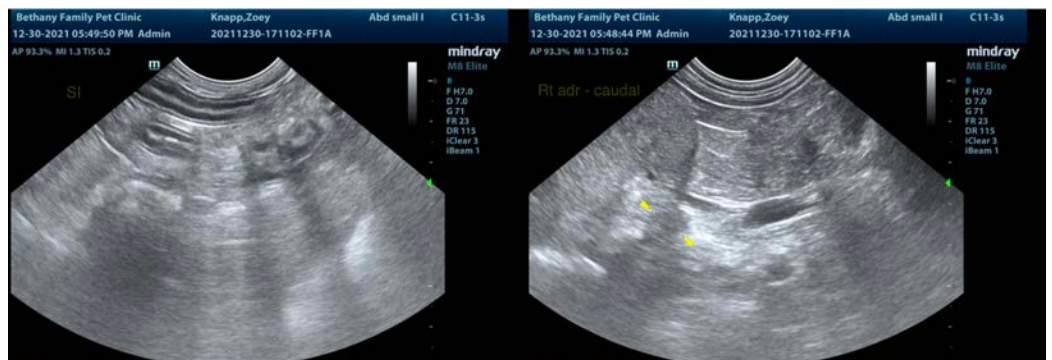
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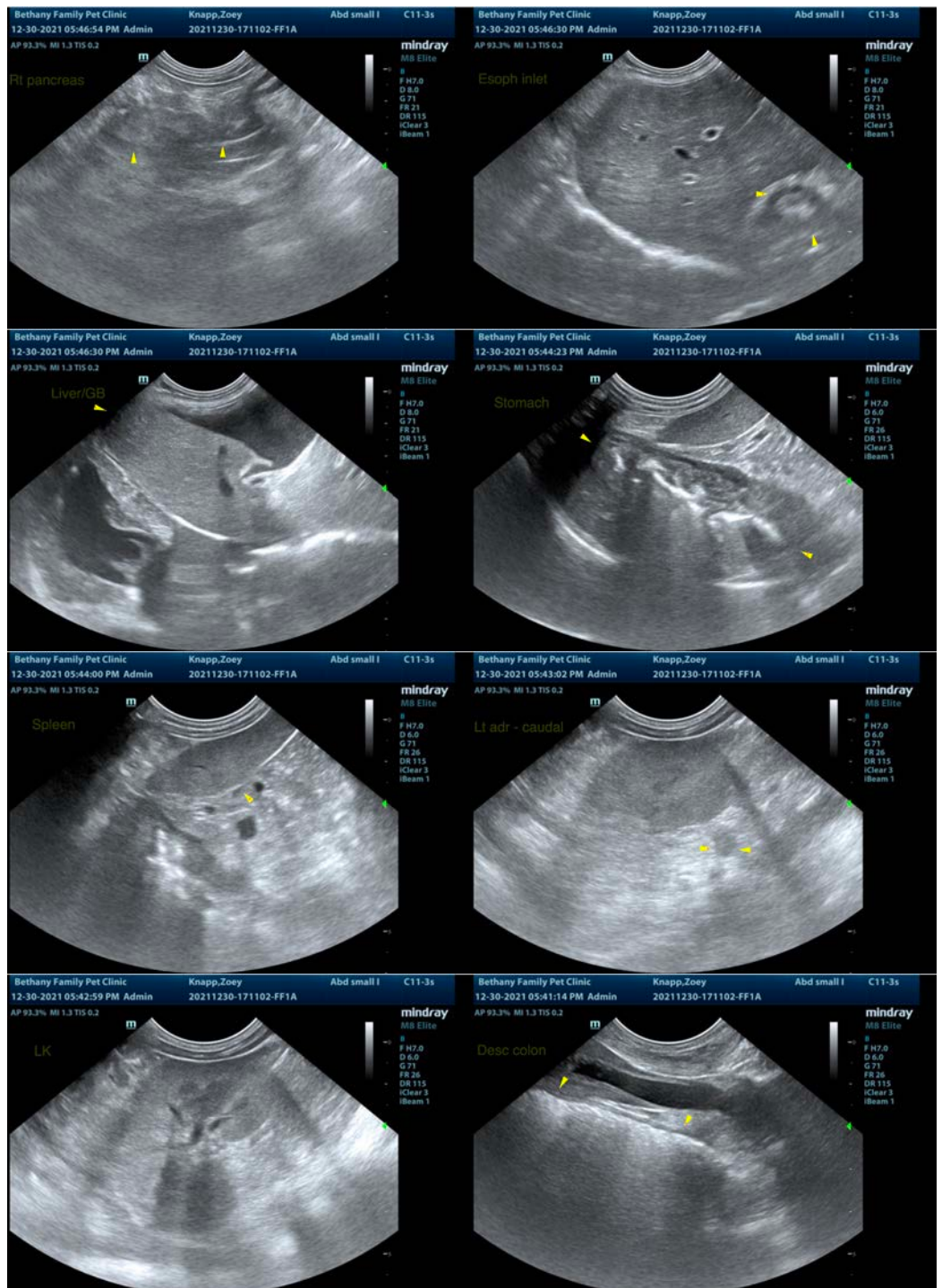
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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