



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Roxy Major

SPECIES
Canine

BREED
Border Collie

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
39.8 lbs.

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced petCAre of
Oakland

REFERRING VET
Dr. Sheldon

INVOICE
14307

DATE
12/6/22

HISTORY: 5 days ago she had vomiting anorexia and lethargy. Lasted about 3 days. She is now back to normal, but she has lost 10 lbs per owner, this is her first visit with us. BCS 4/9. Owner has been feeding her less than her kcal requirement, but owner says she has always done this same amount and has been fine. She has some mild diarrhea now as well.

ABNORMAL PE/CHEM/CBC/UA RESULTS: Bloodwork was unremarkable. Abdominal radiographs—Decent abdominal detail for the size of the patient. The stomach is moderately full of ingesta (cannot rule out foreign body, but the appearance seems to be ingesta). The colon contains formed feces. The intestines are gas-filled and some intestines are fluid-filled. There is loop of bowel in the cranial abdomen that may be approaching dilation that contains gas. There may be slight mottled contents in some intestines.

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 the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.38 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. Renal vasculature is normal.

The right kidney is normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.34 cm at caudal pole) (1.21 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.

The right adrenal gland is normal size (0.38 cm at cranial pole) (0.47 cm at caudal pole) (1.60 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.

Spleen

The spleen is normal to slightly prominent in size with normal curvilinear contours. 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 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



PATIENT

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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Gastrointestinal

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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Pancreas

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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

Free Abdomen

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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.

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ULTRASONOGRAPHIC FINDINGS

39.8 lbs.

- Mild, bilateral, age-related renal changes.
- Questionable splenomegaly. Differentials include normal variant, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or less likely, infiltrative neoplasia.

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

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Advanced petCARE of
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- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Given the presence of diarrhea, consider a fecal evaluation for ova and Giardia as well as prophylactic deworming with Fenbendazole.
- Given the substantial weight loss, a malabsorption panel including serum cobalamin, folate, TLI and PLI is also indicated.
- Consider a resting cortisol level to screen for hypoadrenocorticism.
- Three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.
- Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be warranted. In the meantime, consider initiation of a probiotic as well as a fiber supplement.

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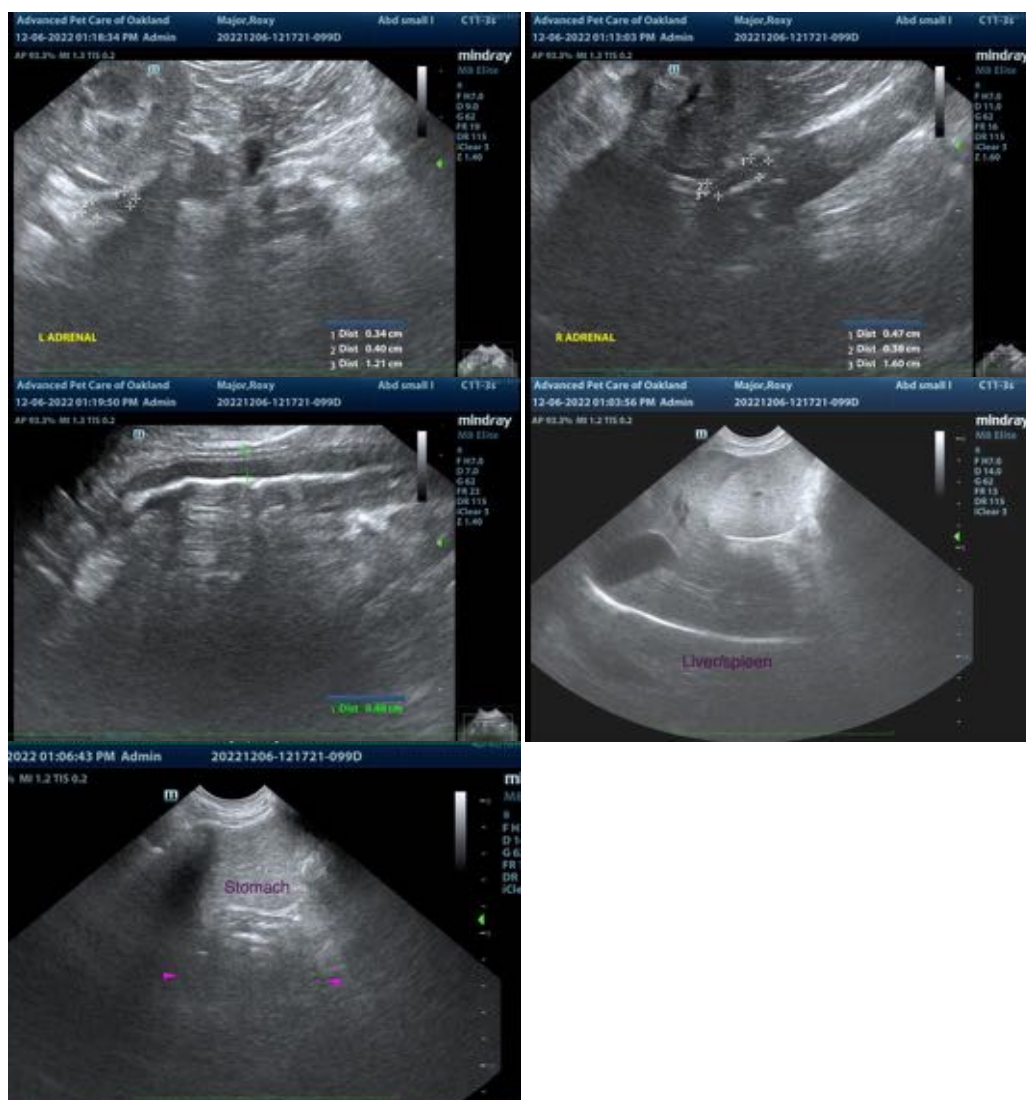
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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