



PATIENT

Roxy Taylor

PRESENTING CLINICAL SIGNS

History: Wellness
Abnormal PE/Chem/CBC/UA Results: CBC, Chem, accuplex, T4 WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Doberman

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.

SEX

Female, spayed

The left kidney is normal size (6.61 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 hydroureter.

AGE

5 Yrs.

The right kidney is normal size (7.81 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 hydroureter.

Adrenal Glands

WEIGHT

76 lbs. .

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.74 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.

INTERPRETED BY

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

IMAGING PERFORMED BY

Tasha

The spleen is normal in size (2.44 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

HOSPITAL NAME

Dillsburg VC

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.

REFERRING VET

Dr. Pryor

Gastrointestinal

INVOICE

14302

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. No obstructive disease is noted.

Pancreas

DATE

12/6/22



PATIENT

Roxy Taylor

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

Doberman

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

SEX

Female, spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider periodic (i.e., annual) ultrasounds to assess for early development of disease.

AGE

5 Yrs.

WEIGHT

76 lbs. .

INTERPRETED BY

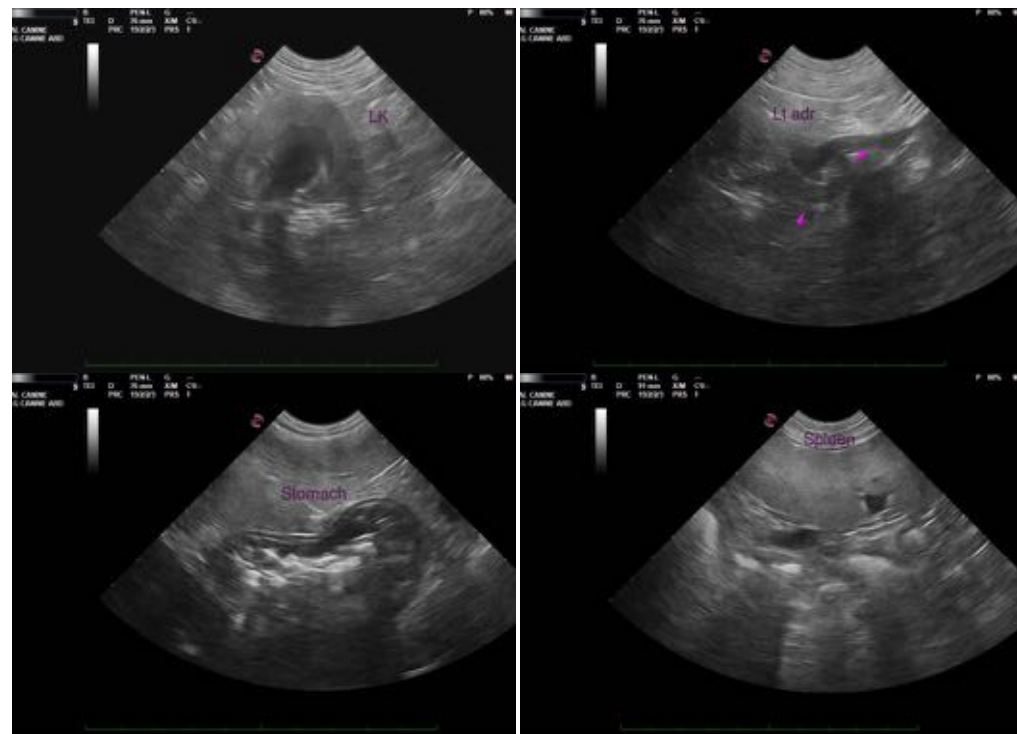
Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC



REFERRING VET

Dr. Pryor

INVOICE

14302

DATE

12/6/22



PATIENT

Roxy Taylor

SPECIES

Canine

BREED

Doberman



SEX

Female, spayed

AGE

5 Yrs.

WEIGHT

76 lbs. .

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

14302

DATE

12/6/22

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)
info@SonoPath.com