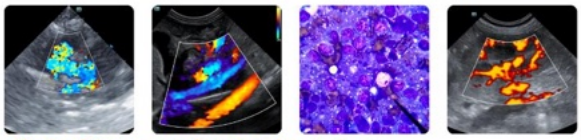


DATE

12/8/25

PATIENT

Oscar Lane

SPECIES

Canine

BREED

German Shepherd mix

SEX

Male, neutered

AGE

1/10/20

WEIGHT

55.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

13418

PRESENTING CLINICAL SIGNS

Patient History: Oscar presents for ongoing diarrhea Patient History: - Boarded at one-to-one kennel (no contact with other dogs) over Thanksgiving - Sunday post-boarding: Vomited once during play - Monday: Vomited white foamy vomitus twice - Tuesday: Vomited white foamy vomitus again; presented to regular veterinarian - Blood work performed, reported as normal except possible kidney elevation attributed to stress - Veterinarian mentioned potentially evaluating pancreas if condition worsened
- Prescribed Cerenia (maropitant) and Famotidine - Client did not administer Cerenia as patient was not vomiting - Wednesday: Soft stool noted - Thursday: Continued soft stool; client fed bland diet (chicken only) - Friday: Severe diarrhea; defecating hourly overnight with occasional non-productive attempts - Saturday: Continued hourly defecation attempts overnight - Today (Sunday): Anorexic, refusing even chicken - Client has not given Cerenia that was dispensed, only famotidine and Proviable. - History of similar severe gastrointestinal illness approximately one year ago

Current Medications: Famotidine, Ondansetron.
Labwork Results: Chem panel WNL, resting cortisol 0.68
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.85 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.71 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.28 cm in length) with a normal shape, architecture and 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 in size (0.54 cm at cranial pole) (0.57 cm at caudal pole) 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.

The right adrenal gland is upper limits of normal in size (1.01 cm at cranial pole) (0.70 cm at caudal pole) 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 (2.10 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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.

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

Gastrointestinal
The gastric lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas
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.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

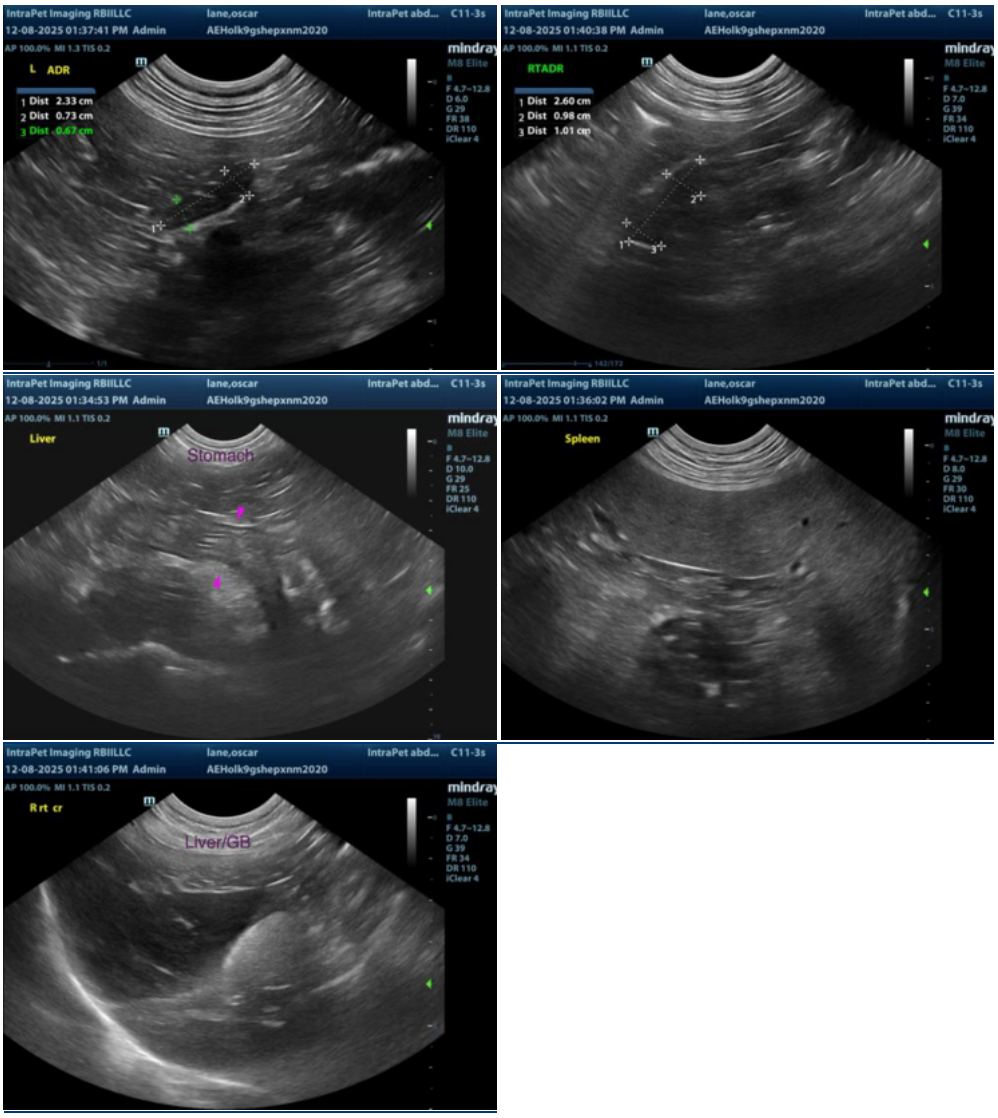
- Gallbladder sludge/sand, non-mucocele
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor bilateral non-specific ae-related renal changes

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Fecal evaluation for ova and Giardia +/- a fecal PCR infectious disease panel is recommended.
2. Also consider prophylactic deworming with fenbendazole.

3. Given the low resting cortisol level, consider a full ACTH stimulation test to assess for hypoadrenocorticism.
4. While awaiting test results, supportive care for gastroenteritis/colitis is recommended including fluid therapy, bland diet, fiber supplement and probiotic. If clinical signs persist despite medical management, further GI workup (i.e., GI panel, limited antigen food trial +/- endoscopic or surgical GI biopsies) may be indicated.



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