



PATIENT

Argos De Leon

SPECIES

Canine

BREED

Cane Corso

SEX

Male, neutered

AGE

5 Months

WEIGHT

68 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ferrer

INVOICE

12933

DATE

2/1/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to evaluate inappetence, but no vomiting and diarrhea. Decrease appetite for 2 days. Pt has history of hookworms that has been treated with panacur and soon will receive second treatment dose. Pt has history of ingesting foreign material. Owner removed a tack from the mouth this morning. The abdominal rads showed that pt ingested a tack visible in rads as well as some rocks. The rads showed that the tack seems to be possibly on the transverse colon, but not sure. The abdominal ultrasound is to further evaluate and to make sure there is no free fluid or evidence of perforation in the intestines. Pt was treated with SQ fluids to help transit of the foreign material and cerenia inj, famotidine injection and omeprazole PO. Second treatment for Hookworms with panacur was sent home today as well.

Abnormal PE/Chem/CBC/UA Results: PE: Temp 100.9F Mild tension on abdominal palpation, but no pain.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 (0.87 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.62 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. Renal vasculature is normal.

The right kidney is normal size (7.10 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.46 cm at caudal pole) (3.33 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 (1.30 cm at cranial pole) (0.57 cm at caudal pole) (2.30 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 in size (2.12 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.



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Liver

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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.

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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 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. No obstructive disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent medial iliac lymph nodes are visualized, the largest measuring 3.82 cm in length. In addition, a view prominent cranial and mid-abdominal nodes are seen.

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ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy is likely secondary to immunologic immaturity and/or reactive change. Infiltrative neoplasia (i.e., lymphoma) is possible but considered unlikely, particularly given the age of the patient.

*There is no obvious evidence of an obstructive foreign body or peritonitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider baseline labwork including a CBC chemistry panel, urinalysis and T4 to assess overall metabolic function.
- A cPLI can also be considered to assess for low-grade pancreatitis.
- If the above diagnostics are inconclusive and the patient does not improve with supportive care, a more advanced GI workup may be warranted.

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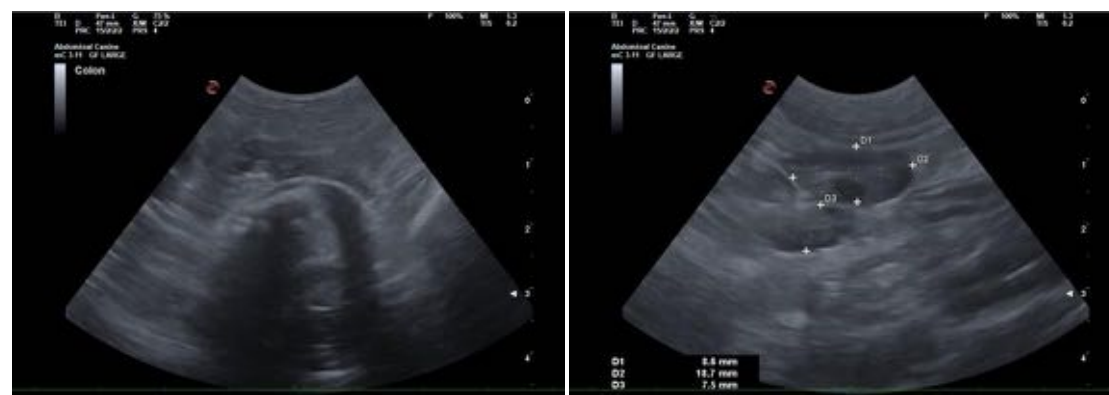
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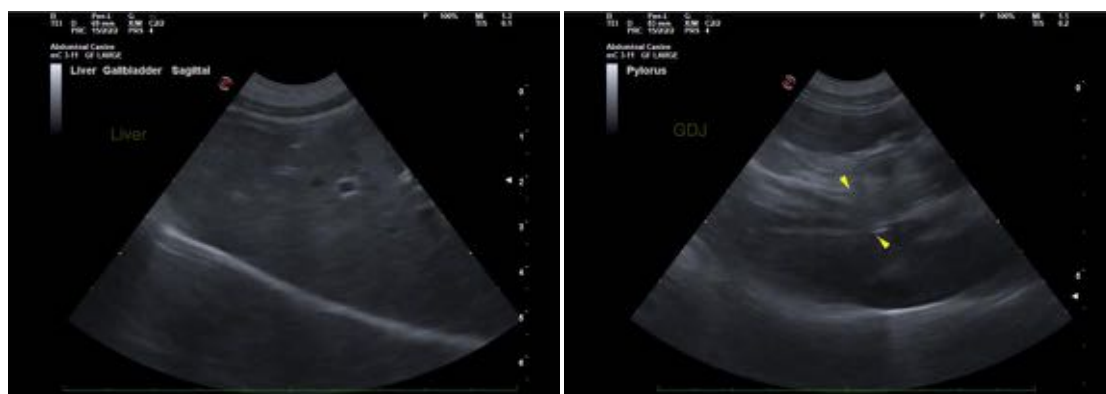
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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