



PATIENT

Henry Lienesch

SPECIES

Canine

BREED

Anatolian Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

74.5 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis, OR

REFERRING VET

Jessica Bailes

INVOICE

13866

DATE

2/10/22

PRESENTING CLINICAL SIGNS

History: chronic intermittent hx of picky appetite, soft stools and vomiting. 8/21 patient was seen for acute onset vomiting w/ blood in it - blood resolved w/ sucralfate, famotidine. Soft stools have persisted despite probiotic therapy. Bloodwork performed 8/21 - increased EOS, otherwise WNL. Dewormed w/ panacur and symptoms persisted. For the last week patient has been very grumpy/reactive towards other animals in the house. Eating OK; possibly vomiting intermittently in the backyard but nothing obvious; consistently soft stools.

Abnormal PE/Chem/CBC/UA Results: Possible low-grade fever (102.5), otherwise NSF on PE. Bloodwork/UA pending.

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

The left kidney presented normal size (5.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.48 cm) in the transverse plane. Caliectasis is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.72 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 (0.56 cm at cranial pole) (0.52 cm at caudal pole) (3.37 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 (1.15 cm at cranial pole) (0.50 cm at caudal pole) (2.10 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 (2.30 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



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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.

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The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. An area of gastric wall, in the region of the greater curvature, is thickened (up to 0.96 cm) with an irregular hyperechoic submucosal layer. The remaining gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. The submucosal layer appears thickened in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The gastric and small intestinal wall changes are suggestive of an inflammatory process with some potential for emerging neoplasia, particularly with regard to the gastric wall.

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Secondary Findings

- Bilateral age-related degenerative changes with left pyelectasia/caliectasis. Age-related remodeling and pyelonephritis are considerations.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the left renal changes, a urinalysis and urine culture and sensitivity should be considered to assess for pyelonephritis.
- Regarding the GI changes, gastrointestinal biopsies (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis. A malabsorption panel, including serum cobalamin, folate, TLI and PLI is also recommended as well as a resting cortisol level.

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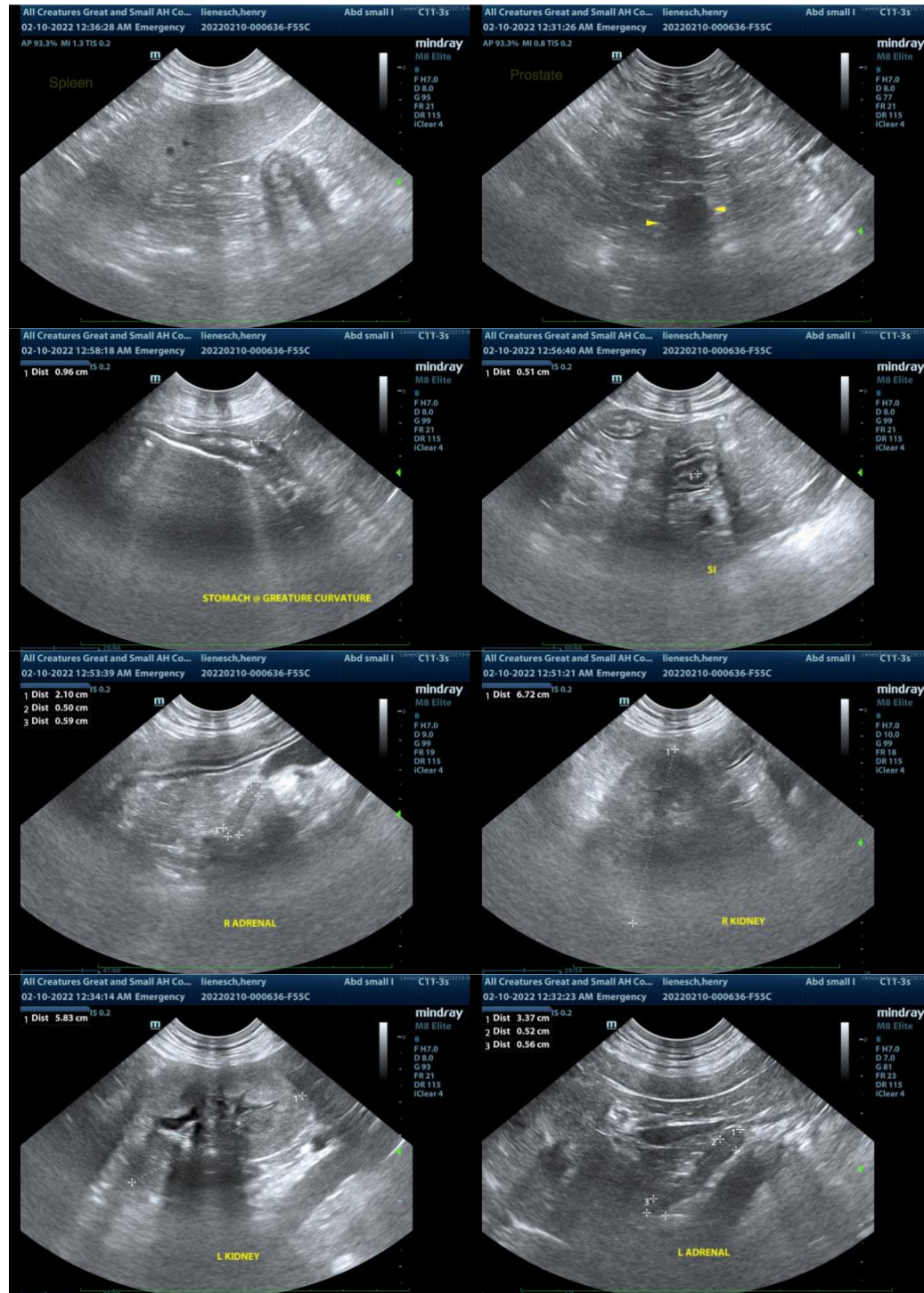
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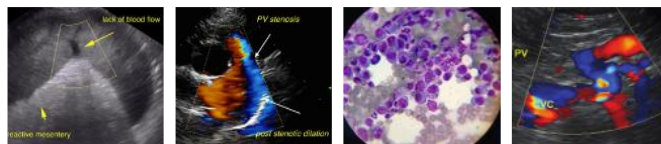


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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