



PATIENT	PRESENTING CLINICAL SIGNS
Ramona Halfway Home	History: vomiting, anorexia, lethargy SQ fluids Cerenia Abnormal PE/Chem/CBC/UA Results: Platelets 890 ALP 243 remainder WNL cPL norm
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	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 visible portion of the proximal urethra are normal.
BREED	
Shih Tzu	The left kidney is normal in size (3.65 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.
SEX	
Female Spayed	The right kidney is normal in size (2.99 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.
AGE	
10 years	Adrenal Glands The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.43 cm at caudal pole) (1.35 cm in length) 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.
WEIGHT	
9 lbs	The right adrenal gland is in normal size (0.78 cm at cranial pole) (0.52 cm at caudal pole) (1.38 cm in length) 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.
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	
IMAGING PERFORMED BY	Spleen The spleen is normal in size (1.00 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.
Jenn	
HOSPITAL NAME	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.
Rockaway AH	
REFERRING VET	Gastrointestinal 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.
Dr Ascot	
INVOICE	
12204	The gastric lumen is moderate distended with ingesta (consistent with a post-prandial presentation). The gastric wall is normal in thickness with a normal layering pattern. In the right cranial quadrant, an area of hyper-segmented bowel, thought to be ascending colon, is visualized. The small intestinal lumen is not distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal in thickness.
DATE	
2.10.23	

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.

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

Primary Findings

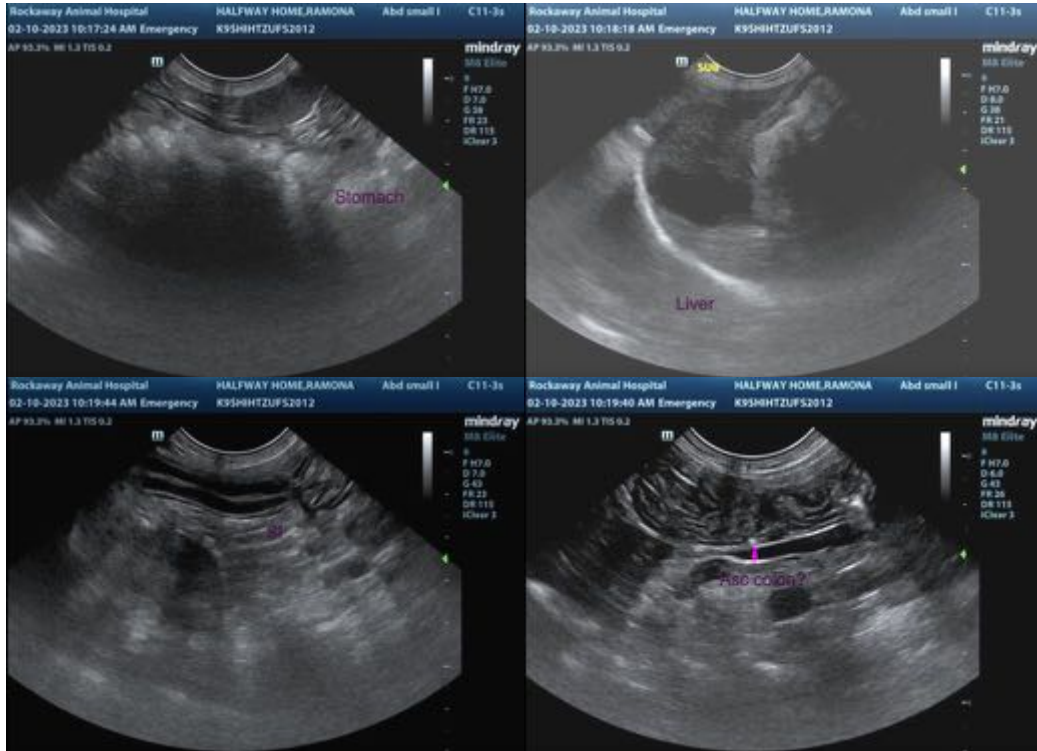
- Minor bilateral age-related renal changes

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider thoracic radiographs to assess for occult esophageal disease.
- If the vomiting is chronic, a malabsorption panel, including serum cobalamin and folate, TLI and PLI, should be considered.
- Also consider a resting cortisol level to screen for atypical hypoadrenocorticism.
- Depending on the results of the above diagnostics, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- While awaiting test results, continued symptomatic care as well as initiation of probiotic is recommended.





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.

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