



PATIENT PRESENTING CLINICAL SIGNS

Crete Luchetta

SPECIES

Canine

BREED

JRT X

SEX

Neutered Male

AGE

9 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside PH

REFERRING VET

Dr. Honda

INVOICE

13989

DATE

2/18/22

History: Has had intermittent episodes of GI distress over the last year but more recently continual signs - appetite/eating irregular, regurgitation ++. Treatment with Cerenia, Sulcrate, Pepcid and most recently Metoclopramide. He is better on the Metoclopramide but still not eating consistently, burps and then lip licks often. At times very lethargic, other times normal. Weight has been stable but in the last month has decreased by 2 lbs. Original diet was beef raw but had her change when "episodes" became more frequent - intermittent acceptance of Royal Canin HP canned food, currently eating cooked turkey and HP kibble but very hit/miss how much - Co-morbidities: Stage B1 MVD, Grade I-II periodontal dz meds: metoclopramide

Abnormal PE/Chem/CBC/UA Results: CBC/Biochem done last month nsf.

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 (0.76 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 (3.84 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (4.12 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.44 cm at caudal pole) (1.47 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) (0.59 cm at caudal pole) (1.75 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 (0.75 cm in width at the level of the hilus) with a normal capsular contour.



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There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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

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The gastric lumen is overdistended with ingesta. 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 or overt infiltrative disease is noted.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

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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 presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. Sometimes gastrointestinal motility disorders are primary/idiopathic. However, they can also be secondary to underlying concurrent gastrointestinal disease (i.e., inflammatory bowel disease, gastroenteritis, other)

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Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.

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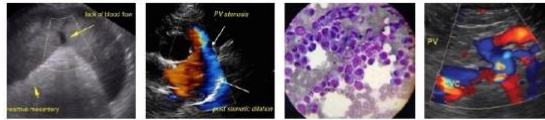
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for esophageal disease (i.e., megaesophagus).

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- Consider switching from metoclopramide to cisapride as empirical treatment for delayed gastric emptying.
- Also consider small, easily digestible meals and transitioning from famotidine to a proton pump inhibitor (i.e., omeprazole).
- Other diagnostic considerations include the following:
 1. GI panel (send to Texas A & M)
 2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 3. Fecal evaluation for ova and Giardia
 4. +/- GI biopsies (i.e., endoscopic or surgical)

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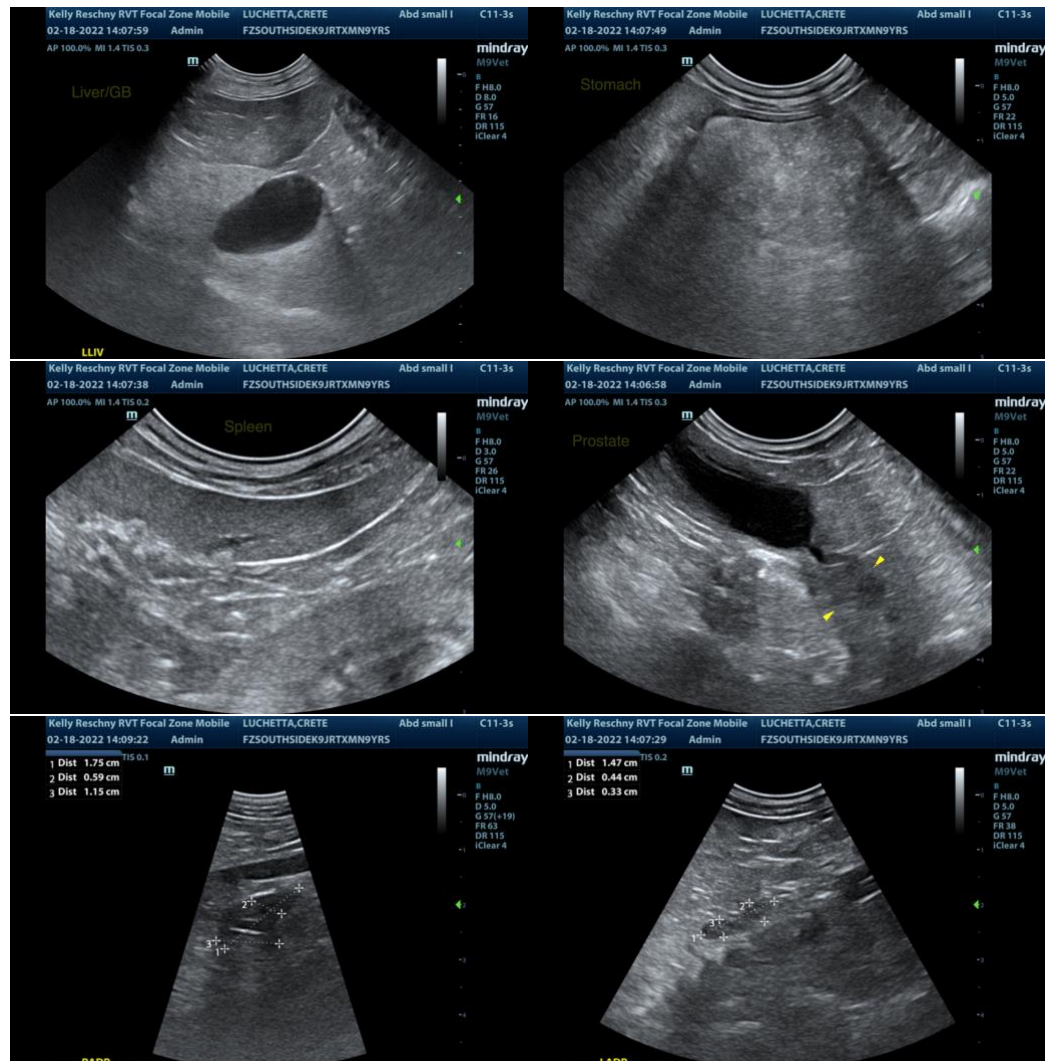
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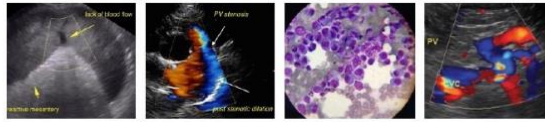
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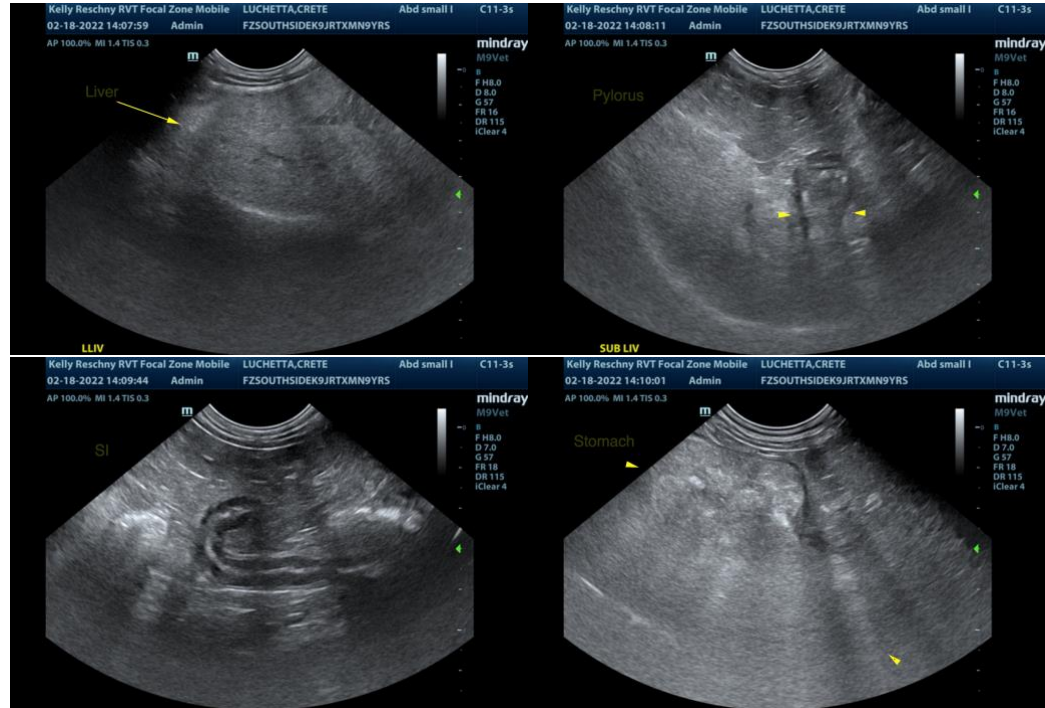
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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