



**PATIENT**

Beauty Arbogast

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Female, spayed

**AGE**

11 Yrs.

**WEIGHT**

5.9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Saum Hadi

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Saum Hadi

**INVOICE**

14634

**DATE**

2/22/23

**PRESENTING CLINICAL SIGNS**

History: P presented yesterday for wincing/shaking with some hematochezia. Tense on abdominal palpation with mild pain response. Chem 17/CBC revealed a marked increase in lipase. PrecisionPSL was markedly elevated (9669 U/L, ref: 24-140). 3 view abdominal rads were performed with consultation and revealed functional ileus with no evidence of obstruction. P has responded well to IV fluid therapy/Cerenia/buprenorphine and is eating

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (2.89 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.37 cm at caudal pole) (xxx 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 (0.40 cm at cranial pole) (0.31 cm at caudal pole); 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 (0.68 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*

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. A moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



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The gastric lumen is mildly distended with ingesta. 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 retention of the normal layering pattern. There is slight disruption in the normal 1:3 mucosal: muscularis ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**SPECIES**

Canine

***Pancreas***

The base of the pancreas is visible and is slightly hypoechoic relative to surrounding omental fat. The parenchyma is homogeneous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

**BREED**

Toy Poodle

***Free Abdomen***

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 Yrs.

**Primary Findings:**

- The pancreatic changes could be consistent with resolving or mild chronic active pancreatitis.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's long term history is recommended.

**WEIGHT**

5.9 lbs.

**Secondary Findings:**

- Bilateral, chronic renal changes with dystrophic mineralization.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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- Continued symptomatic care for pancreatitis is recommended. If clinical signs recur, consider the following:
  1. Repeat abdominal ultrasound when the patient is having clinical signs.
  2. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
  3. Fecal evaluation for ova and Giardia.
- Also consider a low fat diet for long term maintenance to help reduce the risk of pancreatitis flare ups.

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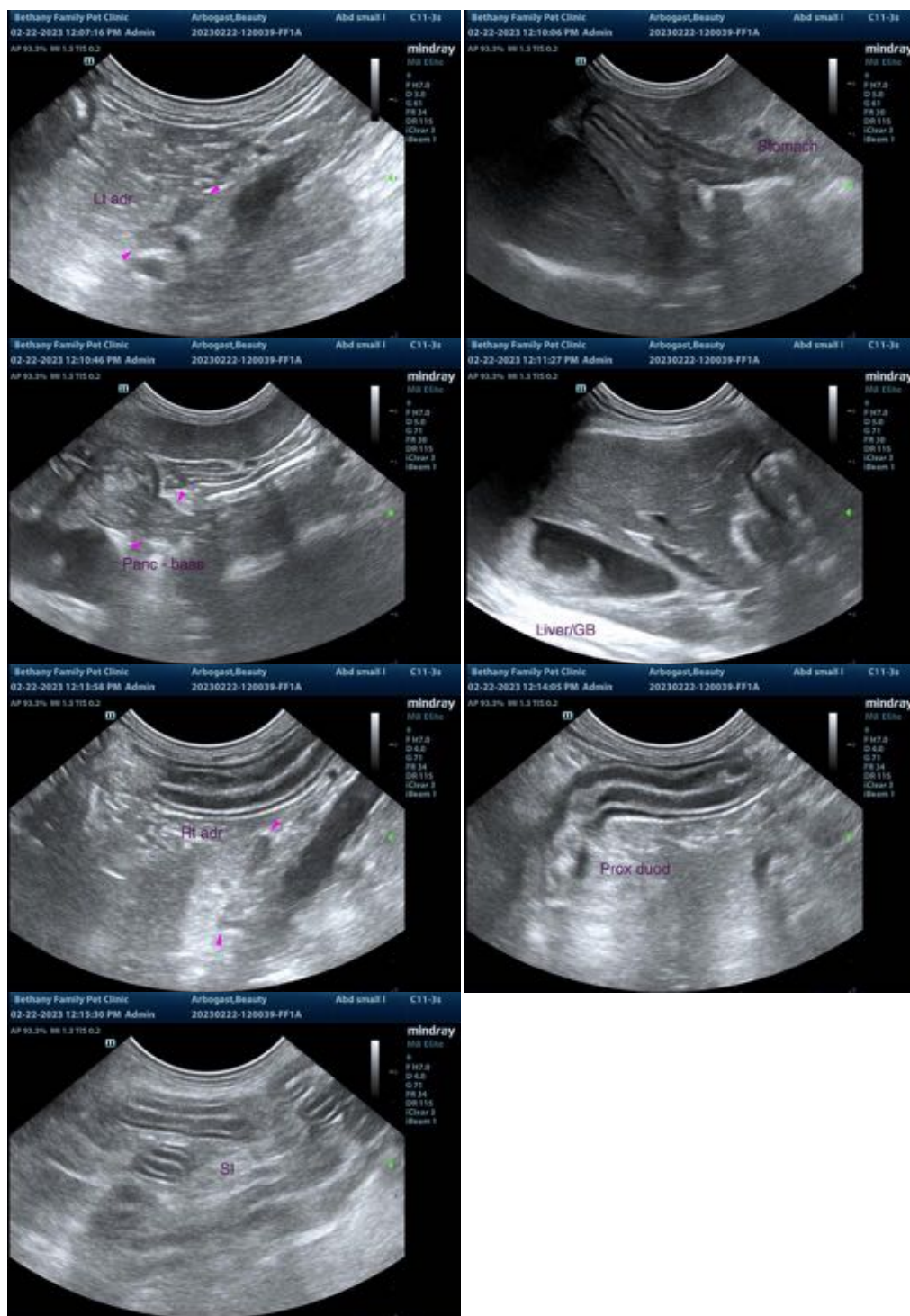
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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