



PATIENT

Georgina Dowdell

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

9 years

WEIGHT

28.9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis, OR

REFERRING VET

Dr. Chantal Litalien

INVOICE

10458

DATE

2/24/22

PRESENTING CLINICAL SIGNS

History: Chronic hx of intermittent vomiting and diarrhea. Minimal improvement w/ diarrhea despite metronidazole, pro - pectalin and bland diet. vomiting resolves w/ cerenia but returns once cerenia is discontinued.

Abnormal PE/Chem/CBC/UA Results: Lean BCS, otherwise NSF on PE. Bloodwork done 1/27/22: CBC: WNL Chem: mildly low amylase, otherwise WNL T4: 2.6 UA: need urine for completion Resting cortisol submitted today - pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney presented normal size (4.89 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 presented normal size (4.61 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 in size (0.51 cm at cranial pole) (0.50 cm at caudal pole) (1.61 cm in length); with a relatively 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 (0.29 cm at cranial pole) (0.49 cm at caudal pole) (1.70 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 (1.52 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.



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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.

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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 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

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.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Unremarkable abdomen.

**An obvious cause for the patient's chronic intermittent GI signs is not identified in this study.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jessica Bailes

- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- GI Panel (send to Texas A&M)

HOSPITAL NAME

All Creatures Great & Small VC, Corvallis, OR

- Consider empirical treatment for small intestinal bacterial overgrowth with a full-week course of tylosin (in lieu of metronidazole).
- Consider a 6-week limited antigen diet trial to assess for food allergies.
- Depending on the results of the above diagnostics and resting cortisol level, GI biopsies (i.e., endoscopic, or surgical), may be necessary to get a definitive diagnosis. If biopsies are pursued, three-view thoracic radiographs are recommended to assess cardiopulmonary status prior to anesthesia.

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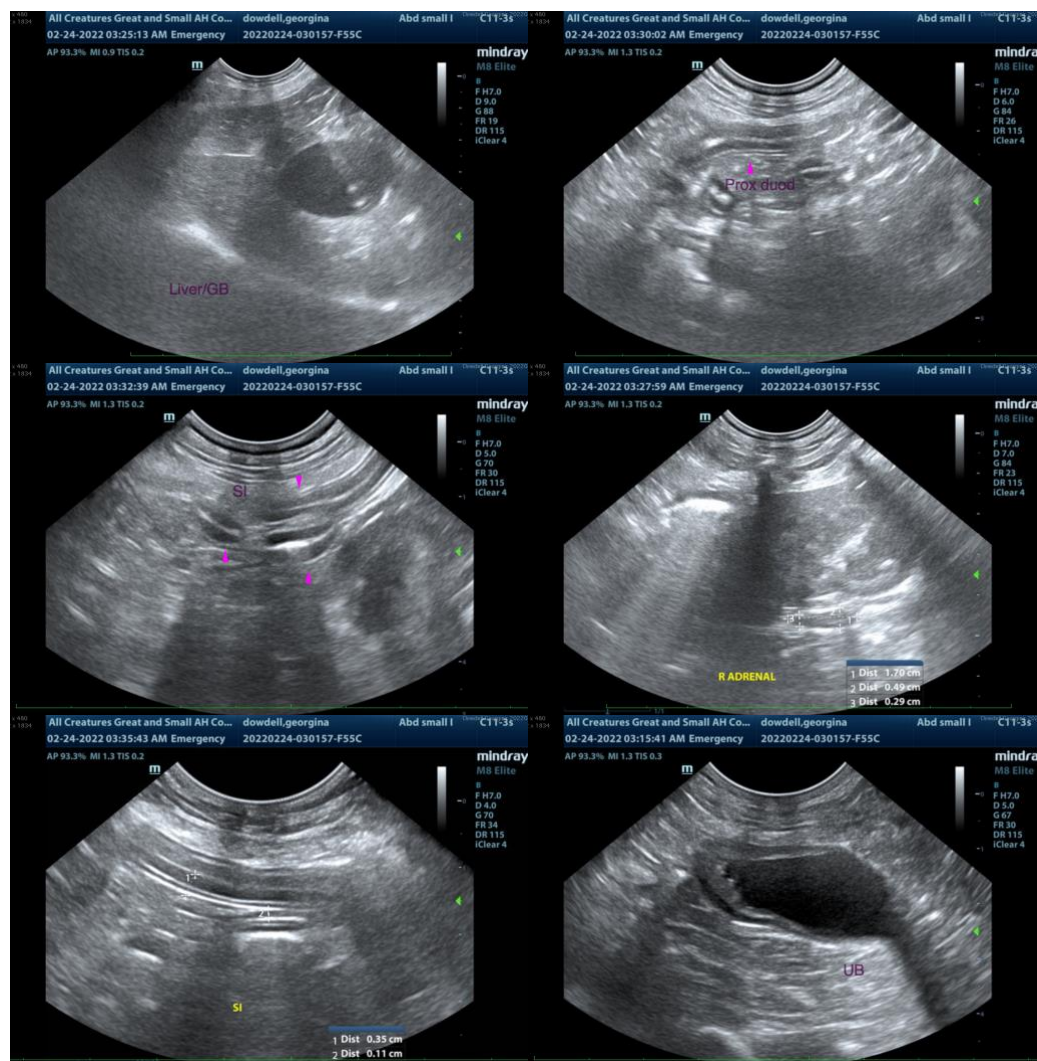
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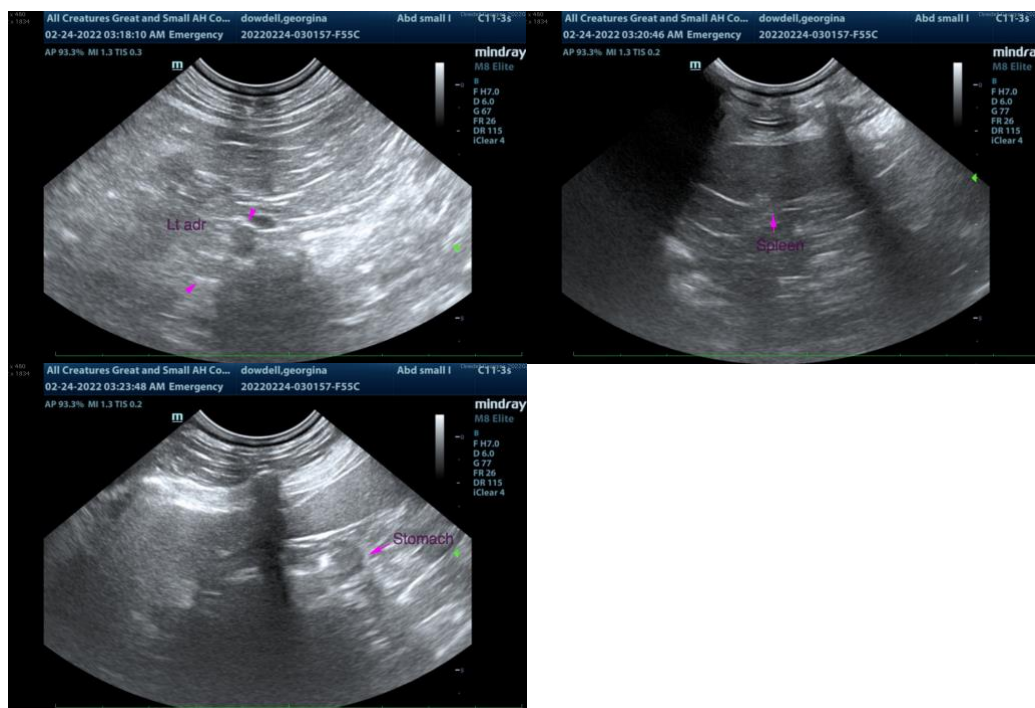
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com