



PATIENT

Hazel Poole

SPECIES

Canine

BREED

Labardor poodle mix

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

48 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Pender

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Lisa Bowes

INVOICE

14641

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: Patient was presented for diarrhea, intermittent vomiting and weight loss over the past month. Patient has a history of cryptosporidium (treated with azithromycin with rDVM but diarrhea did not improve), early kidney disease and possible pancreatitis.

Abnormal PE/Chem/CBC/UA Results: tense on abdominal palpation with loud GI sounds, rectal exam had no palpable tumors with soft stool, stiff gait CBC - anemia (Hct 34.1%) Chem - creat (1.9), elevated ALP (259) Texas A&M GI panel - low normal cobalamin (253), PLI elevated (825) Rads - gas throughout GIT with no obstructive pattern, loss of serosal detail associated with mid abdomen Patient was started on Tylan, ondansetron and vitamin B12 injections.

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 distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (5.47 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.06 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.83 cm at cranial pole) (0.92 cm at caudal pole) (3.10 cm in length) with a slightly irregular shape. The parenchyma is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.61 cm at cranial pole) (0.54 cm at caudal pole) (1.89 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 (1.96 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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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/not seen.

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Gastrointestinal

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The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 1.14 cm) with a prominent muscularis layer. 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. The colonic wall is normal. No obstructive 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:

- The thickening of the pyloric antral wall could be consistent with hypertrophy, inflammation, or emerging neoplasia.

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 less likely.
- Bilateral, chronic age-related renal changes.
- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat fecal evaluation for ova and Giardia as well as a fecal PCR infectious disease panel.
- Also consider prophylactic deworming with Fenbendazole if not already performed.
- Consider a 6-week limited antigen or hydrolyzed protein diet trial.
- Initiation of a probiotic as well as a fiber supplement may also be beneficial.
- Ultimately, GI biopsies may be necessary to get a definitive diagnosis.
- Regarding the pyloric wall thickening, if biopsies are not pursued at this time, consider a repeat ultrasound in 3-4 weeks to assess for progression.



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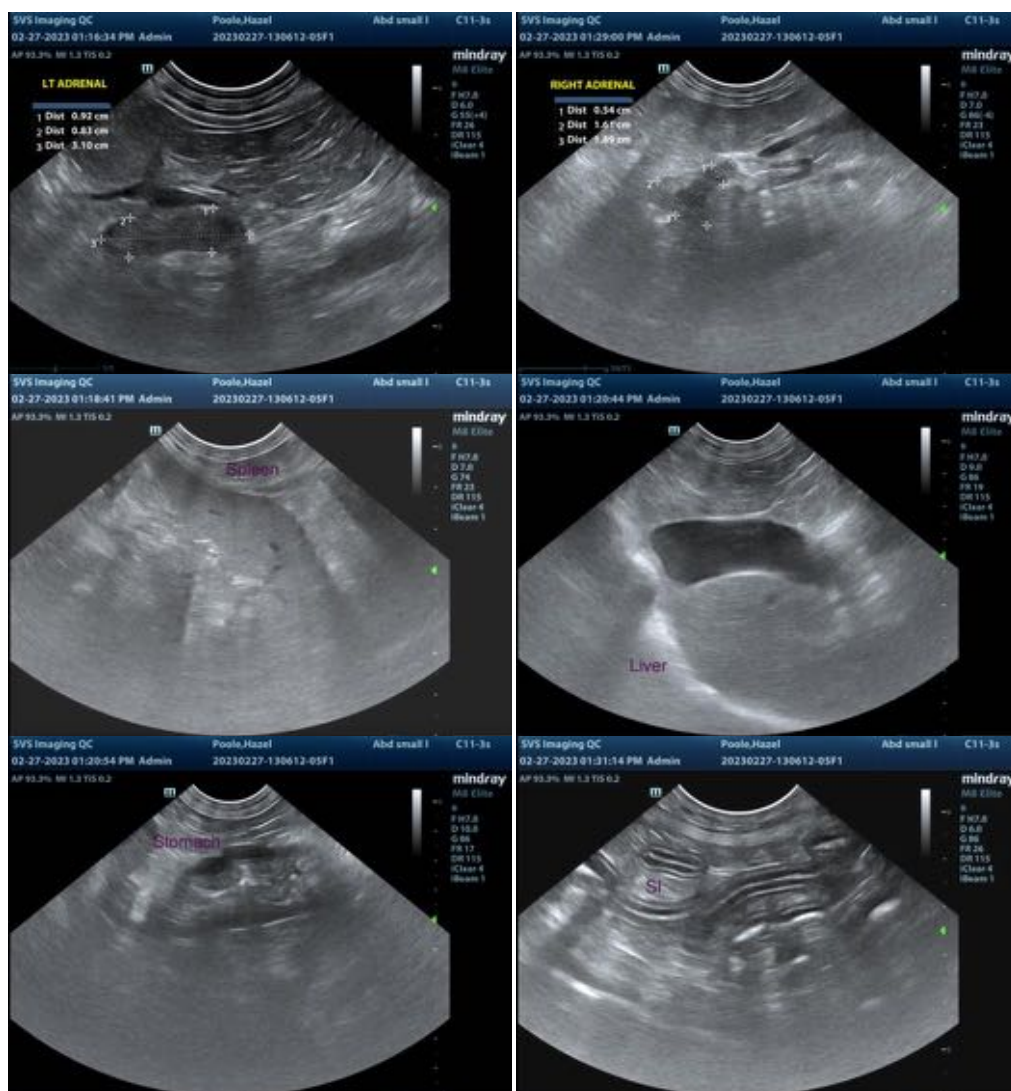
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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