



PATIENT

Winnie Cleary

SPECIES

Canine

BREED

Pit mix

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

47 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Fowler

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Fowler

INVOICE

14662

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Diarrhea started mid-January, started with loose stool, then turned to diarrhea with blood, changed diet, now soft stool with lots of blood, E/D normal, behavior normal, no vomiting, red blood. Have dewormed with course of panacur, given probiotics, week course of EN food, and performed fecal diarrhea PCR, all negative. O report feces smell of blood. Has noted weight loss down to 47 lbs, was 51 July and September of 2022.

Abnormal PE/Chem/CBC/UA Results: BAR, blood tinged feces previously present on rectal. CBC chem WNL.

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 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 left kidney is normal size (6.16 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 is normal size (5.90 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 in length (0.43 cm at cranial pole) (0.37 cm at caudal pole) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

What is thought to be the caudal pole of right adrenal gland is normal size (0.48 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.79 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. 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 a



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

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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

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

ULTRASONOGRAPHIC FINDINGS

Female, spayed

- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to atypical hypoadrenocorticism).

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

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WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

47 lbs.

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- Consider a GI panel including serum cobalamin, folate, TLI , PLI and a resting cortisol level (Texas A&M).
- A 6 week limited antigen or hypoallergenic diet trial may also be warranted.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- In the meantime, consider empirical treatment for small intestinal bacterial overgrowth (i.e., 4 week course of Tylosin) as well as a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
- A fiber supplement may also be beneficial.

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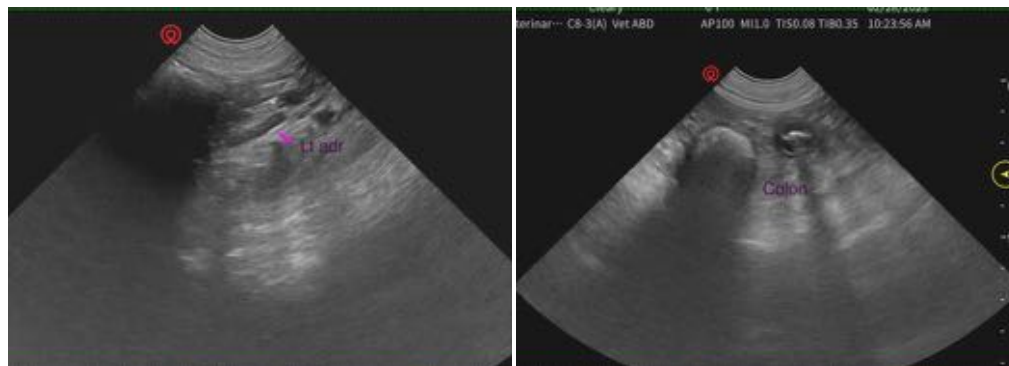
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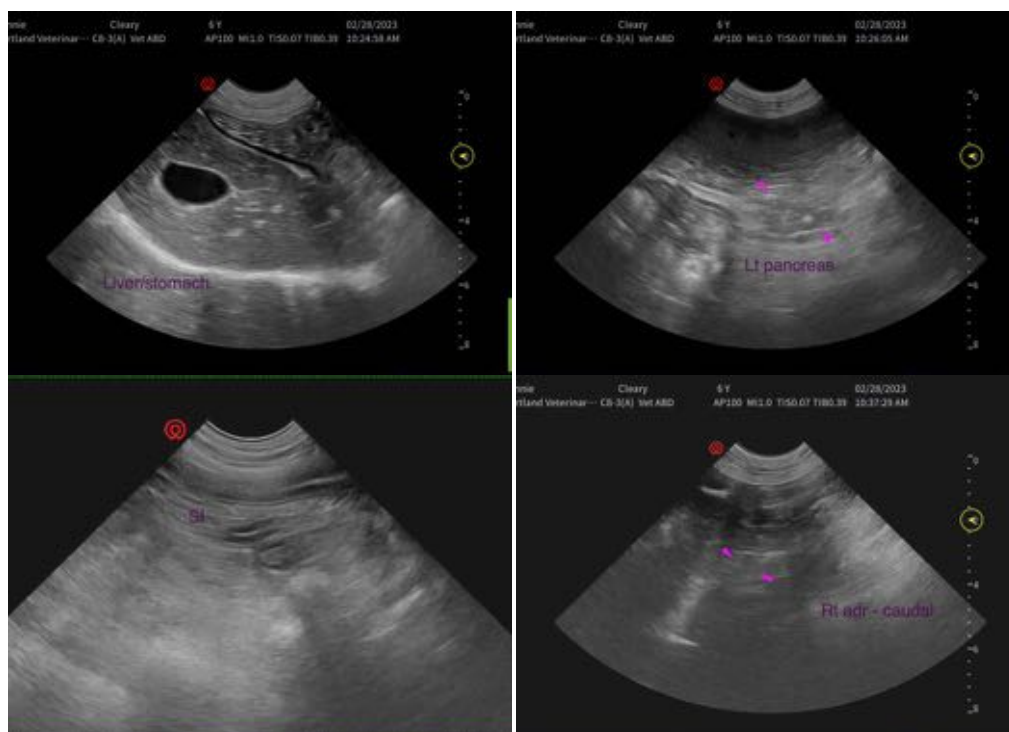
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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