


**PATIENT**

Freya Baker

**SPECIES**

Canine

**BREED**

German shepherd

**SEX**

Female, spayed

**AGE**

1.5 Yrs.

**WEIGHT**

60 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Amanda Crook

**HOSPITAL NAME**

 Rivers Edge Pet  
 Medical Center

**REFERRING VET**

Dr. David Gray

**INVOICE**

14541

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: Chronic history of significant weight loss with vomiting and diarrhea - has lost 4 pounds in 4 days; voracious appetite despite continued weight loss per owner.

Abnormal PE/Chem/CBC/UA Results: labwork - CBC shows MCH 21.0, Retic 23.3, CHEM shows BUN 7, Chol 92, rest NSF Fecal negative Radiographs: Significant loss of detail in the abdomen

**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 (7.70 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.

One still image of the right kidney is available for interpretation. The right kidney is normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. No obvious pathology is observed.

**Adrenal Glands**

The left adrenal gland is small in size (0.36 cm at cranial pole) (0.33 cm at caudal pole) (2.44 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 region of the right adrenal gland is evaluated. No obvious abnormalities are seen.

**Spleen**

The spleen is normal in size (2.11 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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 mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

**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**

There is no obvious evidence of free fluid. A prominent (3.99 cm) medial iliac lymph node is visualized. Several prominent to enlarged (up to 3.69 cm in length) mesenteric lymph nodes are also seen. The nodes are slightly heterogeneous in appearance.

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**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- The small left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., due to hypoadrenocorticism).
- The hepatic parenchymal changes may be a normal variant for this patient or could be consistent with vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia (i.e., lymphoma), other hepatopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fine needle aspirates of the enlarged mesenteric lymph nodes are recommended, if clotting status is appropriate. Samples should be obtained for cytology +/- cultures.
- Other diagnostic/therapeutic considerations include the following:
  1. A fecal evaluation for ova/Giardia, if not already performed.
  2. Prophylactic deworming with Fenbendazole.
  3. Malabsorption panel including serum cobalamin, folate, TLI, PLI and resting cortisol level (send to Texas A&M).
  4. Pre and post prandial serum bile acids to assess hepatic function.
  5. 6 week limited antigen or hydrolyzed protein diet trial.
  6. Initiation of a probiotic and fiber supplement.
  7. Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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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)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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