


PATIENT PRESENTING CLINICAL SIGNS

Frankie Gutierrez History: Patient presents for anorexia, weight loss of approx. 12 lbs, decreased appetite x 3 weeks, not eating dry food, was eating canned food only. Owner reports Frankie is biting when bothered by them at home. Patient appears very depressed today.

SPECIES Radiographs pending.
 Abnormal PE/Chem/CBC/UA Results: Pending.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

Shorty Bully 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 and visible portion of the proximal urethra are normal.

SEX

Intact Male The prostate is enlarged (1.57 cm in width) with a normal shape and relative smooth peripheral contours. He parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

4 years The left kidney is normal in size (5.34 cm in length) with a normal shape, architecture and 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.

WEIGHT

37 lbs The right kidney is normal in size (4.88 cm in length) with a normal shape, architecture and 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 (0.41 cm at cranial pole) (0.44 cm at caudal pole) (2.50 cm in length) with a normal shape and 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 in normal size (0.47 cm at cranial pole) (0.64 cm at caudal pole) (2.60 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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 Diplomate ACVIM (*Small
 Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr. Stefanie Lang

INVOICE

12177 The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

2.8.23

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is normal to borderline thickened, with a slightly prominent muscularis layer in the region of the pyloric antrum/pylorus. The wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not overtly dilated. 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. There is no obvious evidence of an obstructive pattern.

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.

Free Abdomen

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

Other

The testicles are subjectively normal in size (left: 3.05 x 1.59 cm) (right: 2.82 x 1.67 cm) with normal peripheral contours and homogenous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying. The ingesta is suspected to be normal food. However, foreign material cannot be completely excluded.
- Questionable thickening of the muscularis layer of the gastric fundus. Differentials include normal variant, inflammatory disease, hypertrophy, or less likely, emerging neoplasia.

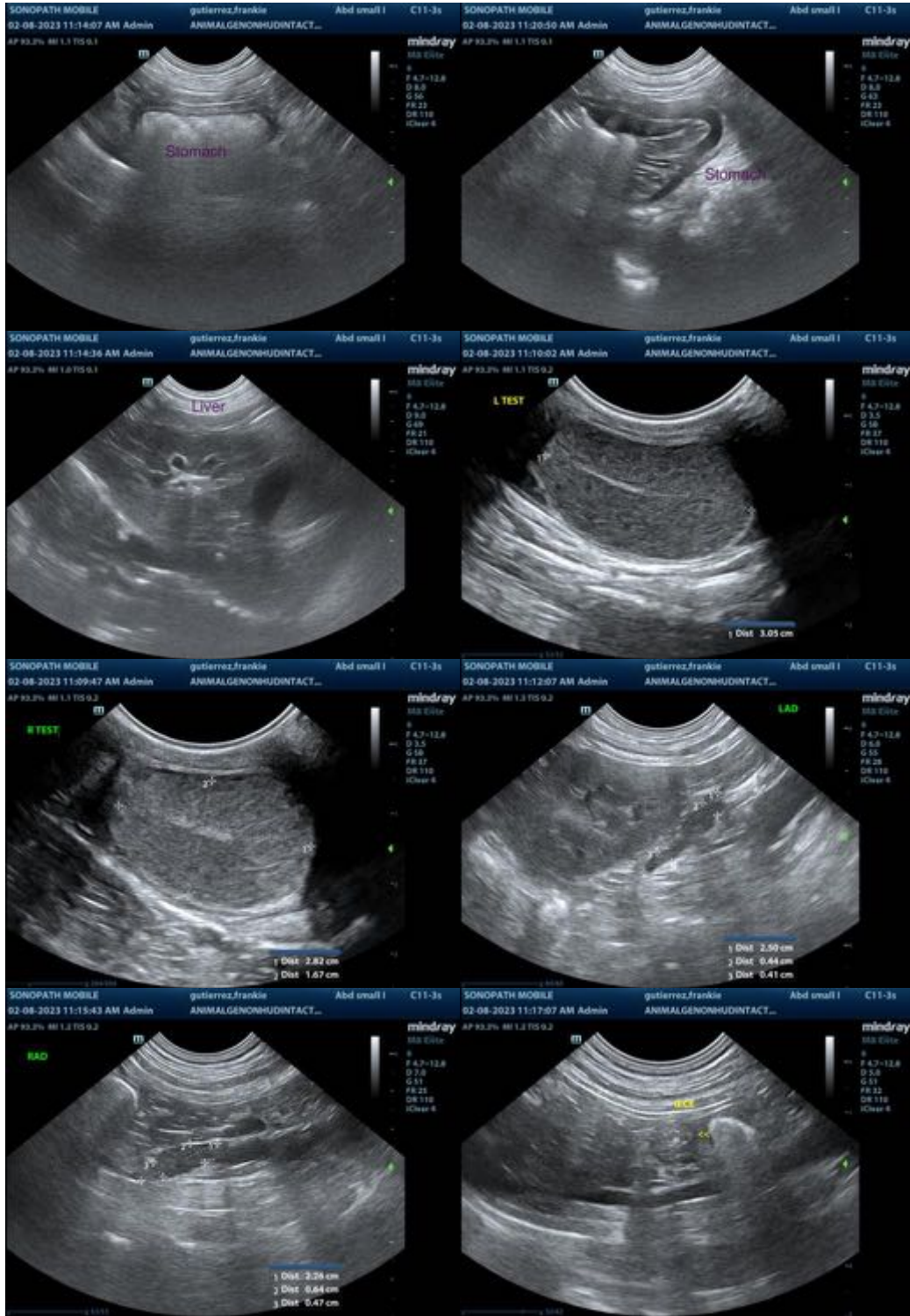
Secondary Findings

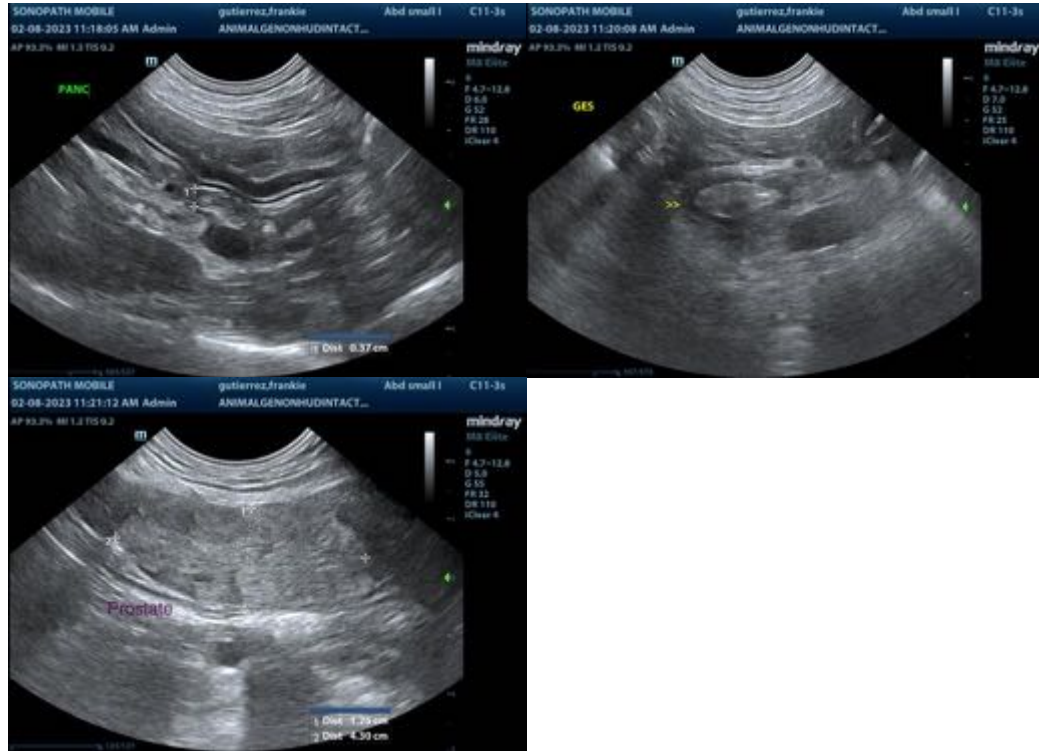
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary gastrointestinal disease, underlying metabolic issue, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest (if not already performed). Depending on radiographic and baseline lab-work results, a more comprehensive work-up (i.e., fecal evaluation for ova and Giardia, GI panel, resting cortisol level, +/- GI biopsies) may be warranted.





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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