

PATIENT

June Wellons

SPECIES

Canine

BREED

Mt Cur Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

56.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Cole

DATE

2.8.23

INVOICE

12179

PRESENTING CLINICAL SIGNS

History: 12-year-old FS Mountain Cur X with several week - month long history of intermittent vomiting. Usually happens in the morning and is liquid/bile. Mild pain elicited on abdominal palpation. hx of anaplasma and ehrlichia, treated with doxycycline 8/30/22

Abnormal PE/Chem/CBC/UA Results: 8/22 lab-work: elevated lipase, amylase, all other WNL 2/1/23: Abbreviated liver/kidney recheck panel: ALT 204 (10-125), AST: 67 (0-50), ALP: 19 (23-212) Current Medications Gabapentin Radiographic Findings Rads done 8/22: Equivocal mild microhepatica.

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 in size (5.80 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.65 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.82 cm at cranial pole) (0.72 cm at caudal pole) (2.97 cm in length) with a slightly irregular 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 (1.47 cm at cranial pole) (0.64 cm at caudal pole) (2.58 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.

Spleen

The spleen is normal in size (2.02 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 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



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Gastrointestinal

The gastric lumen is minimally distended with ingesta and soft, shadowing material. 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 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.

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.

ULTRASONOGRAPHIC FINDINGS

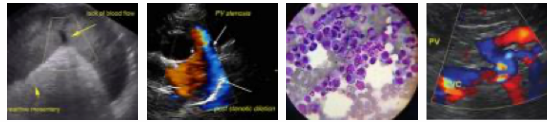
Primary Findings

- The gastric luminal contents may represent normal ingesta and/or foreign material (i.e., grass, other). There is no obvious evidence of an outflow tract obstruction.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, occult neoplasia, gastric ulceration, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- GI panel including serum cobalamin and folate, TLI, PLI, and resting cortisol level (send to Texas A&M).
- Consider a 6-week limited antigen or hydrolyzed protein diet trial.
- Thoracic radiographs are recommended to assess for occult esophageal disease.
- Initiation of a probiotic along with symptomatic care.
- Ultimately, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.



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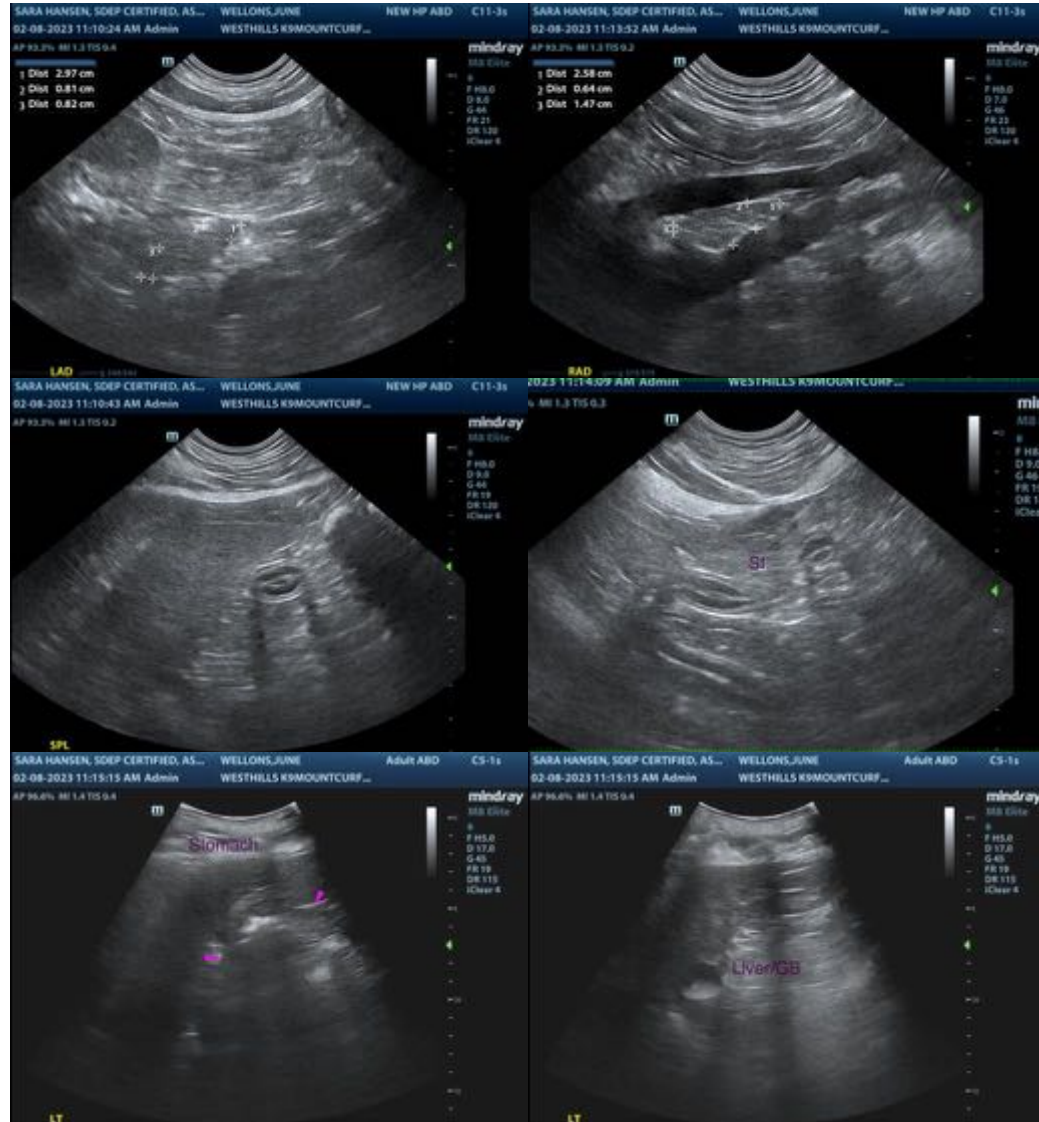
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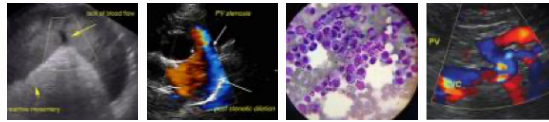
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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