



PATIENT PRESENTING CLINICAL SIGNS

Arkadian Matuszek History: Pain of unknown origin
Lab-work: Creatinine 1.6. Albumen 2.4. UCP 0.1. USG 1.051. T4 1.8. 4Dx negative. Fecal negative.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

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. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

Austr Shepherd The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male The left kidney is normal in size (5.83 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.

AGE

7 years The right kidney is normal in size (6.61 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.

WEIGHT

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

52 lbs

Spleen

The spleen is normal in size (2.12 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Emily Kirk

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.

HOSPITAL NAME

Shiloh AH

Gastrointestinal

The 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 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.

REFERRING VET

Audra Alley

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.

INVOICE

12390

Free Abdomen

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

DATE

3.10.23

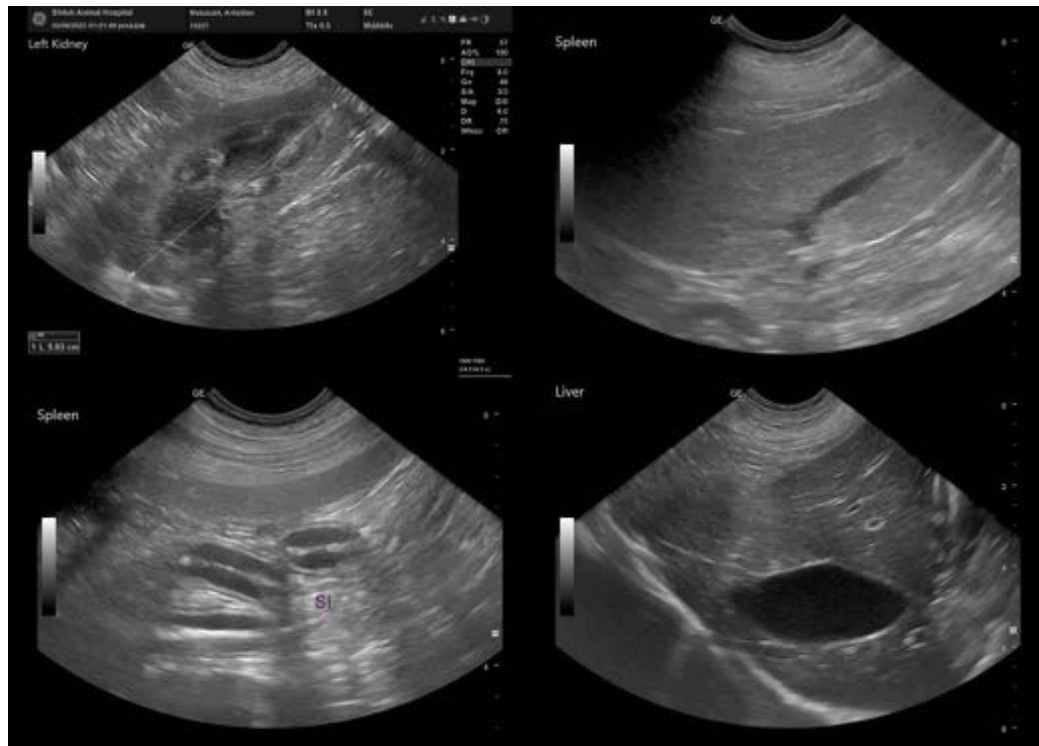
ULTRASONOGRAPHIC FINDINGS

Findings

- Unremarkable abdomen. An obvious cause for the patient's discomfort is not definitively identified in this study. Considerations include orthopedic or neurologic issue, occult pyelonephritis, mild pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended.
- Consider a comprehensive tick panel (Send to NC State University Vector-borne Disease Lab).
- Consider a urine culture and sensitivity to assess for occult pyelonephritis.
- Also consider a cPLI to evaluate for mild pancreatitis.
- Regarding the hypoalbuminemia, if persistent, consider the following:
 1. Resting cortisol level to screen for atypical hypoadrenocorticism
 2. Pre-and postprandial serum bile acids to evaluate for occult hepatic dysfunction
 3. +/- GI biopsies.





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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