



**PATIENT**

Kosei Lam

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

4 years

**WEIGHT**

23 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Velasco

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

Dr. Velasco

**INVOICE**

10587

**DATE**

3/17/22

**PRESENTING CLINICAL SIGNS**

History: Kosei has a history of licking furniture excessively, and sometimes biting at it. This happens more during times of stress. He also has soft stools at times. This study is performed to rule out GI causes of this distress.

Abnormal PE/Chem/CBC/UA Results: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 prostate is normal in size (0.81 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.14 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.

The right kidney presented normal size (3.57 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.53 cm at caudal pole) (2.00 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.59 cm in width); with a normal shape, glandular echogenicity and detail. The surrounding vasculature appears normal.

**Spleen**

The spleen is normal in size (1.59 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.



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**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. No obstructive or overt infiltrative disease is noted.

**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**

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. However, an underlying microscopic GI cause for the patient's excessive licking behavior cannot be excluded. Other considerations include neurologic disease (i.e., partial seizures), behavioral issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the intermittent soft stools, consider a fecal evaluation for ova and Giardia, if not already performed, along with prophylactic deworming with Fenbendazole.
- Other therapeutic considerations include empirical treatment with a proton pump inhibitor (i.e., omeprazole), +/- a 6-week hypoallergenic diet trial, and a GI Panel (send to Texas A&M).
- A thorough neurologic examination +/- consultation with a board-certified neurologist should also be considered.



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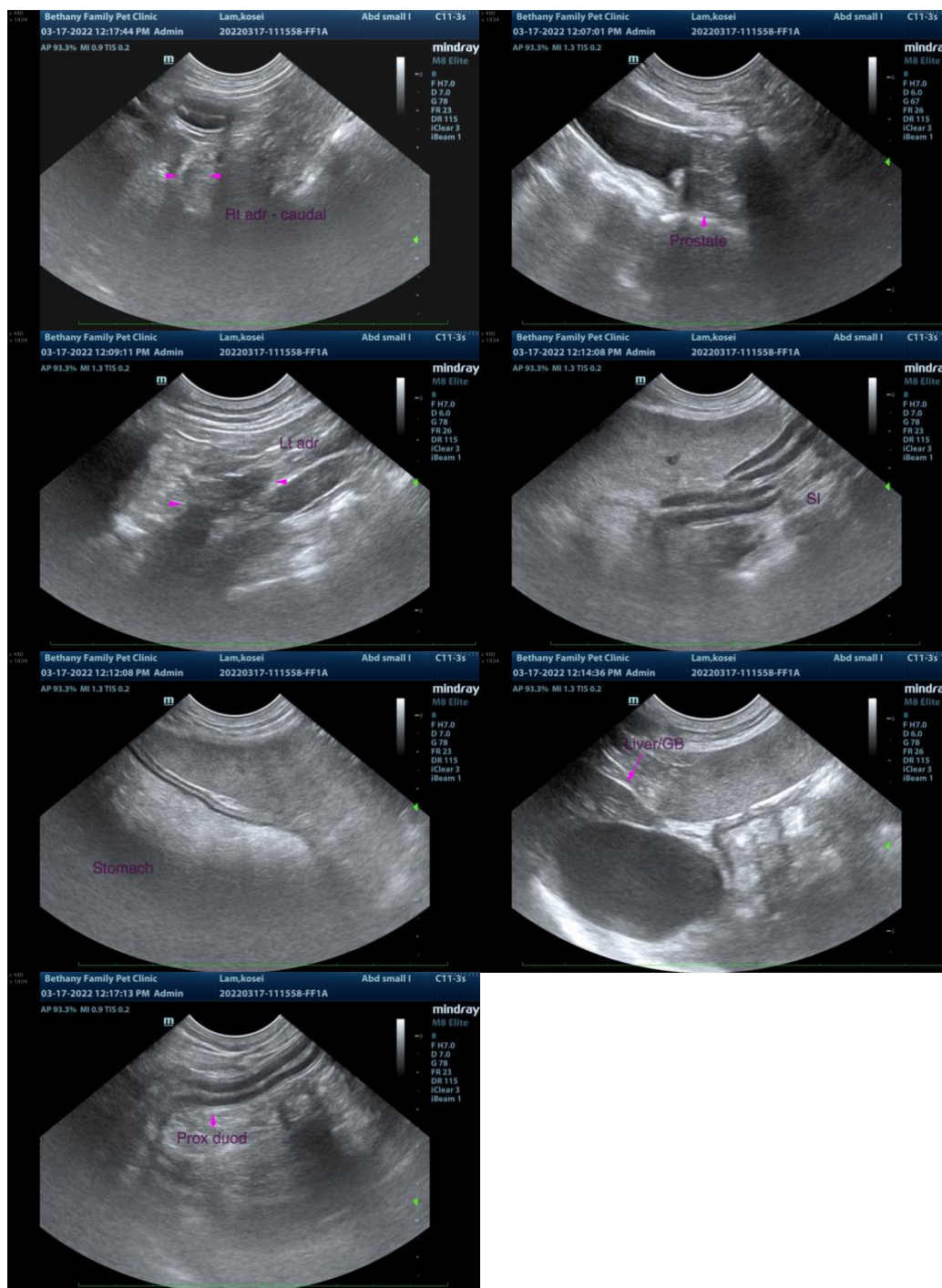
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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