

PATIENT PRESENTING CLINICAL SIGNS

Mocha Ward

SPECIES

Canine

BREED

Shep X

SEX

Spayed Female

AGE

3 years

WEIGHT

28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Gunsinger

INVOICE

10593

DATE

3/21/22

History: History of leptospirosis in 2021, chronic presentation. Dog responded well to treatment with doxycycline and renal diet. Renal values remained elevated for several month, now normal. Dog presented Friday not eating well. PE NSF. meds: Omeprazole 1 mg/kg q24h, probiotics. Abnormal PE/Chem/CBC/UA Results: SDMA 16 (0-14), renal values are otherwise.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Cystic calculi and discrete masses are not observed.

The left kidney presented normal size (5.81 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.

The right kidney presented normal size (6.61 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.

Adrenal Glands

The left adrenal gland is normal to slightly small in size (0.52 cm at cranial pole) (0.44 cm at caudal pole) (2.08 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 right adrenal gland is normal to slightly small in size (1.39 cm at cranial pole) (0.42 cm at caudal pole) (2.28 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.

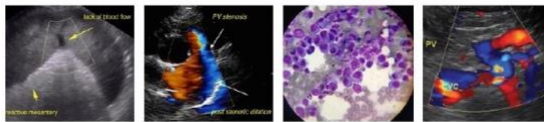
Spleen

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 lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is overall normal in thickness. The muscularis layer in the region of the fundus is slightly prominent. The pyloric outflow tract appears 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

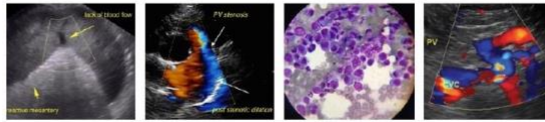
Primary Findings

- The significance of the slightly prominent muscularis layer of the gastric wall in the region of the fundus is not clear. It may be a normal variant for this patient, or may represent mild hypertrophy, inflammation, or less likely, infiltrative neoplasia. The remainder of the abdomen is unremarkable.

** An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Chest x-rays (3-view) are recommended to assess for occult disease within the thorax.
- Orthopedic and neurologic examinations are recommended to assess for evidence of pain, which can cause inappetence.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to further assess for microscopic gastrointestinal and pancreatic disease.
- A resting cortisol level is also to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.



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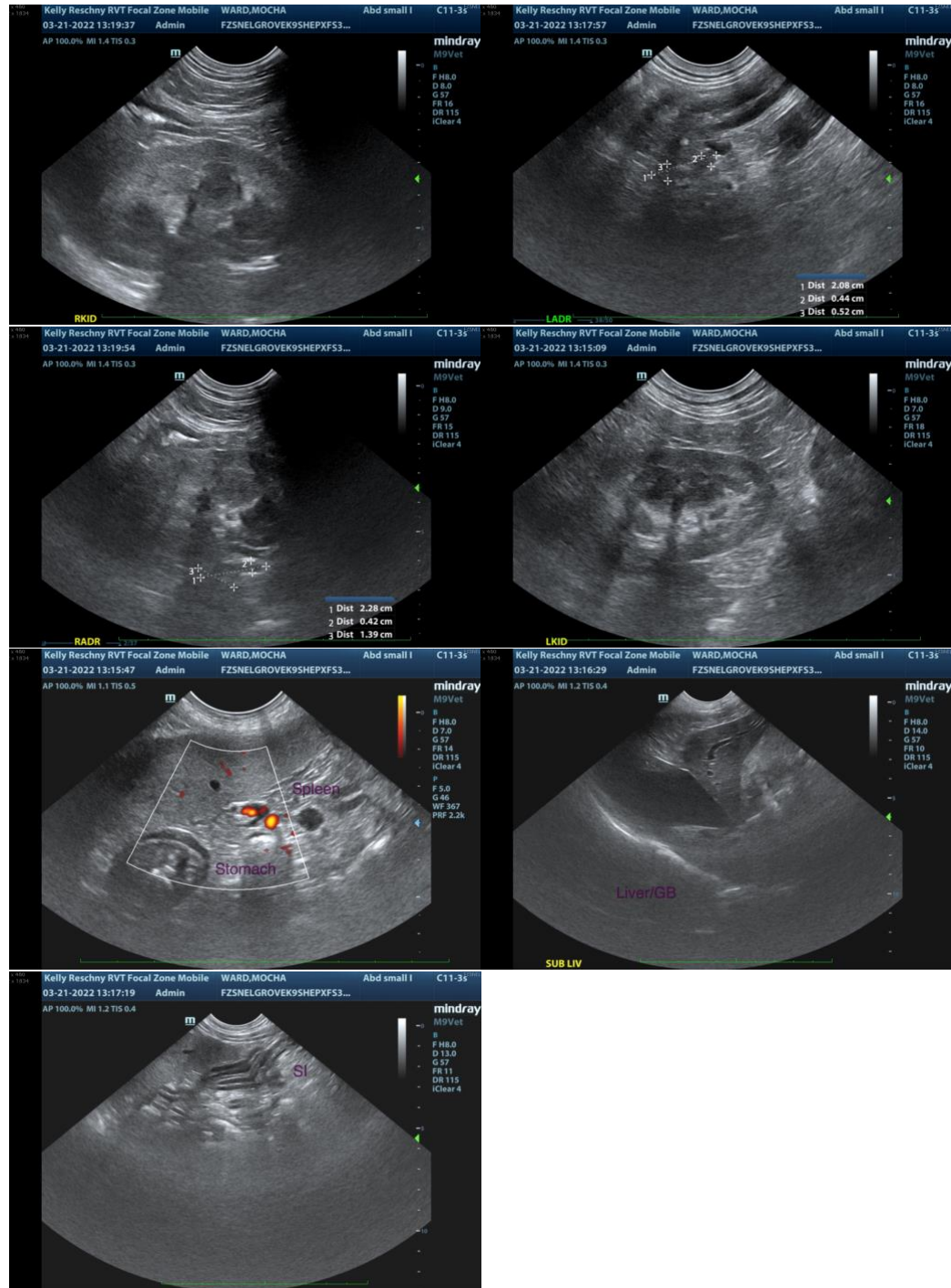
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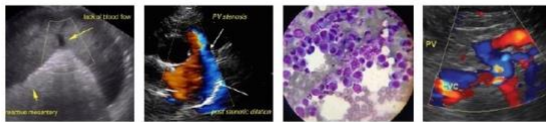
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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