**PATIENT PRESENTING CLINICAL SIGNS**

Ryker Sanchez  
**SPECIES** Canine  
 History: Sedated with torbugesic for exam. Has had diarrhea since 3/14/22. No vomiting. Not eating well. Weight is down 10 pounds since Nov 2021. Went to an emergency clinic on 3/14. Was sent home with metronidazole, gabapentin, Fortiflora, and Drontal Plus. No improvement in symptoms.  
 Abnormal PE/Chem/CBC/UA Results: CBC CHEM was normal except for amylase increased at 1595. Cortisol 2.3.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Boxer  
**Urinary System**

**SEX** Neutered Male  
 The urinary bladder, trigone, and pelvic urethra are 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.

**AGE** The prostate is not definitively visualized due to its pelvic location.

5 Yrs. 11 months  
 The left kidney is borderline small in size (5.94 cm in length) with an irregular shape. The cortex is variable in thickness and there is minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**WEIGHT** 66 Pounds  
 The right kidney is normal in size (6.71 cm in length) with an irregular shape. The cortex is variable in thickness and there is minimal loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is borderline small in size (0.41 cm at cranial pole) (0.46 cm at caudal pole) (2.36 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.

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The right adrenal gland is borderline small in size (0.41 cm at cranial pole) (0.42 cm at caudal pole) (2.32 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.

**HOSPITAL NAME**

Banfield Clifton

**Spleen**

The spleen is normal in size (1.78 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.

**REFERRING VET**

Dr. Cathy Jarrett

**Liver**

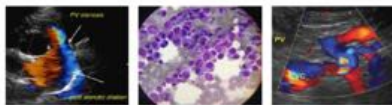
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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/not seen.

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**PATIENT*****Gastrointestinal***

Ryker Sanchez

The gastric lumen is mildly gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is mildly distended with fluid, gas and chyme. 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 disease is noted.

**SPECIES**

Canine

***Pancreas*****BREED**

Boxer

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.

**SEX**

Neutered Male

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mid-abdominal lymph nodes are visualized, the largest measuring 4.46 x 1.64 cm. The smaller nodes are normal in shape and echogenicity. The larger node is more rounded/swollen in shape.

**AGE**

5 Yrs. 11 months

**ULTRASONOGRAPHIC FINDINGS****Primary Findings:**

- The bilateral renal changes could be consistent with renal dysplasia, prior insult (i.e., infection, toxin, infarction) or less likely, infiltrative neoplasia. However, neoplasia is considered less likely given the lack of renomegaly.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma).

**Secondary Findings:**

- The borderline small adrenal glands may be a normal variant for this patient or may represent early atrophy/emerging hypoadrenocorticism.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If accessible, fine needle aspiration of the largest abdominal lymph node is recommended. Also consider chest X-rays (three-view) to assess for occult neoplasia, a GI panel (i.e., serum cobalamin, folate, TLI and PLI) as well as a fecal evaluation for ova and Giardia, if not already performed.
- A neurologic is also recommended to assess for deficits, as primary brain tumors can sometimes present with weight loss as the sole clinical sign.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- Regarding the renal changes, an SDMA, urinalysis, +/- UPC (if proteinuria is present) are recommended along with serial monitoring (i.e., every 2-3 months) of the patient's renal values to assess for progression.

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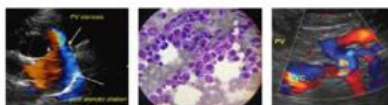
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**PATIENT**

Ryker Sanchez

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

5 Yrs. 11 months

**WEIGHT**

66 Pounds

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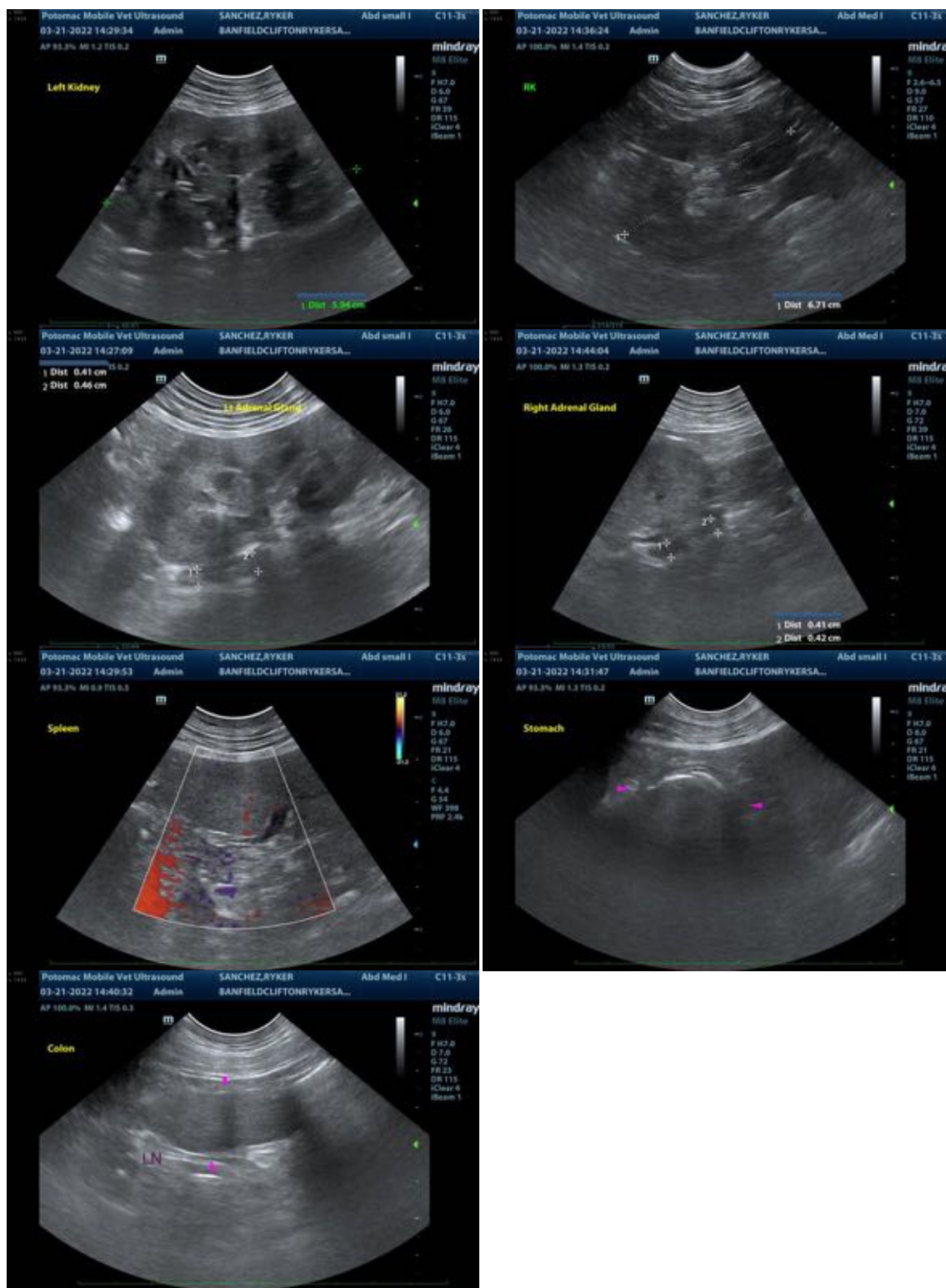
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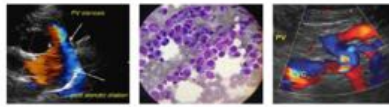
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**PATIENT**

Ryker Sanchez

**SPECIES**

Canine

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**BREED**

Boxer

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

Andrea.nicastro@sonopath.com

**SEX**

Neutered Male

**AGE**

5 Yrs. 11 months

**WEIGHT**

66 Pounds

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