

PATIENT PRESENTING CLINICAL SIGNS

Fisher Baldwin

History: Seizures started July 2021- has been on Gabapentin 200mg BID Last known seizure was November 2022. Usually has 1-2 seizures per year. Heart murmur noted 2/6 May 2022. History of diarrhea every 2 to 3 weeks - owner gives Pepto Bismol and a gastro diet. 2cm growth left lumbar area. Has been on Metronidazole in past as well.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Dec 2022 ALP 2721 was 2165 previously in May 2021. Rest of BW including TT4 all within normal limits. Recommend bile acids and ultrasound.

BREED

Standard Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

AGE

12 years

The left kidney is normal in size (7.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

92.8 lbs

The right kidney is normal in size (8.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland is normal in size (0.85 cm at cranial pole) (0.69 cm at caudal pole) (2.89 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.

The right adrenal gland is difficult to visualize due to gas artifact. No obvious abnormalities are observed in this region.

HOSPITAL NAME

Southside PH

Spleen

The spleen is normal in size (2.29 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

Velez

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance and mildly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

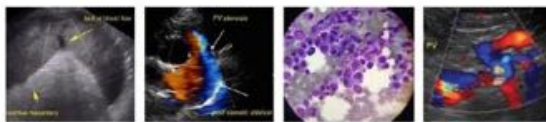
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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

3.22.23


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Gastrointestinal

The gastric lumen contains irregular, hard 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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

- Given the patient's liver enzyme pattern and sonographic hepatic changes, a benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy) are the top differentials. Inflammatory disease is considered less likely in light of the normal ALT. Infiltrative neoplasia (i.e., lymphoma) is also possible, but considered less likely given the chronicity of the ALP elevation.

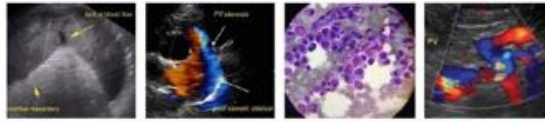
Secondary Findings

- Minor bilateral age-related renal changes
- The shadowing within the gastric lumen is concerning for a foreign material but is likely an incidental finding. It appears nonobstructive at the time of this study.

*An obvious cause for the patient's chronic intermittent diarrhea is not definitively identified in this study. Considerations include food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease, dietary indiscretion, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- Regarding the diarrhea, consider the following:
 - Fecal evaluation for ova and Giardia (if not already performed)
 - Prophylactic deworming with Fenbendazole
 - Initiation of a probiotic +/- fiber supplement
 - Resting cortisol level to screen for atypical hypoadrenocorticism
 - A malabsorption panel, including serum cobalamin and folate, TLI and PLI should also be considered.
 - Limited antigen or hydrolyzed protein diet trial
 - If the above diagnostics are inconclusive, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



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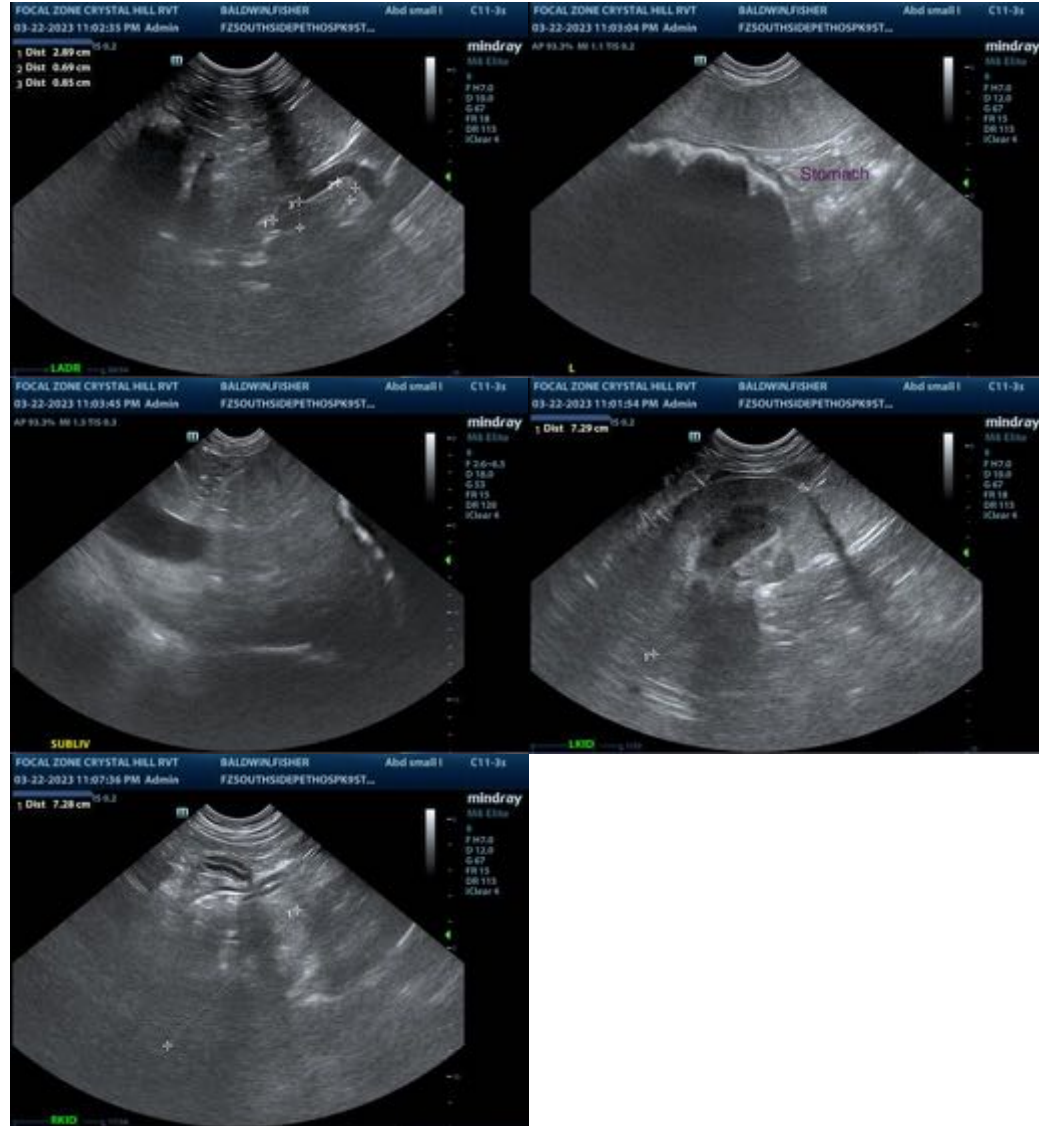
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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