


**PATIENT PRESENTING CLINICAL SIGNS**

Parker Penn History: lethargic anorexia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**SPECIES**
**Canine Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**BREED**

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

**SEX**

Intact Male The left kidney is normal in size (5.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 0.75 cm cystic lesion is observed at the corticomedullary junction at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

4 years The right kidney is normal in size (5.23 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 0.75 cm cystic lesion is observed at the corticomedullary junction at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

77 lbs **Adrenal Glands**  
 The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.44 cm at caudal pole) (2.90 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.

**INTERPRETED BY**

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

The right adrenal gland is in normal size (1.75 cm at cranial pole) (0.74 cm at caudal pole) (2.62 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.

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The spleen is normal in size (1.74 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.

**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr Maniar

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.

**INVOICE**

12502

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 is normal in

**DATE**

3.24.23

thickness 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.

### **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**

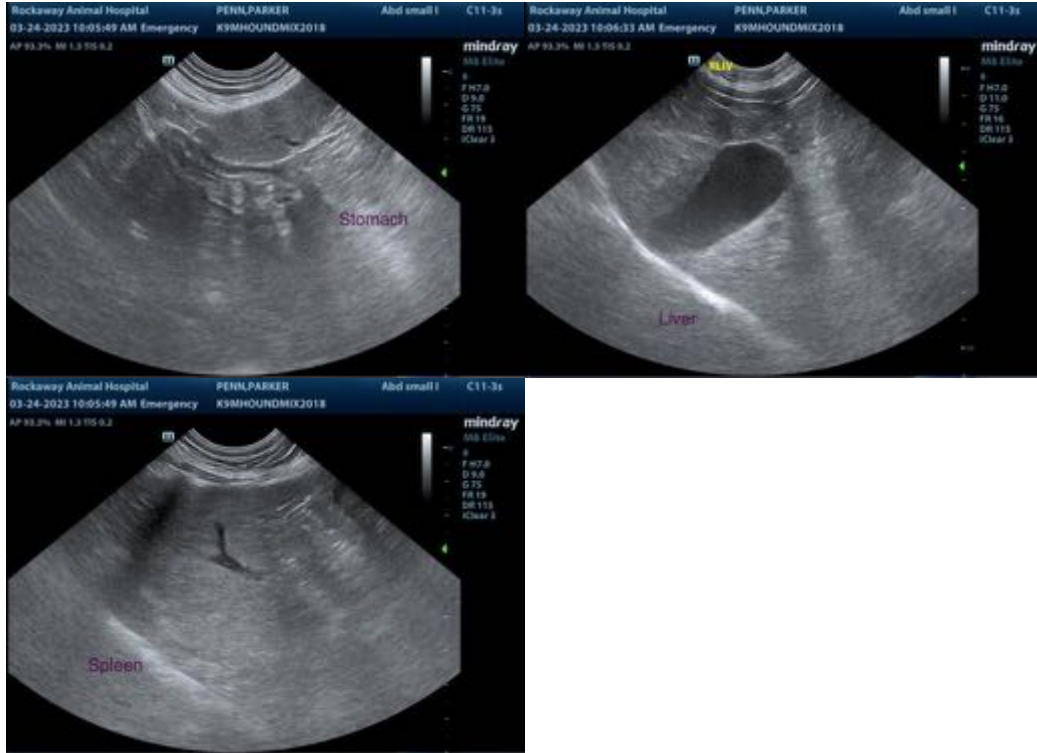
### **Findings**

Unremarkable abdomen. An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include underlying metabolic issue, primary gastrointestinal disease, occult neoplasia, orthopedic/neurologic disease, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed). Other diagnostic considerations include the following:
  1. Orthopedic and neurologic examinations to assess for nonmetabolic causes for the patient's clinical signs.
  2. Three-view thoracic radiographs to assess for occult disease in the chest
  3. Testing for tick-borne diseases
  4. Depending on the results of the above diagnostics, a more comprehensive work-up may be warranted.





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.

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)