

**PATIENT**

Senya Lattinova

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

Male, intact

**AGE**

8 Yrs.

**WEIGHT**

52.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Vega

**INVOICE**

14790

**DATE**

4/10/23

**PRESENTING CLINICAL SIGNS**

**History:** The patient presented as a referral for an abdominal ultrasound. The patient presented with a history of chronic vomiting and diarrhea. Responded to treatment and relapses. At the moment, the patient isn't vomiting but continues with soft stool and mucus. Pending to do cobalamin B12 test next week. Medications: Pantoprazole 40mg Provable - Forte  
**Abnormal PE/Chem/CBC/UA Results:** Chemistry (March 10th)- ALT: 260, rest wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

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

The prostate is enlarged (3.96 cm in width) with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogeneous in appearance with a few small ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (7.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

*Adrenal Glands*

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.44 cm at caudal pole) (2.42 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.

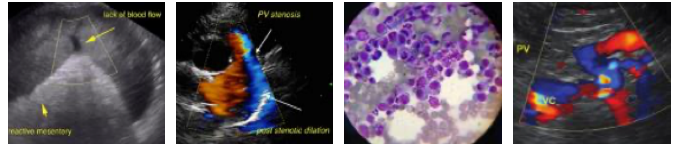
The right adrenal gland is normal size (0.75 cm at cranial pole) (0.48 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (1.41 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



**PATIENT**

***Gastrointestinal***

Senya Lattinova

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in a few segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**SPECIES**

Canine

***Pancreas***

**BREED**

Samoyed

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**

Male, intact

***Free Abdomen***

There is no obvious evidence of free fluid. 1-2 medial iliac lymph nodes are visible, the largest measuring 1.78 cm in length. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.57 cm in length. All nodes are normal in shape and echogenicity.

**AGE**

8 Yrs.

***Other***

The testicles are subjectively normal in size (left 2.83 x 1.58 cm; right 3.21 x 1.99 cm).

**WEIGHT**

52.4 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The small intestinal wall changes are suggestive of inflammatory bowel disease but may be a normal variant for this patient.

**Secondary Findings:**

- The hepatic parenchymal changes are non-specific and could be associated with benign, age-related change (i.e., remodeling, regenerative nodular hyperplasia). However, a more significant hepatic pathology (i.e., inflammatory disease, hepatotoxicosis (i.e., copper, other)) is possible. Reactive hepatopathy is also a consideration.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prostate changes are consistent with cystic benign prostatic hyperplasia.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Vega

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical history, consider the following:

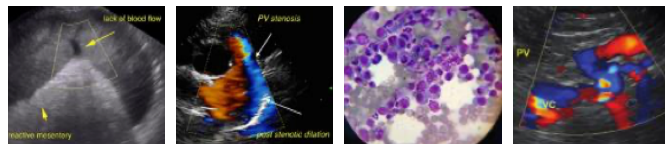
- A fecal evaluation for ova/Giardia, if not already performed.
- Prophylactic deworming with Fenbendazole.
- Fecal PCR infectious disease panel.
- Hydrolyzed protein or hypoallergenic diet trial to assess for food allergies.

**INVOICE**

14790

**DATE**

4/10/23



## PATIENT

Senya Lattinova

## SPECIES

Canine

## BREED

Samoyed

## SEX

Male, intact

## AGE

8 Yrs.

## WEIGHT

52.4 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ferrer

## HOSPITAL NAME

Paseos VC

## REFERRING VET

Dr. Vega

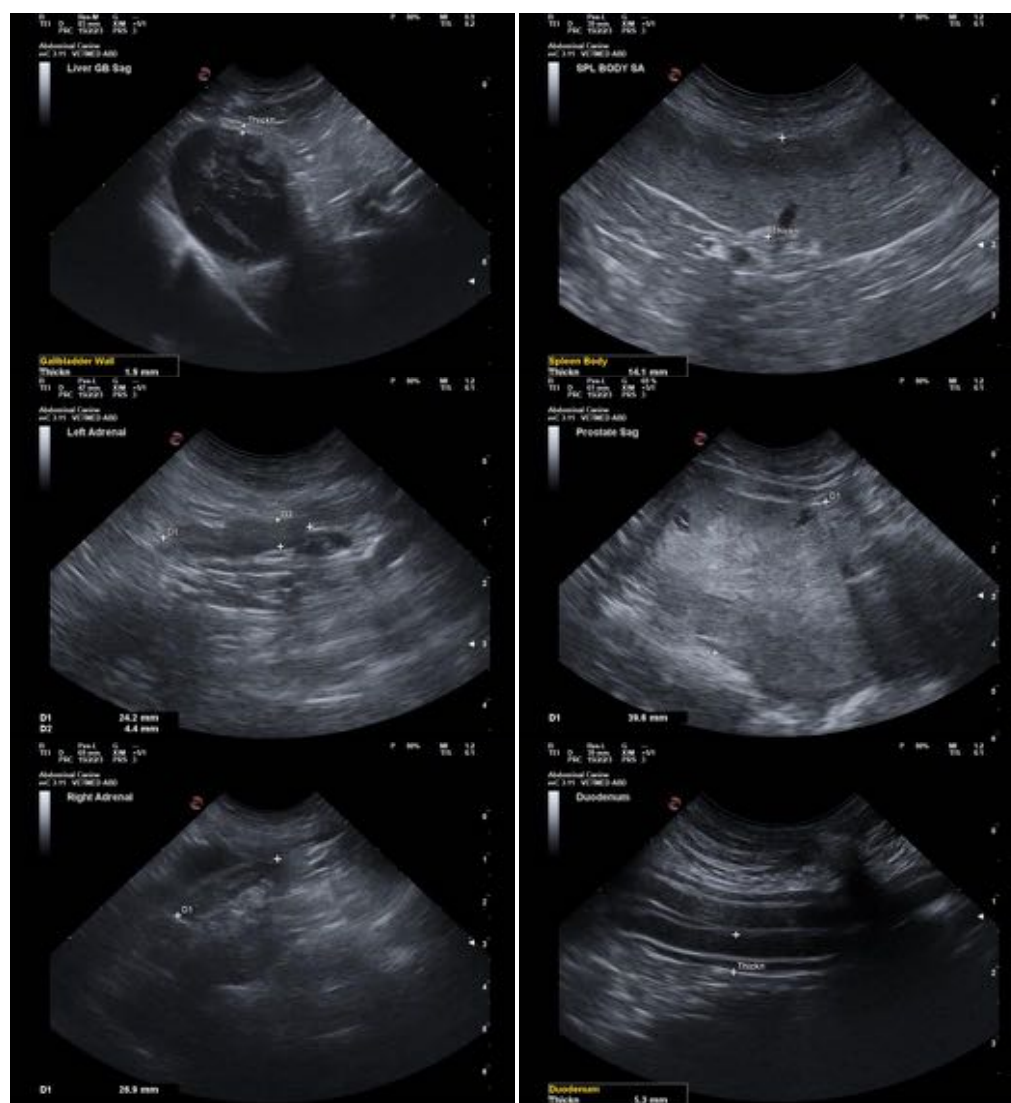
## INVOICE

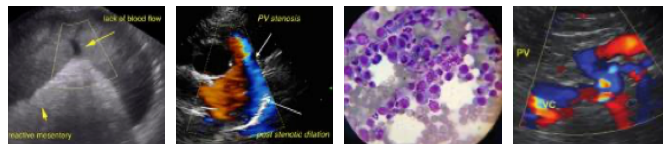
14790

## DATE

4/10/23

- Malabsorption panel including serum cobalamin folate, TLI, PLI and resting cortisol level (send to Texas A&M).
- Also consider initiation of a fiber supplement (i.e., Metamucil or Konsyl).
- Given the elevated ALT, consider pre and post prandial serum bile acids to assess hepatic function.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, liver biopsies should also be obtained along with hepatic copper quantitation +/- aerobic and anaerobic bile cultures. Three-view thoracic radiographs are recommended prior to any anesthetic event.





**PATIENT**

Senya Lattinova

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

Male, intact

**AGE**

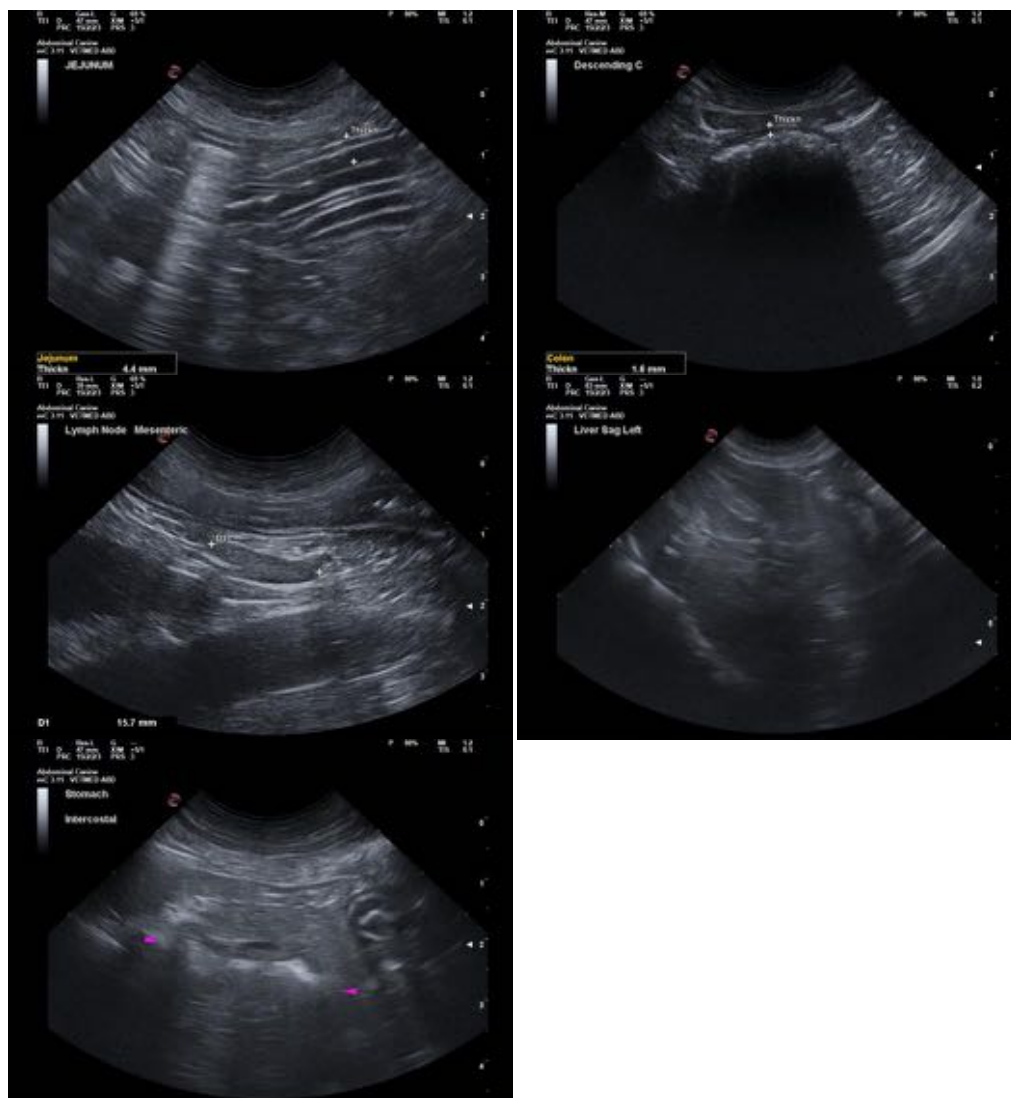
8 Yrs.

**WEIGHT**

52.4 lbs.

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Vega

**INVOICE**

14790

**DATE**

4/10/23

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)