

PATIENT PRESENTING CLINICAL SIGNS

Bentley Buchicchio Chronic intermittent vomiting and nausea. Had diarrhea in December. Elevated ALP.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The luminal surface is slightly irregular. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and proximal urethra (visible to a depth of 2.0 cm) are normal.

BREED

Bichon Frise

The prostate is normal in size (0.2 cm width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male

The left kidney is normal in size (4.61 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

1/1/12

The right kidney is normal in size (5.12 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

27 Lbs

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.53 cm at caudal pole) (2.19 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 (0.95 cm at cranial pole) (0.71 cm at caudal pole) (3.07 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 (1.42 cm) 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INTERPRETED BY

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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

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Medicine)

HOSPITAL NAME

Brighton Animal
Hospital

REFERRING VET

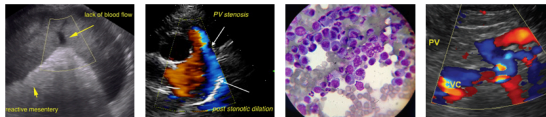
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DATE

4/11/22



PATIENT *Gastrointestinal*

Bentley Buchicchio The distal esophagus/esophageal inlet appears normal.

SPECIES

The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent.

Canine

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 wall of the descending colon is mildly thickened up to 0.40 cm with retention of the normal layering pattern. The lumen contains fluid, gas, and shadowing fecal material. There is no obvious evidence of an obstructive pattern.

BREED

Bichon Frise

Pancreas

SEX

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.

Neutered Male

AGE

Free Abdomen

1/1/12

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

Other

27 Lbs

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

INTERPRETED BY

PRIMARY FINDINGS

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- The colonic wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a lower possibility of emerging lymphoma.
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia. Given the liver enzyme pattern, inflammatory disease is considered unlikely. Infiltrative neoplasia is possible, but also considered unlikely.

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SECONDARY FINDINGS

- Bilateral minor non-specific age related renal changes with dystrophic mineralization and right non-obstructive nephrolithiasis.

HOSPITAL NAME

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, good allergy/intolerance, intestinal dysbiosis), low-grade pancreatitis, underlying metabolic issue, other.

Brighton Animal
Hospital

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Elizabeth Wetzel

- A GI panel, including serum cobalamin, folate, PLI and TLI is recommended.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- 6 week limited antigen hypoallergenic diet.
- 3-view thoracic radiographs are recommended to assess for occult esophageal disease.

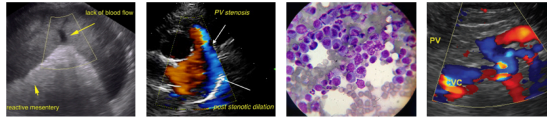
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If the above diagnostics/treatments are inconclusive, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to obtain a definitive diagnosis.

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PATIENT

Bentley Buchicchio

SPECIES

Canine

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Bichon Frise

SEX

Neutered Male

AGE

1/1/12

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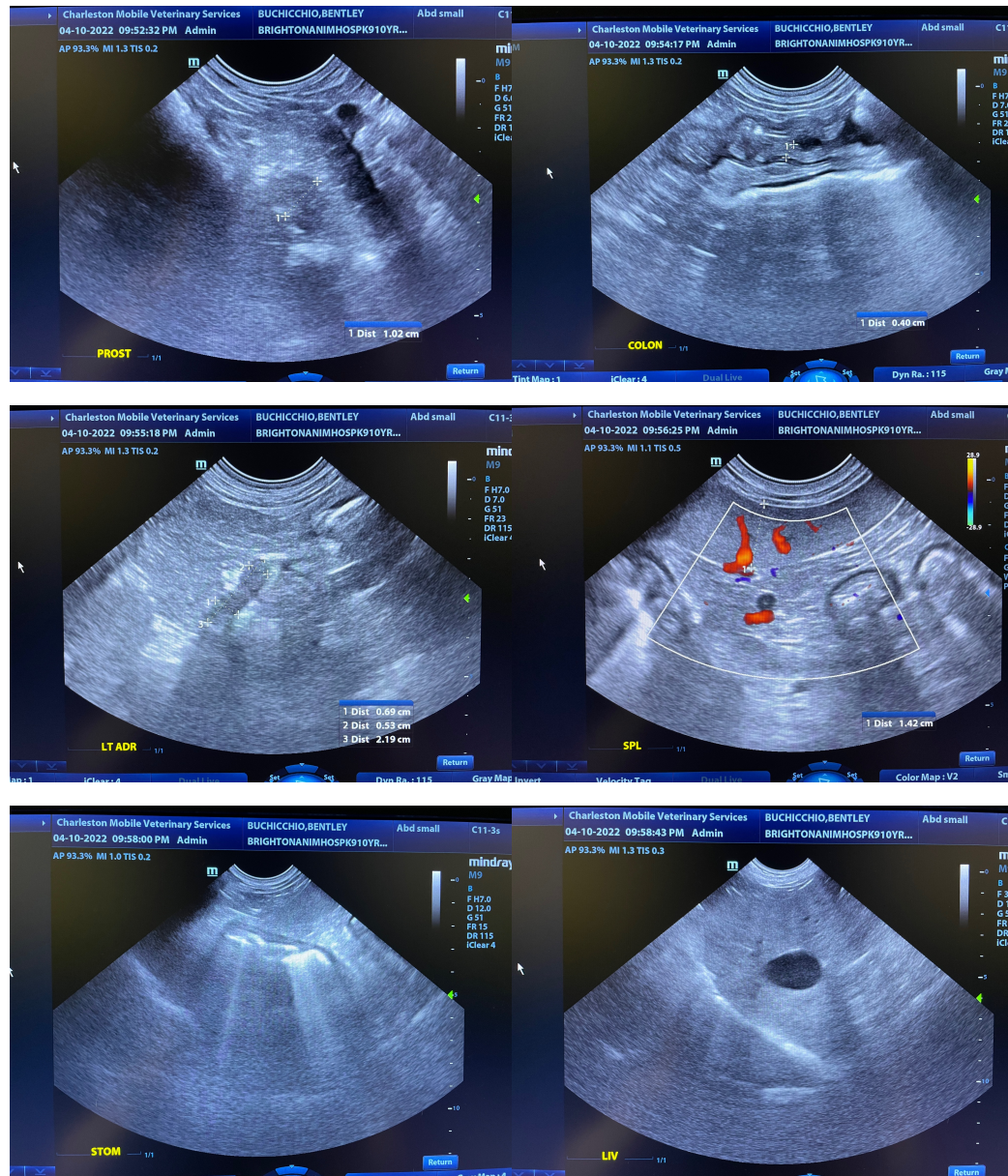
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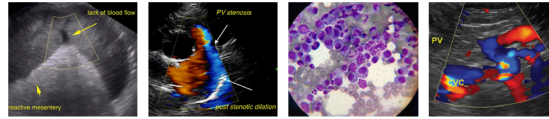
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PATIENT
Bentley Buchicchio

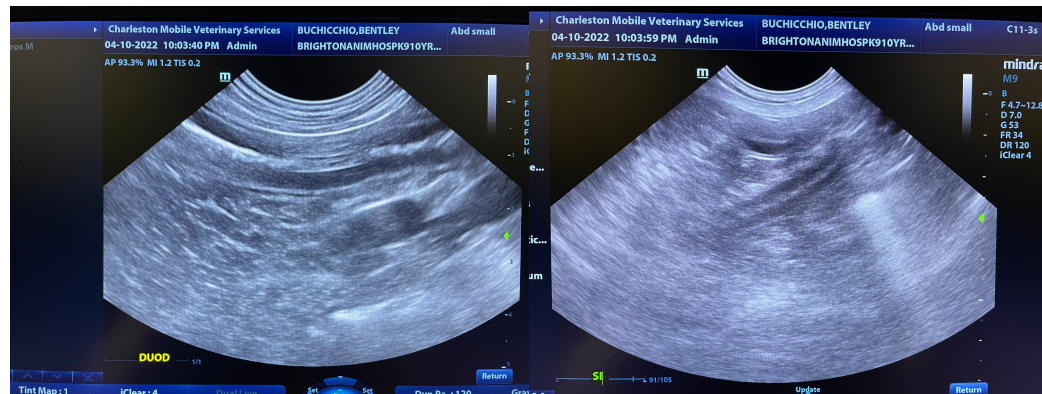
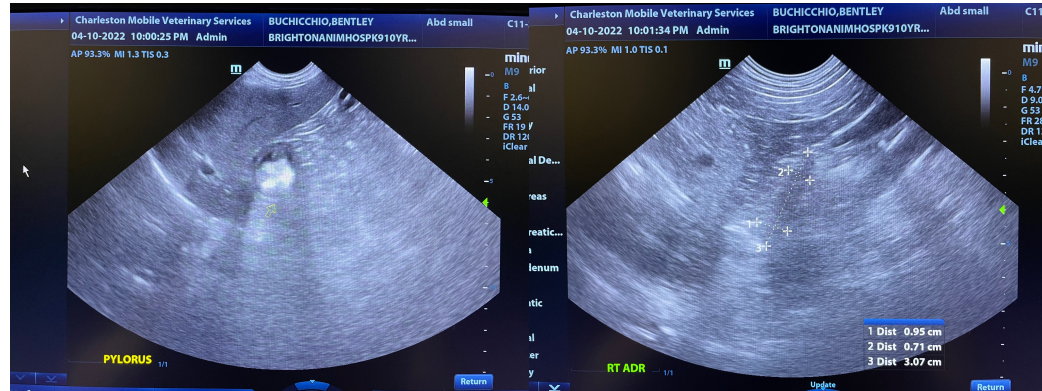
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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