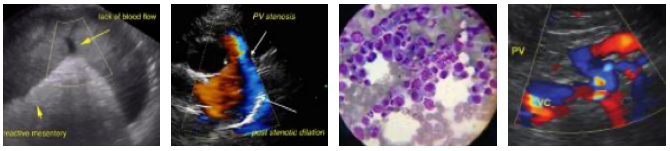
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Annie Archambeault

SPECIES
Canine

BREED
Mixed breed

SEX
Female, spayed

AGE
8 yrs. 4 months

WEIGHT
32.8 lbs.

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

IMAGING PERFORMED BY
Dr. Tracy Nyberg

HOSPITAL NAME
Dr. Tracy Nyberg

REFERRING VET
Dr. Tracy Nyberg

INVOICE
13235

DATE
4/19/22

PRESENTING CLINICAL SIGNS

History: Appointment reason: exam & vx; having a hard time getting her to eat; went from BID to SID and now will eat only about every 26 hours; she is eating different things frequently, it is mostly dog food, she does consisitently like Honest Kitchen. Burps smell really bad, like from the gut bad smell. No V/D, No C/S. Weight loss is noted (3# from last year). Licking lips a lot. Still as active as ever. Little grumpier. Medications/supplements: Calming treats as needed Upon PE, BAR, very sweet; BCS 5/9; clear OU, clean AU; 108 slab fracture, oral exam WNL (open wide); moderate lymphadenopathy of the SM lns, no other lns enlarged; no HM, sinus arrhythmia noted with strong, synchronous pulses; abdomen soft, non-painful; coat WNL A: Weight loss, eating less/hard to get to eat r/o GI issues (ulcer, IBD, reflux, infectious, cancer, other) vs liver dz, renal dz, pancreatic dz, cancer other vs oral dz (no obvious issues upon exam). P: OK to update vaccines, Lyme LF; DHPPV RF; Bord oral Send out BW to start work up for appetite and weight loss; if BW normal, next step, abdominal u/s Adult wellness panel - CBC NSF Chem - moderately increased BUN 44; normal Creat; lipase mildly elevated UA - Usg 1048; 1+ protein Thyroid Low 0.8 4dx negative fecal negative Increased BUN r/o prerenal dehydration vs renal vs post renal; vs GI bleed Hypothyroid vs euthyroid sick

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal size with normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.67 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.

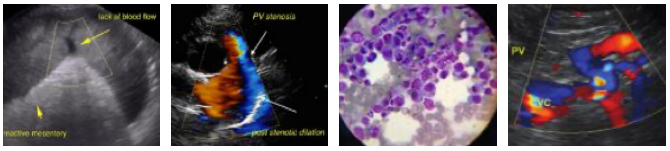
The caudal pole of the right adrenal gland is visualized and is normal size (0.54 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.02 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Annie Archambeault

SPECIES
Canine

BREED
Mixed breed

SEX
Female, spayed

AGE
8 yrs. 4 months

WEIGHT
32.8 lbs.

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

IMAGING PERFORMED BY
Dr. Tracy Nyberg

HOSPITAL NAME
Dr. Tracy Nyberg

REFERRING VET
Dr. Tracy Nyberg

INVOICE
13235

DATE
4/19/22

congestion. 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.

Gastrointestinal

The gastric lumen is mildly fluid 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 a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.00 x 0.87 cm medial iliac lymph node is visualized.

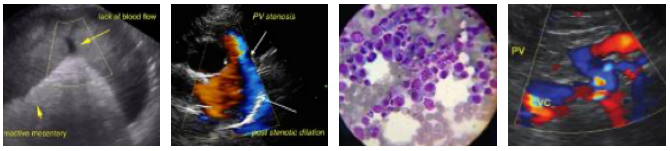
ULTRASONOGRAPHIC FINDINGS

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., gastric ulcer, food allergy/intolerance, inflammatory bowel disease, infectious parasitic, esophageal disease, primary motility disorder), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for esophageal disease.
- Other diagnostic considerations include the following:
  1. A fecal evaluation for ova/Giardia
  2. Malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI)
  3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  4. Hypoallergenic diet trial



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Annie Archambeault

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

8 yrs. 4 months

WEIGHT

32.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Dr. Tracy Nyberg

REFERRING VET

Dr. Tracy Nyberg

INVOICE

13235

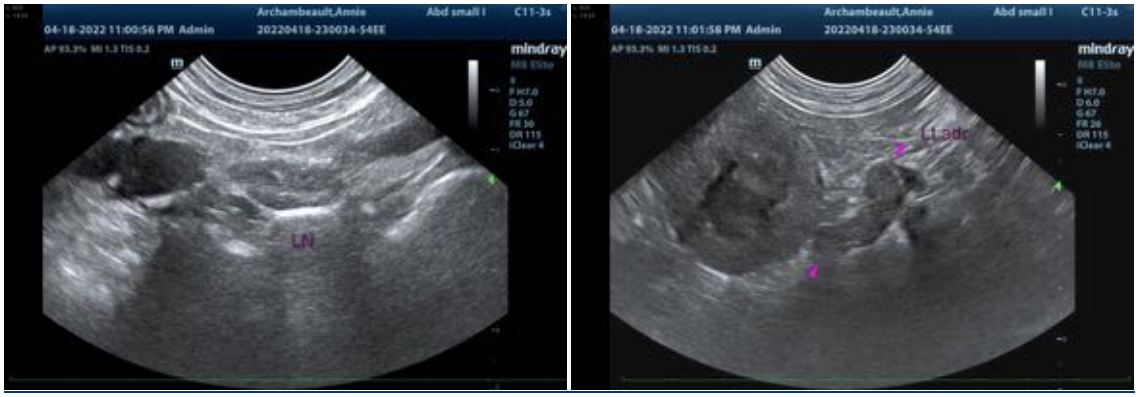
DATE

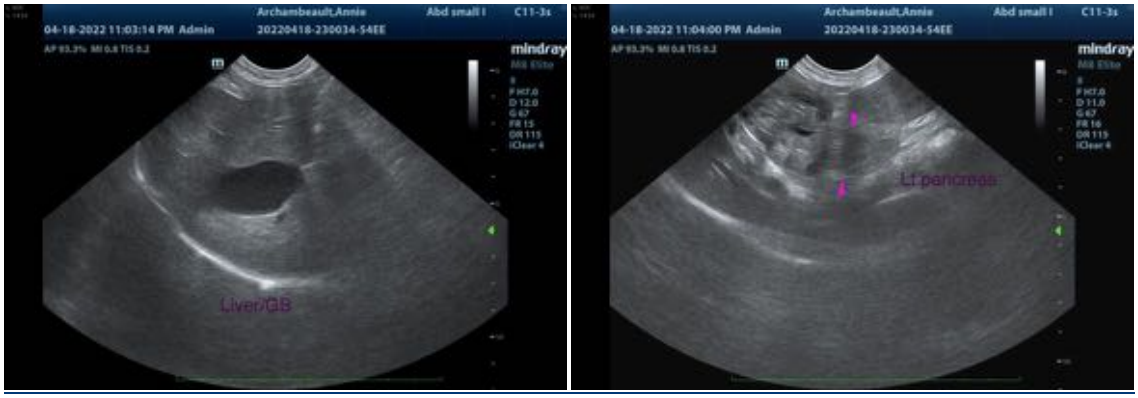
4/19/22

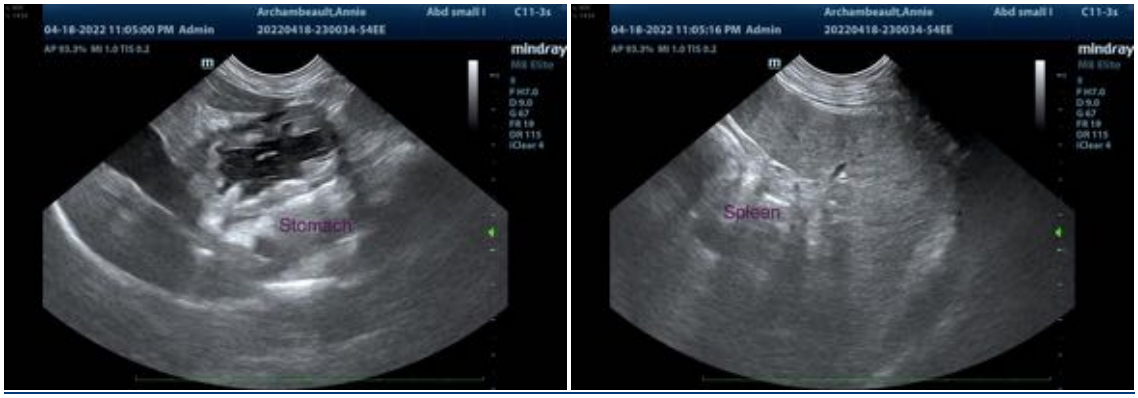
5. Consider empirical treatment for a primary motility disorder (i.e., metoclopramide). If no improvement in the clinical signs occurs within 5-7 days of initiating therapy, the medication should be discontinued.

6. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

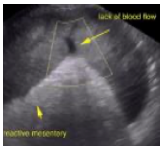
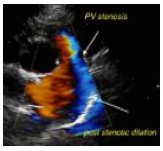
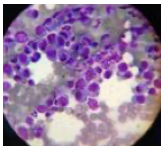
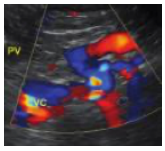
- Regarding the proteinuria, a UPC +/- urine culture and sensitivity should be considered.
- Regarding the prominent medial iliac lymph node, a rectal examination is recommended to assess for anal sac tumors, rectal masses, etc.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Annie Archambeault

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

8 yrs. 4 months

WEIGHT

32.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Dr. Tracy Nyberg

REFERRING VET

Dr. Tracy Nyberg

INVOICE

13235

DATE

4/19/22

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

Andrea.nicastro@sonopath.com