



PATIENT

Charlie Rechter

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea and vomiting, inappropriate weight gain
Abnormal PE/Chem/CBC/UA Results: Underconditioned, hypoproteinemia (hyperglobulinemia 2.0).
Lymphocytosis 6,068, fecal negative, dewormed 3/23/23.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Goldendoodle

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.

SEX

Male, neutered

The prostate is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

8 months

The left kidney is normal size (4.19 cm in length); 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.

WEIGHT

5.8 kg.

The right kidney is normal size (4.24 cm in length); 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.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.40 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.

The right adrenal gland is normal size (0.33 cm at cranial pole) (0.35 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.

IMAGING PERFORMED BY

Amy Mayhew

Spleen

HOSPITAL NAME

SVS Imaging Michigan

The spleen is normal in size (1.27 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

REFERRING VET

Dr. Schecter

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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

14833

Gastrointestinal

DATE

4/24/23



PATIENT

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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 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.

SPECIES

Canine

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.

BREED

Goldendoodle

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized. One of the largest nodes measures 2.25 cm in length. A 1.43 cm medial iliac lymph node is also seen.

SEX

Male, neutered

AGE

8 months

ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- Trace ascites.

WEIGHT

5.8 kg.

*An obvious cause for the patient's gastrointestinal signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, other.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A malabsorption panel including serum cobalamin, folate, TLI, PLI and a resting cortisol level is recommended (send to Texas A&M).
- Consider a 2-4-week hydrolyzed protein or elimination diet to evaluate for food allergies.
- Also consider initiation of a probiotic with a high colony count (i.e., Visbiome, Provable) along with a fiber supplement (i.e., Psyllium).
- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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