



**PATIENT**

Annie McIntosh

**SPECIES**

Canine

**BREED**

Min Pin

**SEX**

Female, spayed

**AGE**

9 Yrs. 5 months

**WEIGHT**

4.3 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

13257

**DATE**

4/25/22

**PRESENTING CLINICAL SIGNS**

History: Not eating for 3 days, hand feeding with people food, drinking/urinating, small bowel movement this morning. was limping on right yesterday AUS for screen  
Abnormal PE/Chem/CBC/UA Results: Splinting on abdominal palpation. Mild-moderate dental disease. CBC WNL, except: Retic-HGB 16.8 (N 22.3 - 29.6) LOW Plt 139 (N 148 - 484) LOW Chemistry WNL, except: Alkp 258 (N 23 - 212) HIGH SDMA 3 (N 0 - 14) TT4 27 (N 13 - 51) (March 17, 2022 - was 56)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.09 cm in length) 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.22 cm in length) 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.52 cm at caudal pole) (1.50 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 borderline enlarged (0.61 cm at cranial pole) (0.55 cm at caudal pole) (1.69 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 (1.29 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 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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**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 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 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. 2 prominent jejunal lymph nodes are visualized in the left mid-abdomen, one measuring 1.33 cm in length, the other measuring 0.75 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral age-related renal changes with subtly dystrophic mineralization.

\*An obvious cause for the patient's inappetence is not identified in this study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Orthopedic and neurologic examinations are recommended to assess for non-metabolic causes of inappetence.
- Thoracic radiographs should also be considered to assess for occult disease in the chest as well as bony lesions.
- A GI panel including serum cobalamin, folate, TLI and PLI can also be considered to assess for microscopic gastrointestinal and pancreatic disease.
- Also consider a urine culture and sensitivity to assess for occult pyelonephritis, which can cause abdominal pain.



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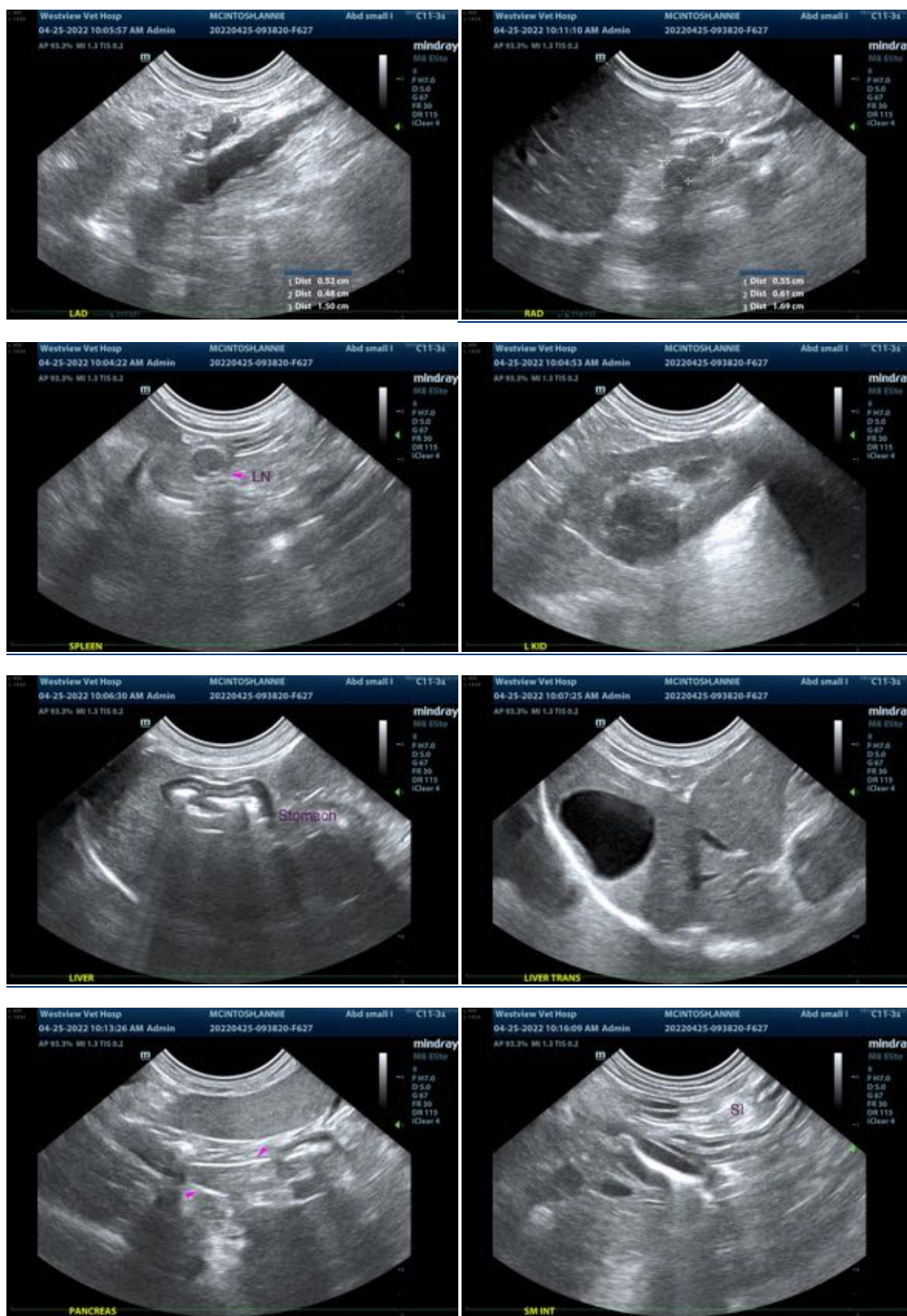
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com