



PATIENT

Kenzie Burrell

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

65.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

14849

DATE

4/25/23

PRESENTING CLINICAL SIGNS

History: Pet has had gastric halitosis and excessive flatulence since January. Improves while on omeprazole but doesn't go away. Pet has no vomiting or diarrhea. Normal appetite and energy level. Abnormal PE/Chem/CBC/UA Results: bloodwork was normal other than a mildly elevated ALT 129. Radiographs of the chest and abdomen had no significant findings.

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 left kidney is normal size (6.28 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. Renal vasculature is normal.

The right kidney is normal size (6.73 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.50 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.

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.47 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 subjectively normal in size 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 congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT

Pancreas

Kenzie Burrell

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.

SPECIES

Canine

Free Abdomen

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

BREED

Golden Retriever

SEX

Female, spayed

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

AGE

10 Yrs.

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

WEIGHT

65.8 lbs.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Consider a 2-4 week limited antigen or hydrolyzed protein diet trial to assess for food allergies.
- A fecal evaluation for ova and Giardia is also recommended, if not already performed.
- A malabsorption panel including serum cobalamin, folate, TLI, PLI and a resting cortisol level should be considered (send to Texas A&M).
- Given the elevated ALT, consider pre and post prandial serum bile acids to assess for occult hepatic dysfunction.
- Consider initiation of a probiotic with a high colony count (i.e., Visbiome, Provioble).
- Thoracic radiographs should also be considered to assess for occult esophageal disease.
- Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Endoscopy would be useful in assessing for esophageal and gastric/duodenal mucosal lesions.

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

14849

DATE

4/25/23



PATIENT

Kenzie Burrell

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

65.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare
Oakland

REFERRING VET

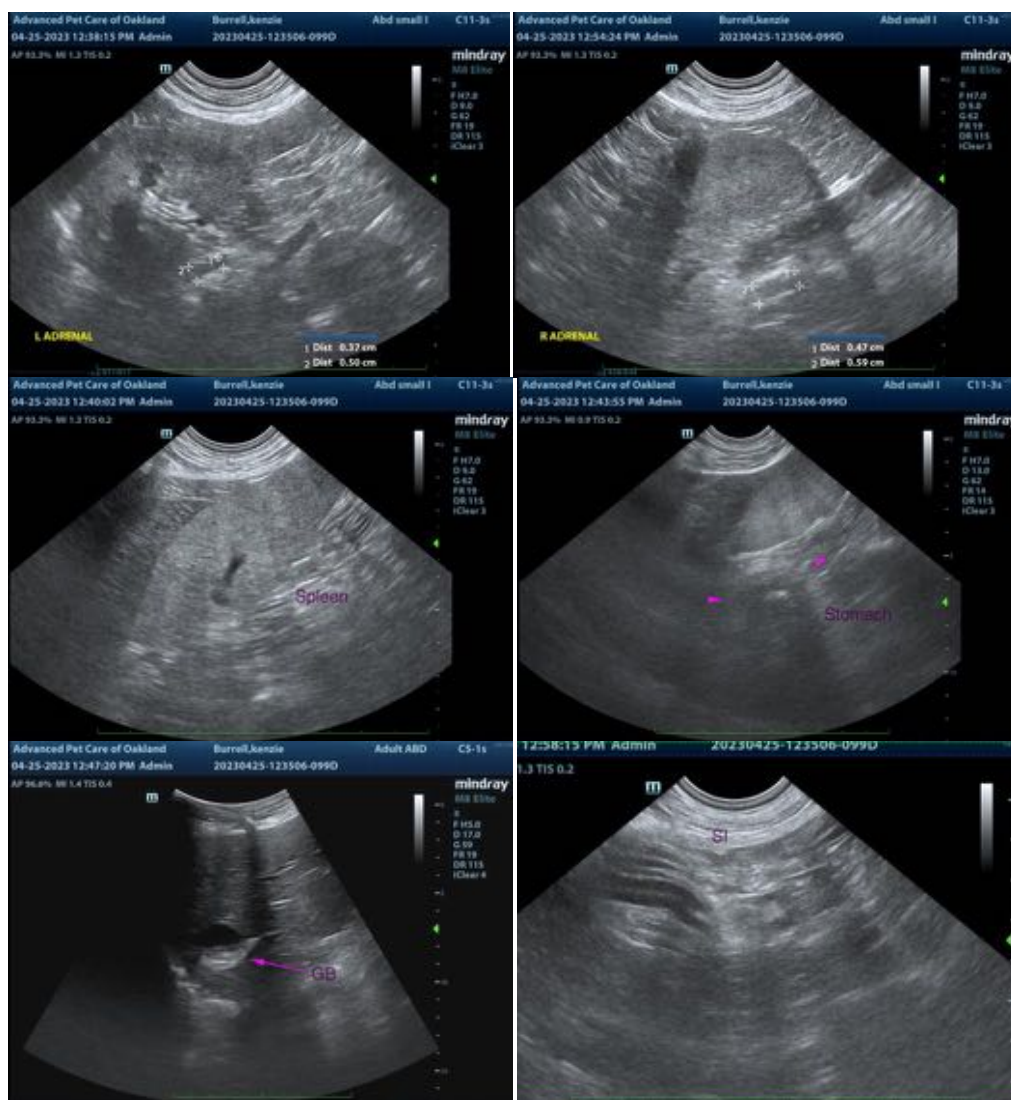
Dr. Sheldon

INVOICE

14849

DATE

4/25/23



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