



PATIENT

Cooper Tulgar

SPECIES

Canine

BREED

Boxer

SEX

Male, netuered

AGE

8 Yrs.

WEIGHT

84 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Eisenberg

INVOICE

13283

DATE

4/27/22

PRESENTING CLINICAL SIGNS

History: on and off diarrhea- mucousy to soft stools, tried metro no response started on z/d about week ago but still having diarrhea with occasional vomiting. App is off
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/spec Cpl NSF Alb 2.6 maldigestion panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.90 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.

The right kidney is normal size (6.87 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

The caudal pole of the left adrenal gland is visualized and is normal size (0.51 cm in width); normal shape; glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.93 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 anechoic. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with gas and chyme (mild). The small intestinal wall is normal to mildly thickened (up to 0.55 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal



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ratio in several segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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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.

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Free Abdomen

BREED

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

Boxer

SEX

ULTRASONOGRAPHIC FINDINGS

Male, netuered

Given the patient's clinical history and sonographic bowel changes, a protein losing enteropathy (i.e., inflammatory bowel disease, lymphangiectasia, emerging neoplasia, infectious/parasitic disease) is of concern. Given the breed, histiocytic ulcerative colitis is also a possibility. Atypical hypoadrenocorticism is also a differential.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Fecal evaluation for ova and giardia.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Colonoscopic biopsies are preferred over surgical biopsies, as surgery has the potential for more complications. If biopsies are not to be pursued at this time, empirical treatment for histiocytic ulcerative colitis (i.e., Enrofloxacin) can be considered. If the patient responds to treatment, which typically occurs within 2 weeks of initiating therapy, Enrofloxacin should be continued for at least 8-12 weeks. The client should be advised, however, that relapses can occur.
- To evaluate for other concurrent causes of hypoalbuminemia, consider a UPC (if proteinuria is present) and pre and post prandial serum bile acids (to assess for occult hepatic dysfunction).

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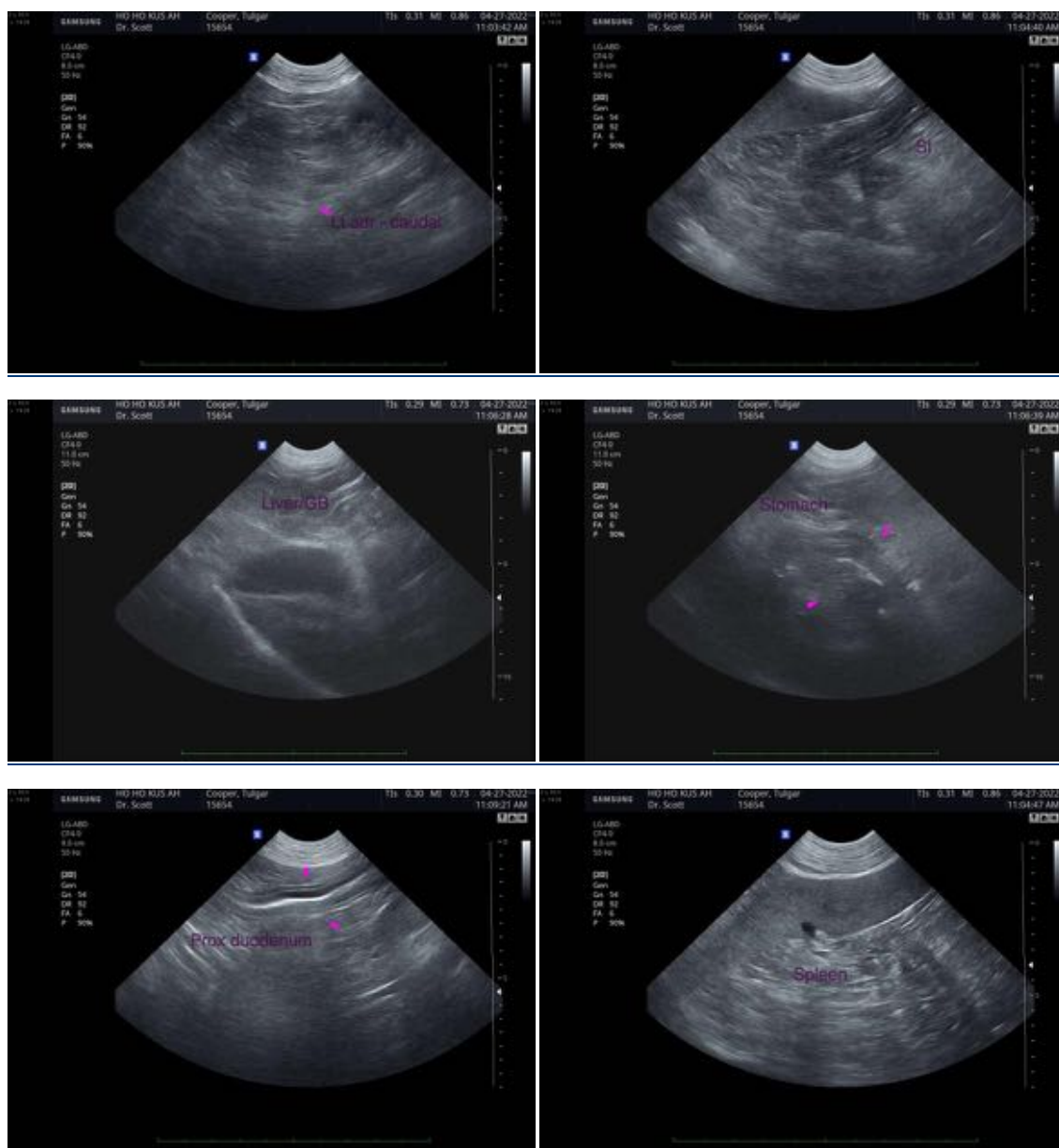
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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