


PATIENT PRESENTING CLINICAL SIGNS

Poe Brescher History: V/D decreased appetite, lethargic

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine Urinary System

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

BREED

Chihuahua Mix The prostate is normal in size (1.87 cm in width) with a normal shape and smooth peripheral contours. A 0.31 cm hyperechoic nodule/area is observed at the caudal aspect. The remaining parenchyma is homogenous. The prostatic urethra is not overtly dilated.

SEX

Neutered Male The left kidney is normal in size (4.16 cm in length) with a normal shape, architecture and 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.

AGE

4 years The right kidney is normal in size (4.20 cm in length) with a normal shape, architecture and 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.

WEIGHT

15 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm at cranial pole) (0.34 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
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 Medicine)

The right adrenal gland is in normal size (1.35 cm at cranial pole) (1.50 cm at caudal pole) (1.72 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.09 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 appears normal.

IMAGING PERFORMED BY

Jenn

Liver
HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

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
INVOICE

12674

The lumen is minimally distended with fluid. 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.

DATE

4.6.23

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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

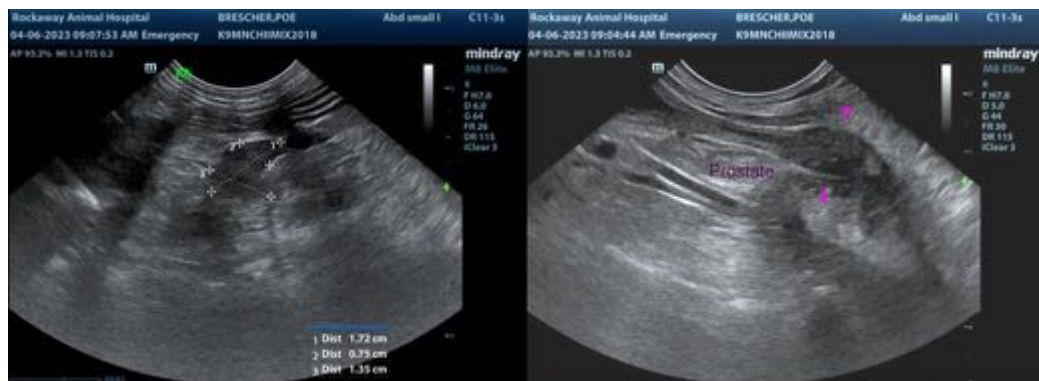
Primary Findings

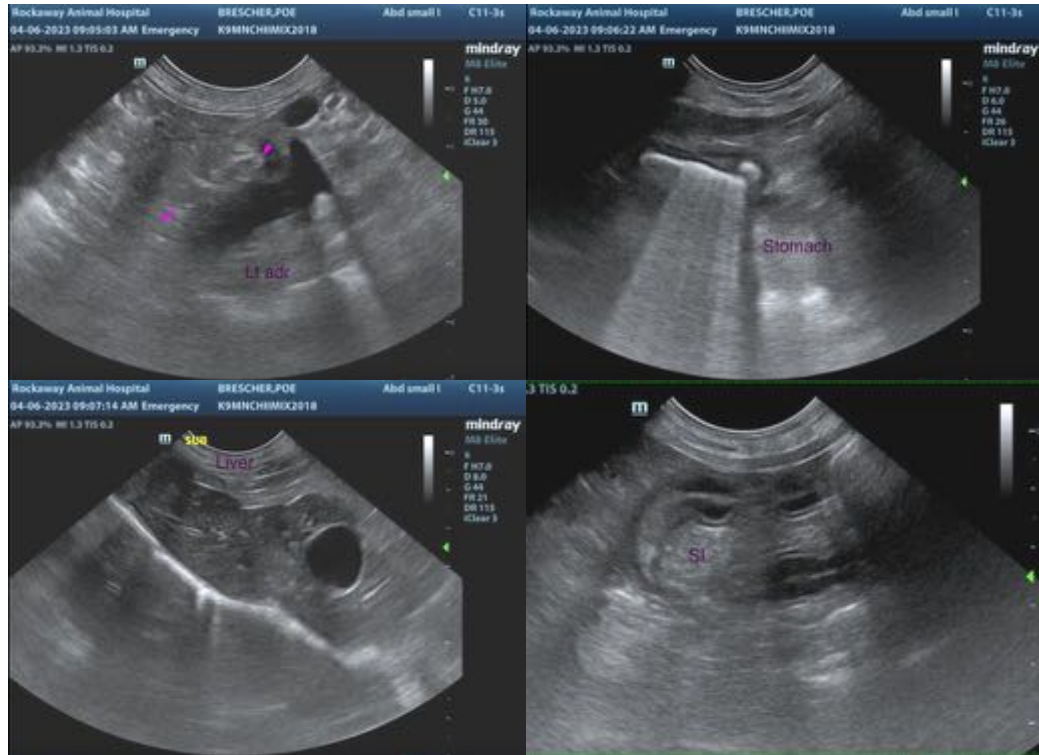
- The hyperechoic area within the prostate gland likely represents a benign process (i.e., focus of lymphoid hyperplasia, fibrosis, granuloma, other) with a lower possibility of emerging neoplasia. The abdomen is otherwise unremarkable.

*An obvious structural cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- A fecal evaluation for ova and Giardia as well as prophylactic deworming with Fenbendazole is also recommended.
- Consider initiation of a probiotic +/- fiber supplement, along with a bland diet.
- If the patient's clinical signs do not begin to improve with medical management, a more comprehensive GI work-up may be necessary to get a definitive diagnosis.





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.

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