



PATIENT PRESENTING CLINICAL SIGNS

Disel Rodriquez Presenting Complaint: Disel presents for anorexia and lethargy since this morning

SPECIES Patient History:

- History of chronic diarrhea that has never fully resolved
- Diarrhea varies from soft stool to diarrhea over 1-2 day cycles
- History of giardia infection

BREED - Currently on probiotic and fiber supplement (given twice daily)

- Recent diet change 2 weeks ago from Nulo grain-free to Nulo ancient grains puppy food (same brand)
- Anorexia started this morning - refused breakfast, lunch, and dinner
- Lethargic behavior since this morning - normally active with littermate but sluggish today

SEX - No vomiting, coughing, sneezing, or blood in stool

- Acute anorexia and lethargy - r/o portosystemic shunt, parasitic reinfection, gastrointestinal obstruction
- Chronic diarrhea - r/o parasites (Giardia), portosystemic shunt, inflammatory bowel disease

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

7 mos *Urinary System*

The urinary bladder wall is normal in thickness. 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 proximal urethra, visible to a depth of 1.5-2.0 cm, are normal.

WEIGHT

9.5lbs

The prostate is normal in size (0.89 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney is normal in size (4.96 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 hydronephrosis.

IMAGING PERFORMED BY

Dr Celia Galanti DVM

The right kidney is normal in size (5.08 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 hydronephrosis.

HOSPITAL NAME

Craig Road AH

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.38 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 are normal.

REFERRING VET

Wylie Cooper DVM

The right adrenal gland is normal in size (0.43 cm at cranial pole) (0.39 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 are normal.

INVOICE *Spleen*

22957

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

DATE *Liver*

5-1-26

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. The



PATIENT portal vein to caudal vena cava ratio is approximately 1: 1.

Disel Rodriquez The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Gastrointestinal

Canine 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 is normal in thickness 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.

BREED

Dachshund

Pancreas

SEX

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 pancreatitis or effusion.

Male

AGE

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 3.20 x 0.42 cm).

7 mos

Free Abdomen

WEIGHT

Trace free fluid is observed.

9.5lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- Trace ascites, the origin of which is unclear. Broad considerations include increased vascular permeability, increased hydrostatic pressure, and low oncotic pressure.

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended to assess overall metabolic function, if not already performed.
- Also consider a repeat fecal evaluation, preferably a fecal PCR infectious disease panel, along with prophylactic deworming with fenbendazole.
- Given the chronicity of the diarrhea, also consider the following:
 1. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
 2. Three-to-four-week limited antigen or hydrolyzed protein diet trial
 3. +/- endoscopic or surgical GI biopsies
 4. In the meantime, continued symptomatic care is recommended.

REFERRING VET

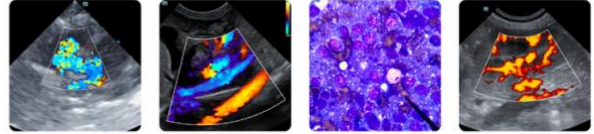
Wylie Cooper DVM

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BREED

Dachshund

SEX

Male

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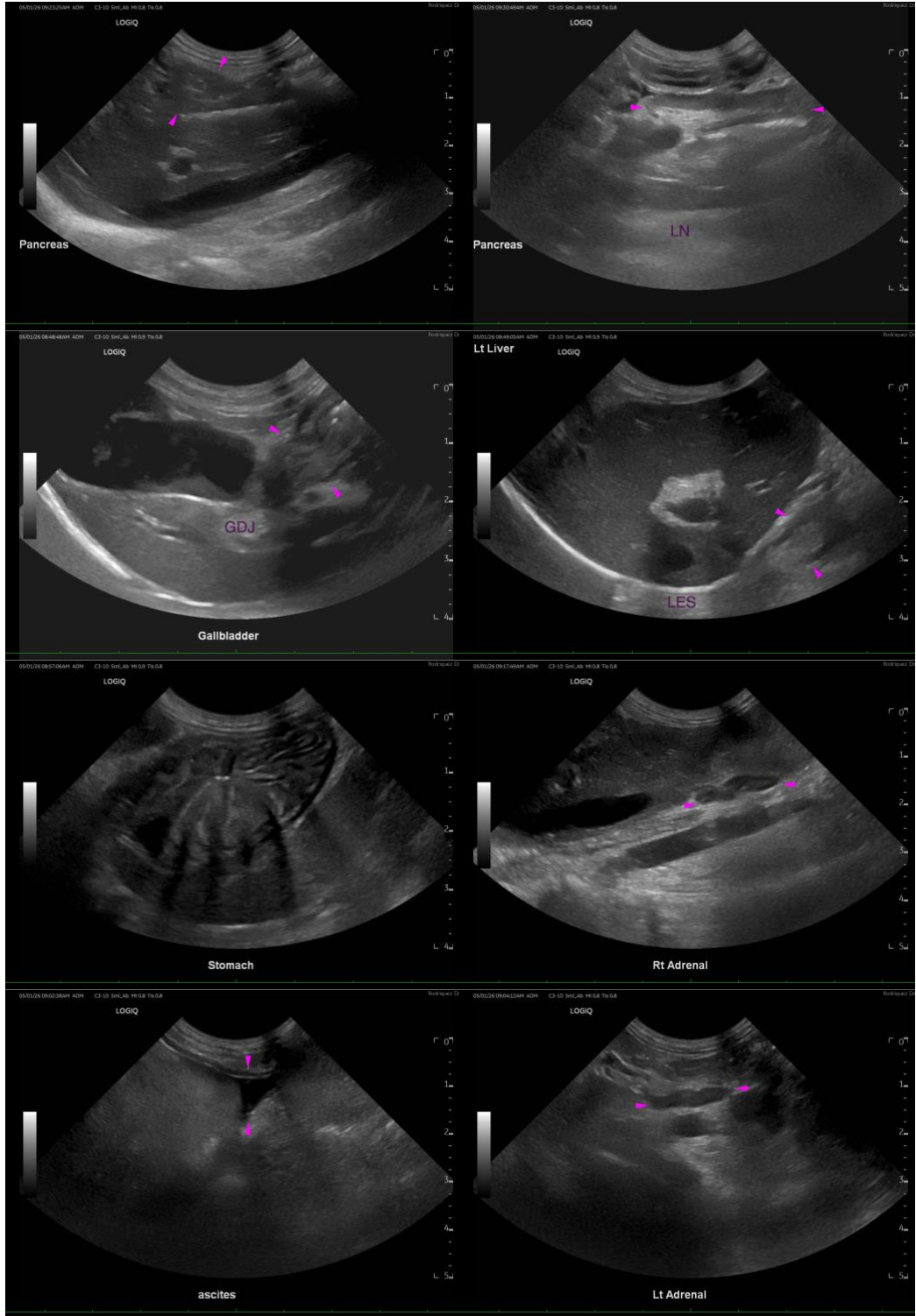
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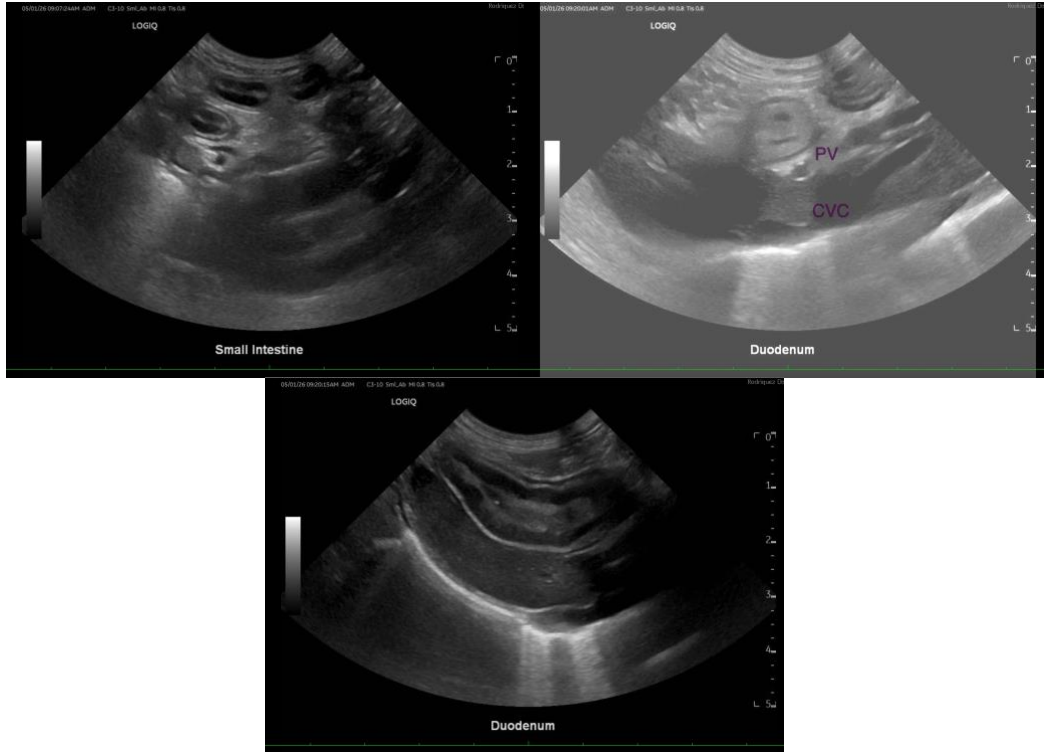
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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