



**PATIENT PRESENTING CLINICAL SIGNS**

Ben Tromonda History: weight loss severe anxiety, hepatomegaly

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

**BREED**

Golden Retriever

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

**SEX**

Neutered Male

The left kidney presented normal size (7.76 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 hydroureter.

**AGE**

11 years

The right kidney presented normal size (7.45 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 hydroureter.

**WEIGHT**

80 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.46 cm at caudal pole) (1.54 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.

**INTERPRETED BY**

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

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

**Spleen**

The spleen is normal in size (1.57 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.

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Maniar

**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 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 or overt infiltrative disease is noted.

**INVOICE**

10899

**DATE**

5/12/22

### ***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. The abdominal lymph nodes are normal/not visible.

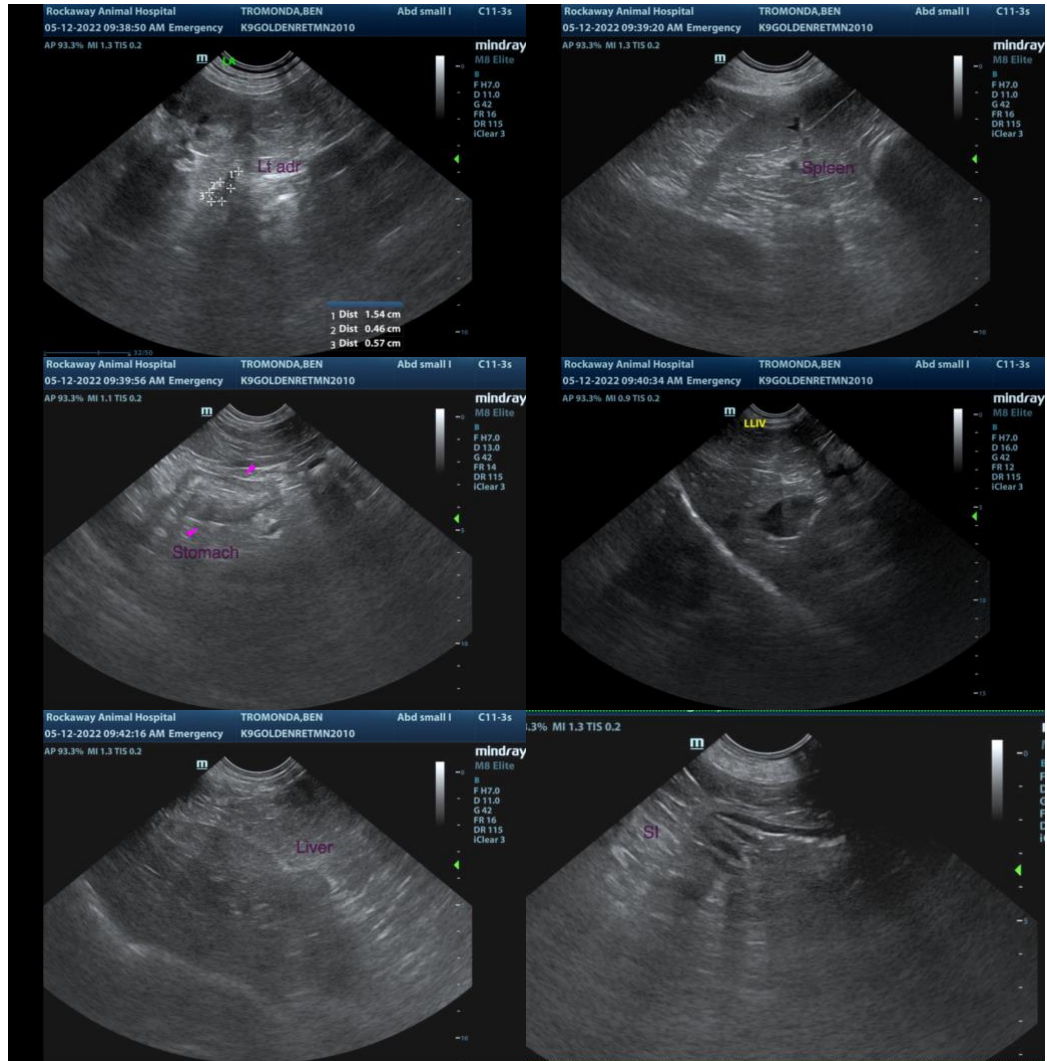
## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes for the patient's clinical signs.
- Depending on the results of the above diagnostics, further GI workup (i.e., malabsorption panel, fecal evaluation for ova and Giardia, +/- GI biopsies) may be warranted.



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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