



PATIENT PRESENTING CLINICAL SIGNS

- Ovie Baxter
 - Patient has a history of chronic diarrhea
 - Pot-bellied appearance
- SPECIES**
 - Panting
 - Multiple masses across body
- Canine
 - TLI elevated (>50)
 - Folate elevated (>24)
- BREED**
 - ALKP elevated (1507 today, 730 in October 2021)
 - BUN elevated (34 today, 32 in October 2021)
- BMD Mix
 - Creatinine normal today, but elevated (2.0) in October 2021

SEX Dasuquin Advanced, Galliprant, Gabapentin, Chondroprotec

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

6/6/10

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.

WEIGHT

93.3 lbs

The prostate is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
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The left kidney presented normal size (7.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

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The right kidney presented normal size (7.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.81 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.

REFERRING VET

Dr. Ashley Parsons

The right adrenal gland is normal size (0.88 cm at cranial pole) (0.86 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.

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DATE

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Spleen

The spleen is normal in size (1.78 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.



PATIENT *Liver*

Ovie Baxter The liver is prominent in size with slightly swollen peripheral contours. A 1.13 cm irregular cystic lesion is observed at the tip of the left lateral lobe. The remaining parenchyma is hypoechoic relative to the spleen, and slightly mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and soft shadowing material. 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 chyme (mild). 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.

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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

PRIMARY FINDINGS

- An obvious cause for the patient's chronic diarrhea is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, intestinal dysbiosis), underlying metabolic issue (i.e., atypical hypoadrenocorticism), low-grade pancreatitis, other.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. The cystic hepatic lesion at the tip of the left lateral lobe could be consistent with a benign cyst, hematoma, or emerging tumor (i.e., hemangioma, hemangiosarcoma).
- Gallbladder debris/sludge, non-mucocele.
- Bilateral minor chronic age related renal changes

SECONDARY FINDINGS

- Shadowing gastric luminal contents – could be consistent with foreign material (i.e., grass, cloth) or normal ingesta (less likely). The material appears non-obstructive at this time.



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovie Baxter

Regarding the gastrointestinal signs, consider the following:

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- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended.
- Empirical treatment for small intestinal bacterial overgrowth with a 4 week course of Tylosin.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- A 6-week limited antigen diet trial to assess for food allergies.
- Depending on the results of the above diagnostics/therapeutics, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

Regarding the cystic hepatic lesions, consider a repeat ultrasound in 4-6 weeks to assess for progression/growth.

Regarding the elevated ALP, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, consider a repeat abdominal ultrasound +/- hepatic tissue sampling, if warranted.

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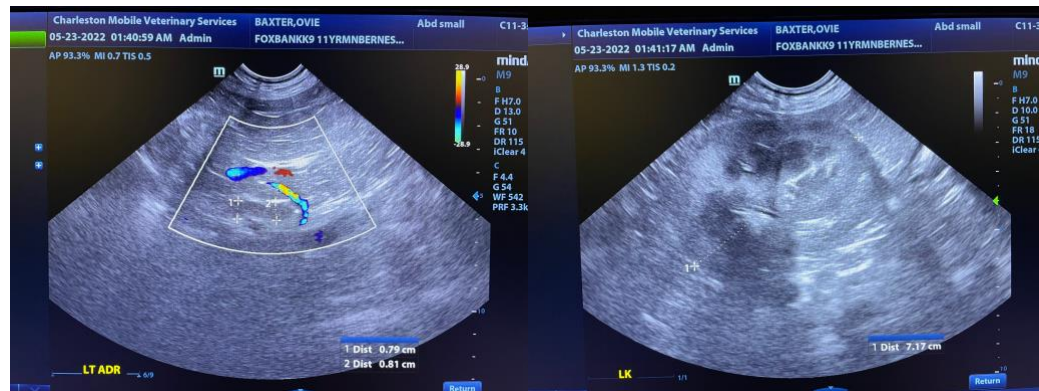
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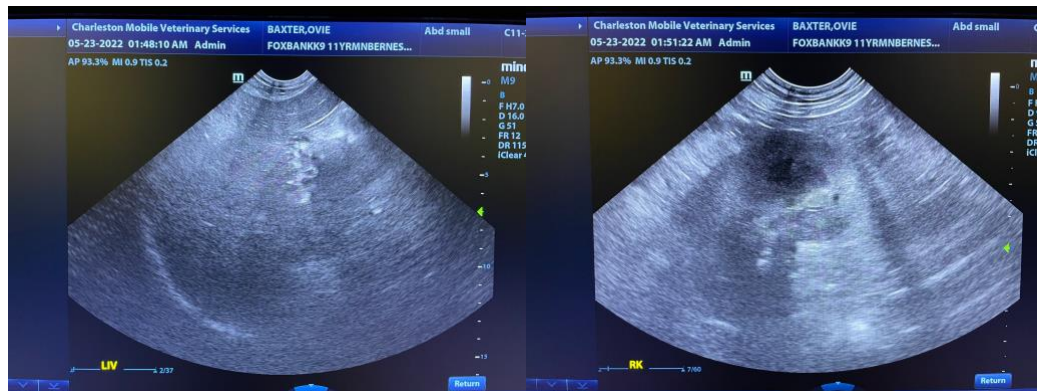
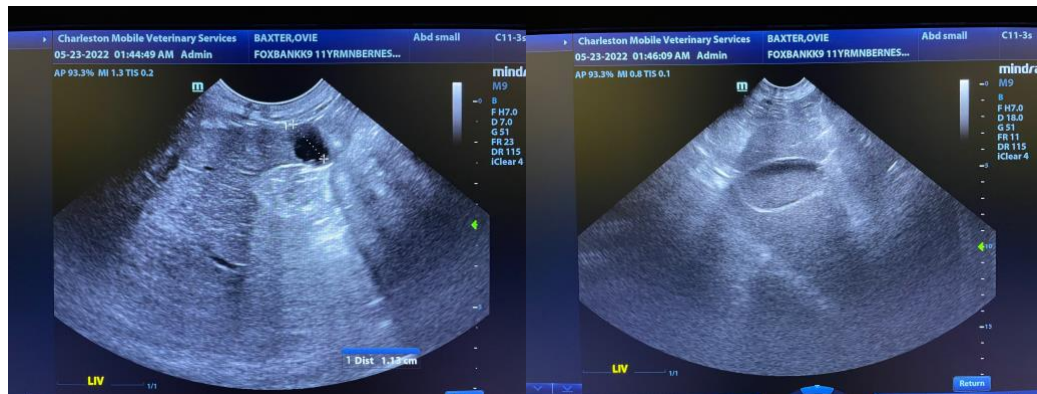
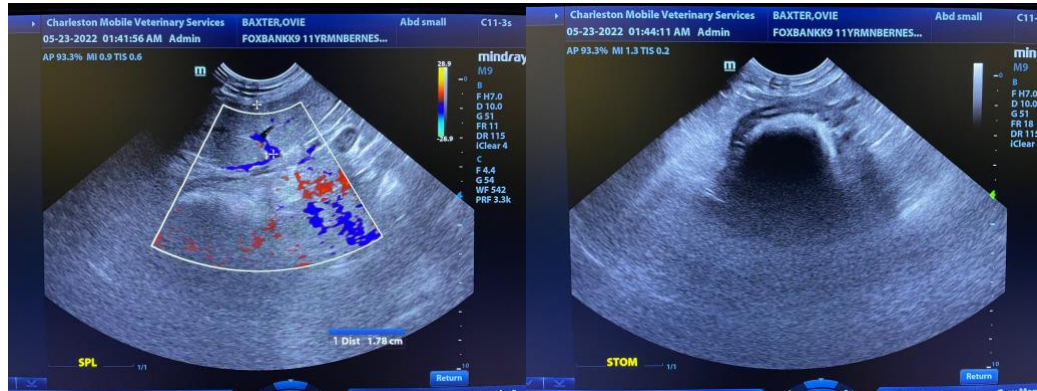
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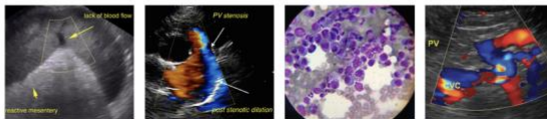
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PATIENT

Ovie Baxter

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.

SPECIES

Canine

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.

BREED

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