



PATIENT

Lupo Fenech

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

15 years

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr Lindsay Sjoloin

INVOICE

10172

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: Not sedated- tense abdomen History: Was having a consistent soft stool, but that has since resolved. Low albumin and high globulin found on annual senior lab-work Physical exam findings: No significant findings on PE Abnormal CBC values: WNL Abnormal Chemistry Values: mild hyperalbuminemia. mild hyperglobulinemia. mild elevation in ALT. Abnormal UA Values: trace protein. UPC 0.2. borderline proteinuria Radiograph Findings (email radiographs if available): Reason for Ultrasound: Evaluate for the cause of the low albumin. B12 normal. Floate showed mild elevation, TLI and cPL WNL.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.52 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 hydroureter.

The right kidney is normal size (3.44 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.41 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.

The right adrenal gland is normal size (0.93 cm at cranial pole) (0.52 cm at caudal pole) (2.07 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.

Spleen

The spleen is normal in size (1.13 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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. A few segments are corrugated in appearance. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is borderline thickened (up to 0.30 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A 0.58 cm lymph node is observed in the left cranial quadrant.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild, small intestinal peristalsis without obvious evidence of a foreign body/obstruction. The peristalsis is likely secondary to enteritis. The colonic wall changes are most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

Secondary Findings

- Minor, age-related renal and pancreatic changes
- Probable reactive lymph nodes in the left, cranial quadrant.

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*An obvious cause for the patient's hypoalbuminemia is not identified in this study. Considerations include primary gastrointestinal disease or occult hepatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal evaluation for ova and Giardia

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Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.



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Consider a resting cortisol level to assess for atypical hypoadrenocorticism.

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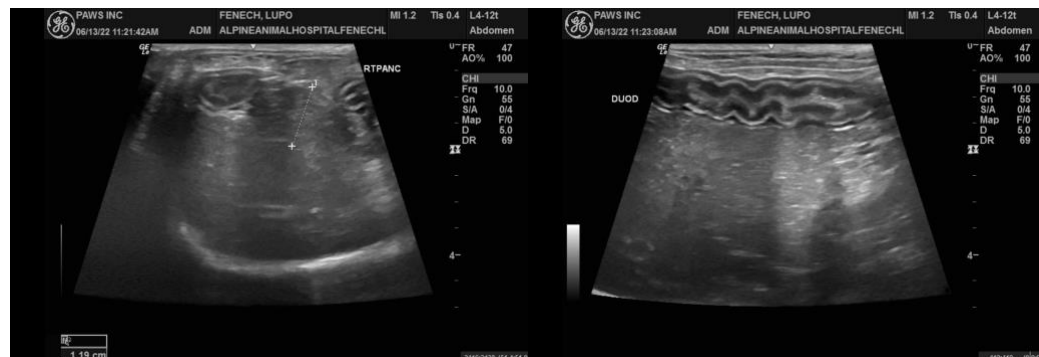
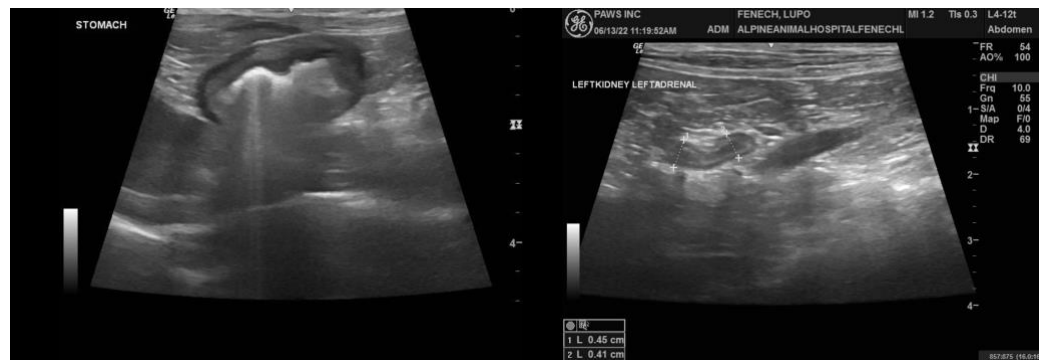
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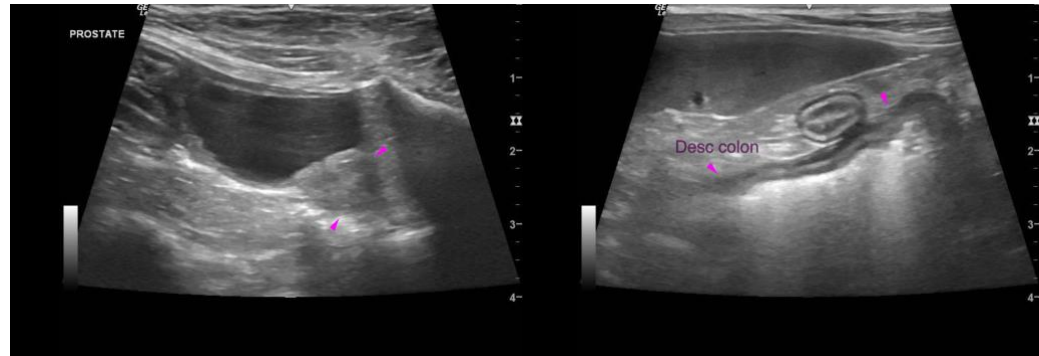
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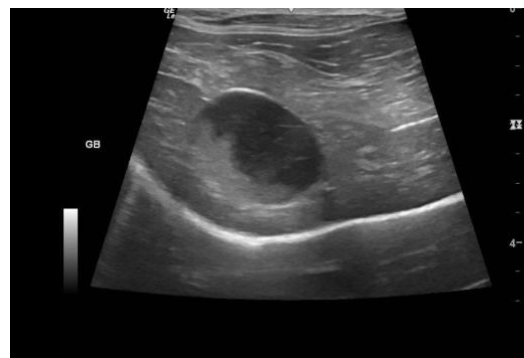
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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