



PATIENT

Weego Faias

SPECIES

Canine

BREED

Chihuahua mix

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

8.86 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Saum Hadi

INVOICE

13476

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: P presents after a night of yelping in pain throughout night and hyporexia. P would not eat this morning. P has a history of yelping in pain, especially when defecating, of over two years, but last night was the worst it has ever been for P. In 2020, P was seen for a similar issue. An inflamed growth like area of the perianal/distal rectum was submitted for histopathology: **MICROSCOPIC INTERPRETATION:** Mild pyogranulomatous and moderately severe plasmacytic inflammation, perirectal/perianal **COMMENTS:** This type of regional inflammation can be seen secondary to anal sacculitis, intermittent anal sac impaction and colonic inflammation.

Abnormal PE/Chem/CBC/UA Results: P yelping when being approached, similar to past fear/anxiety reports. On exam, P calmed down. Tense on abdominal palpation but no obvious pain response. No overt pain response on flexion/extension/palpation of limbs x4 and spine. Formed, dry feces with no evidence of hematochezia/melena on rectal exam. Moderately full AG bilaterally (expressed). Grade 4/4 dental calculus. Grade 1/4 MPL bilaterally. Overgrown nails on limbs x4. CBC/Chem/cPL/UA/Fecal OP pending. Thoracic/spinal rads: Normal pulmonary parenchyma, cardiac silhouette, and pulmonary vasculature. No evidence of spondylosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

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

The left kidney is normal in size (3.32 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.41 cm at caudal pole) (1.26 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.

The caudal pole of the right adrenal gland is visualized and is normal size (0.41 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (0.93 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



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

Gastrointestinal

The gastric lumen is not distended. 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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

The base of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is subtly hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes could be consistent with mild chronic active pancreatitis.

Secondary Findings:

- Minor age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a cPLI (send to Texas A&M) to further assess for low-grade pancreatitis as a cause for possible abdominal pain.
- Other recommendations could include the following:
 1. A neurological exam to assess for neurogenic causes of pain.
 2. Referral to a board-certified surgeon to further evaluate for orthopedic disease.
 3. Urine culture and sensitivity to assess for occult pyelonephritis, which can occasionally cause abdominal discomfort.



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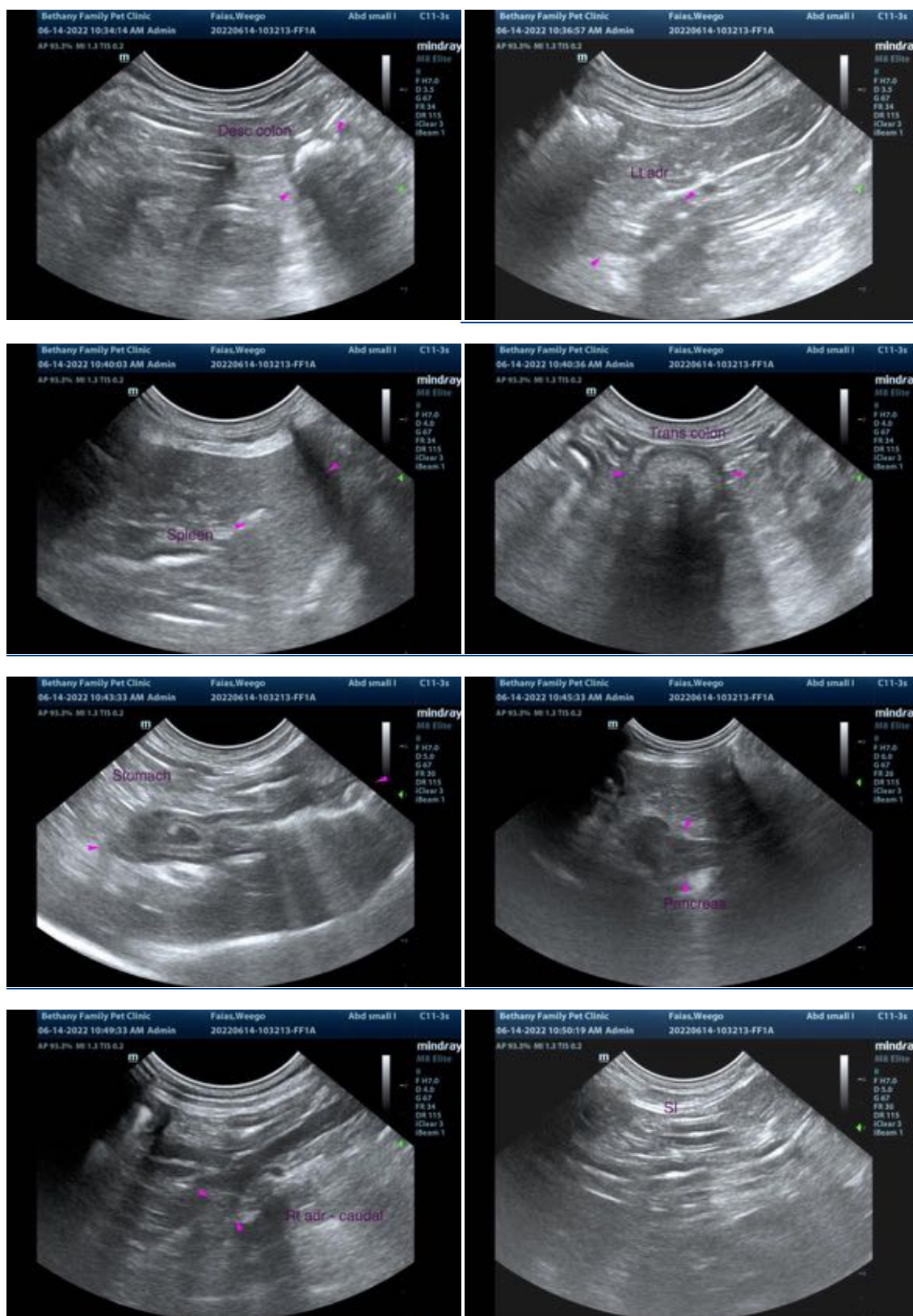
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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