

PATIENT

Buster Deangelis

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

4/7/2011

WEIGHT

46.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Brighton AH

REFERRING VET

Dr. Jalene Wetzel

INVOICE

10174

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Intermittent diarrhea the past two weeks. Today has had increased urgency to defecate and black blood clots in his feces. Still eating ok. No vomiting

Bloodwork unremarkable. Abdominal rads unremarkable. Current Medications: Sotalolol 60mg SID

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 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.

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

The left kidney is normal size (5.95 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. Renal vasculature is normal.

The right kidney is normal size (6.12 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.68 cm at caudal pole) (2.34 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 right adrenal gland is normal size (0.94 cm at cranial pole) (0.52 cm at caudal pole) (2.54 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.

Spleen

The spleen is normal in size (1.78 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.93 cm hypoechoic nodule is observed in the cranial to mid-aspect. 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.



PATIENT	The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.
Buster Deangelis	
SPECIES	Gastrointestinal
Canine	The gastric lumen is mildly distended with ingesta. 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. 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 0.29 cm). The lumen of the descending colon contains non-solid fecal material. There is no evidence of an obstructive pattern.
BREED	
Labradoodle	
SEX	Pancreas
Neutered Male	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.
AGE	Free Abdomen
4/7/2011	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.25 cm medial iliac lymph node is visualized.
WEIGHT	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
46.2 lbs	
INTERPRETED BY	Primary Findings
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	<ul style="list-style-type: none"> Borderline colonic wall thickening, most consistent with an inflammatory process with a lower possibility of emerging neoplasia The hypoechoic splenic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). However, an emerging neoplastic process cannot be completely excluded.
IMAGING PERFORMED BY	Secondary Findings
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	<ul style="list-style-type: none"> Minor, age-related renal and pancreatic changes The prominent medial iliac lymph node is likely reactive.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Brighton AH	Fecal evaluation for ova and Giardia
REFERRING VET	Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
Dr. Jalene Wetzel	Consider a fecal PCR infectious disease panel.
INVOICE	Therapeutically, supportive care, including fluid therapy (as needed) along with a probiotic with a high colony count (i.e., Provable Forte or Visbiome) is recommended.
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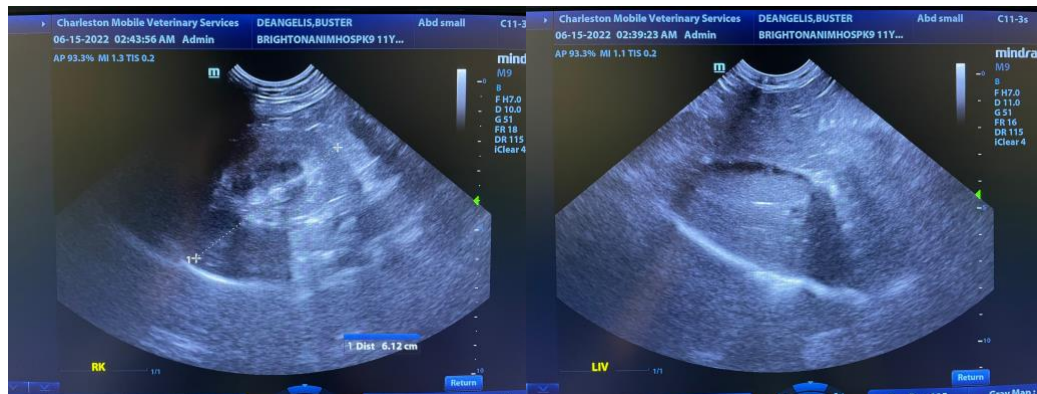
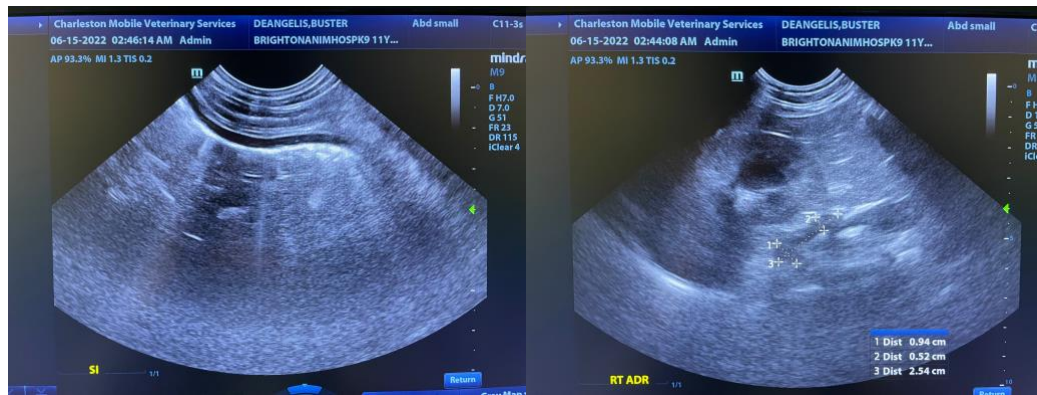
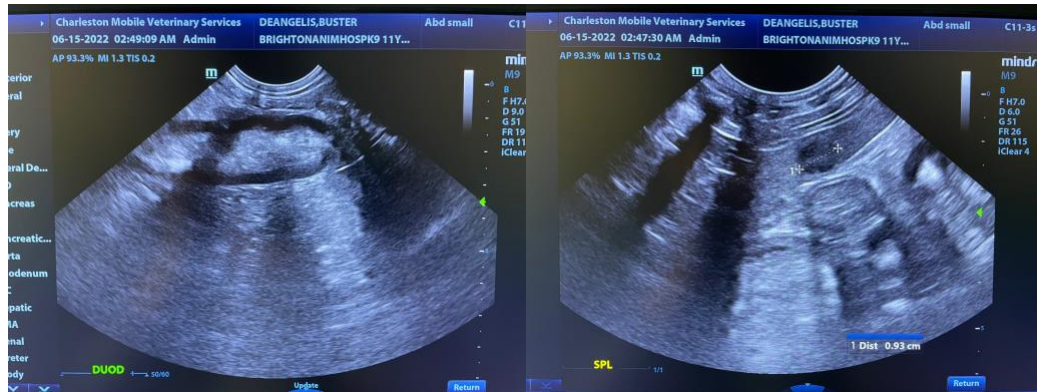
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Depending on the results of the above diagnostics/therapeutics, a more advanced GI work may be warranted and could include the following:

1. A resting cortisol level to screen for hypoadrenocorticism
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
3. Hypoallergenic diet trial
4. +/- endoscopic gastrointestinal biopsies. If biopsies are pursued, thoracic radiographs are recommended prior to anesthesia





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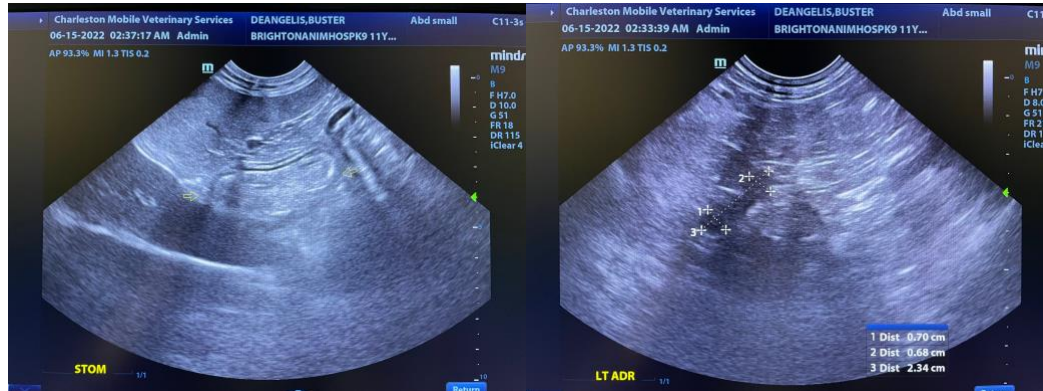
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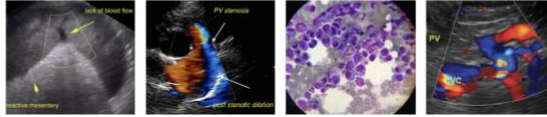
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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