



PATIENT PRESENTING CLINICAL SIGNS

Venus Gonzalez History: The patient presented as a referral for an abdominal ultrasound. Pt presented to rDVM for vomiting and diarrhea and abdominal radiographs were taken. The radiographs showed a soft tissue opacity in the cranial abdomen. Want to rule out mass vs other.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results:

Radiographs: Soft tissue opacity in the cranial abdomen.

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. A large amount of aggregated echogenic-to-mineralized debris is observed within the lumen. No distinct calculi are seen. The region of the trigone is somewhat obscured by the luminal debris. The visible portion of the the proximal urethra is normal.

SEX

Female Spayed

The left kidney is normal in size (7.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years

The right kidney is normal in size (7.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

91 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.64 cm at caudal pole) (3.04 cm in length) with a normal shape and 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
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The right adrenal gland is normal in size (0.77 cm at cranial pole) (0.85 cm at caudal pole) (3.53 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Ferrer, DVM

Spleen

The spleen is normal in size (1.94 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 appears normal.

HOSPITAL NAME

Paseos VC

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.

REFERRING VET

Dra. J. Gomes

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

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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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small

DATE

6.15.23



PATIENT

Venus Gonzalez

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

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German Shepherd

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

SEX

Findings

Female Spayed

The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets. The remainder of the abdomen is unremarkable.

AGE

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*An obvious cause for the patient's GI signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, internal parasites, inflammatory bowel disease, dysbiosis), underlying metabolic issue, other.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- Given the urinary bladder changes, a urine culture and sensitivity should also be considered.
- A fecal evaluation for internal parasites is also recommended, +/- prophylactic deworming with Fenbendazole.
- If the above diagnostics are inconclusive, and the patient's clinical signs persist, a more comprehensive GI work-up (i.e., Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level, hypoallergenic or hydrolyzed protein diet trial, +/- GI biopsies) may be necessary to get a definitive diagnosis. In the meantime, symptomatic care is recommended.

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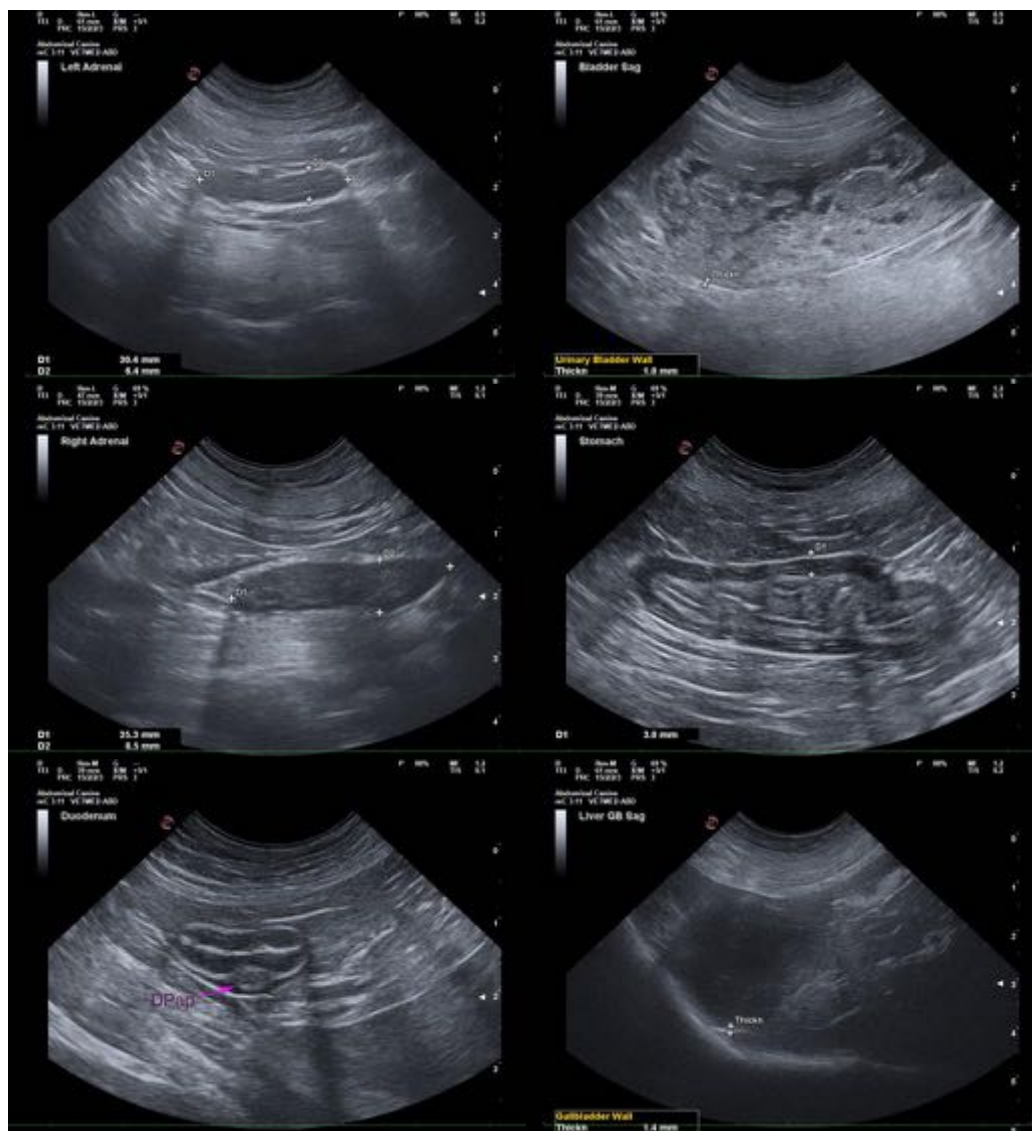
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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