

## PATIENT

Kracker Williams

## SPECIES

Canine

## BREED

Pitbull Terrier

## SEX

Neutered Male

## AGE

7 years

## WEIGHT

91 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Vetco Total Health So.  
Salem

## REFERRING VET

Dr. Joynt

## DATE

6/16/22

## INVOICE

11092

## PRESENTING CLINICAL SIGNS

History: Occasional lack of appetite, lethargic nausea and vomiting off/on Current Medications  
Carprofen 75 mg BID

## 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 normal in size (1.56 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 (7.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.31 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is mildly enlarged (0.83 cm at cranial pole) (0.98 cm at caudal pole) (2.98 cm in length); with a slightly irregular 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 mildly enlarged (1.30 cm at cranial pole) (0.98 cm at caudal pole) (2.94 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 (1.72 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**SPECIES**

**Gastrointestinal**

Canine

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 intestinal wall is normal to mildly thickened (up to 0.55 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. 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.

**AGE**

7 years

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**WEIGHT**

91 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bowel pattern suggestive of inflammatory bowel disease. However, these changes could also be consistent with normal variation.

**Secondary Findings**

- Minor, bilateral, adrenomegaly. This may be a normal variant for this patient or could be consistent with early hyperplastic change.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's history of nausea, vomiting and inappetence, consider the following:

1. Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.
2. Fecal evaluation for ova and Giardia
3. GI panel including serum cobalamin and folate, TLI and PLI
4. 6-week limited antigen diet trial, if the patient will tolerate it
5. Depending on the results of the above diagnostics, GI biopsy (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.



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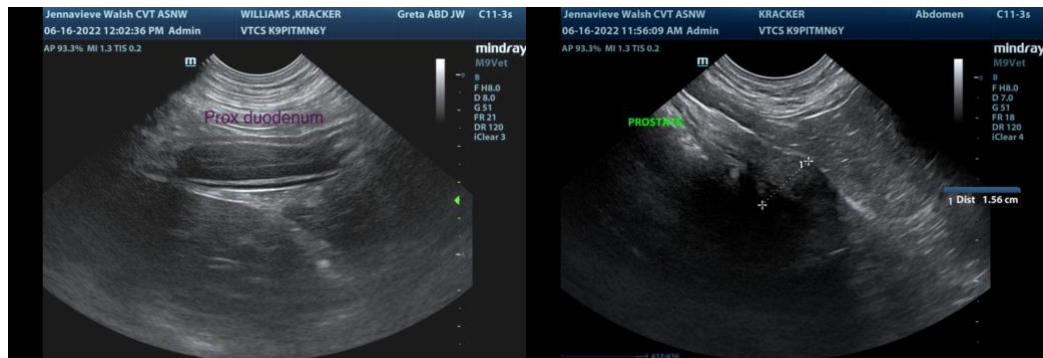
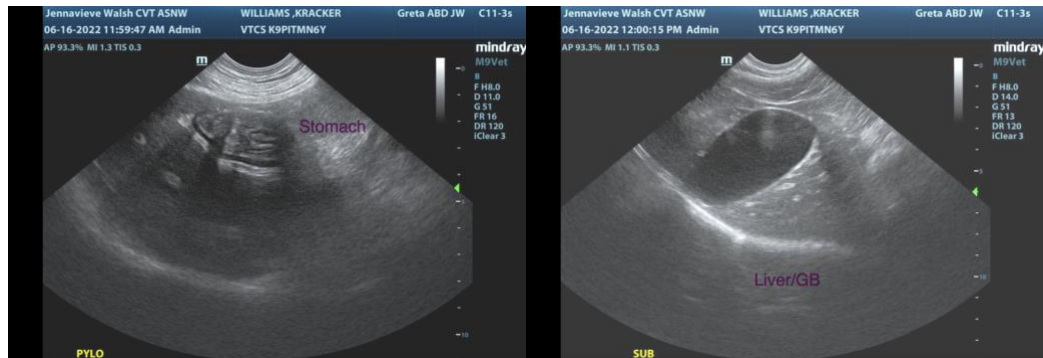
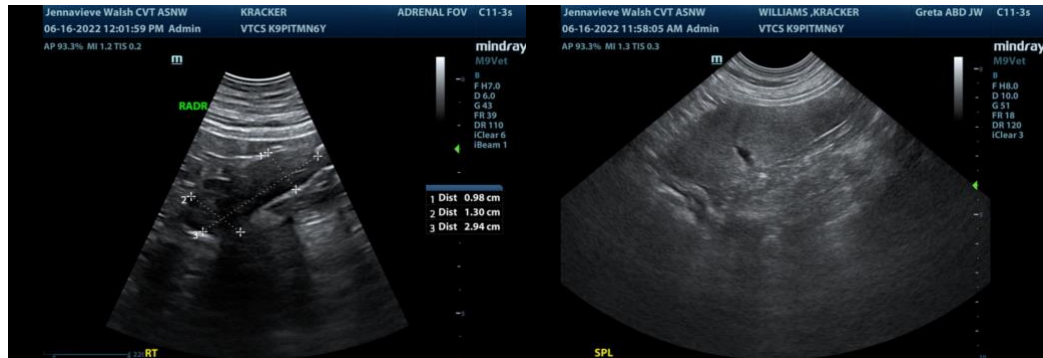
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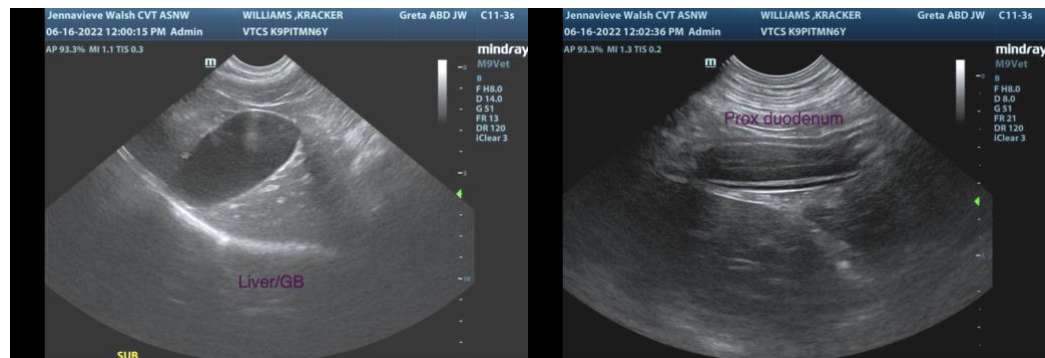
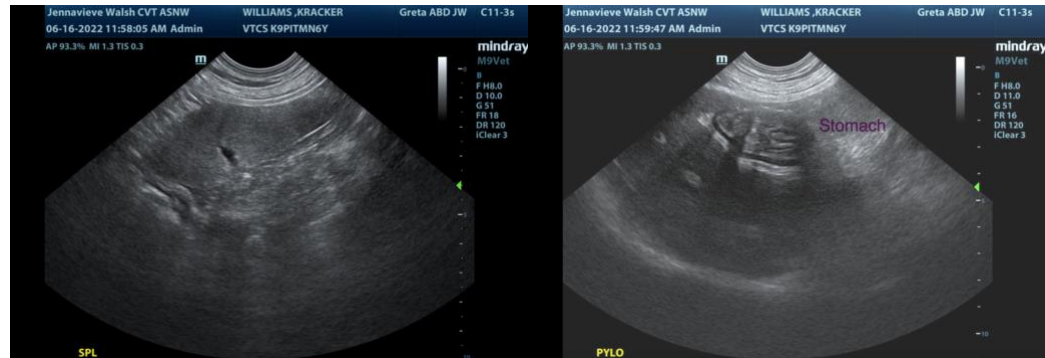
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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