

PATIENT PRESENTING CLINICAL SIGNS

Mocha Cheng

History: historically had 1-2 bouts of GI upset per year consisting of vomiting and diarrhea, eating grass, inappetence. Typically, self-resolving. is a picky eater. owner cooks in addition to kibble to encourage appetite, 3 weeks ago suddenly developed periocular swelling, V & D, innapetence, treated with benadryl, famotidine, cerenia, metro. Elevated spec cPL on BW, symptoms have not fully resolved despite supportive care.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached BLADDER WALL
Bloodwork from May: CBC unremarkable. T4 normal. 4Dx negative.

BREED

Toy Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

11 years

The left kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

5.37 kg

The right kidney is normal size (4.02 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.

INTERPRETED BY

Andrea Nicastro,
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ACVIM (Small Animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.47 cm at caudal pole) (1.22 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal size (0.91 cm at cranial pole) (0.56 cm at caudal pole) (1.62 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.

HOSPITAL NAME

East Credit VH

Spleen

The spleen is normal in size (1.25 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.

REFERRING VET

Dr. Webster

Liver

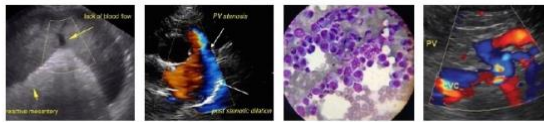
INVOICE

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The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE

6.16.22



PATIENT

Mocha Cheng

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

SPECIES

Canine

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas. 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. There is no evidence of an obstructive pattern.

BREED

Toy Poodle

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.

SEX

Spayed Female

Free Abdomen

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

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.37 kg

Primary Findings

- Minor, age-related renal changes

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include low-grade pancreatitis, microscopic gastrointestinal disease, underlying metabolic issue, other

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of chronic, intermittent gastrointestinal signs, further workup could include the following:

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1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended (send to Texas A&M)
2. Fecal evaluation for ova and Giardia
3. Prophylactic deworming with fenbendazole
4. Resting cortisol level
5. 6-week hypoallergenic diet trial
6. Depending on the results of the above diagnostic/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Given the patient's age, thoracic radiographs are recommended prior to anesthesia.

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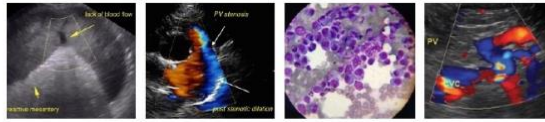
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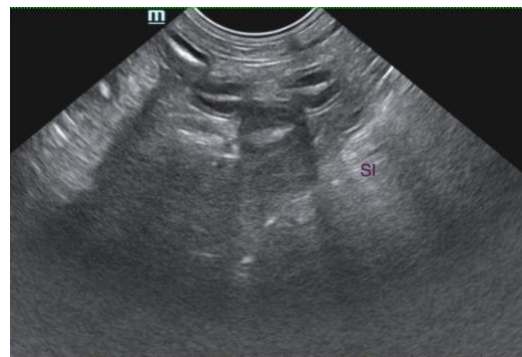
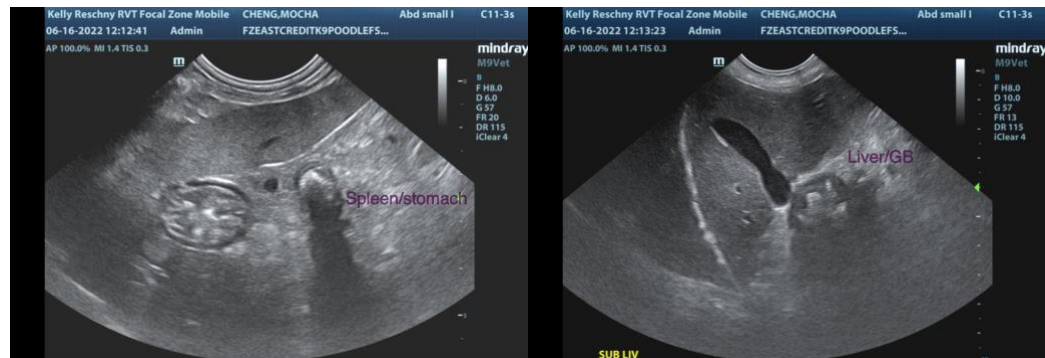
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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