



PATIENT PRESENTING CLINICAL SIGNS

Spike Crandall History: Off food, seems painful. History of ongoing ear issues with possible vestibular disease. Elevated CPI and does not seem to be improving with Cerenia and Buprenorphine every 12 hours.
Abnormal PE/Chem/CBC/UA Results: Chloride L 107, Albumin H 44, ALT H 148, ALP H 264, Lipase H 349, Spec cPL H 334, Retics H 113.6, PLatelets H 553 Glucose H 6.4

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Brussels Griffon

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.

SEX

Neutered Male

The prostate is normal in size (0.73 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

9.5 years

The left kidney is normal size (3.44 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 hydroureter. Renal vasculature is normal.

WEIGHT

5.3 lbs

The right kidney is normal size (3.78 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.51 cm at caudal pole) (1.56 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

Crystal Hill

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.52 cm at caudal pole) (1.63 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

Smithville AH

Spleen

The spleen is normal in size (0.72 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.

REFERRING VET

Dr. Hulzebosch

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

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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.

DATE

6/21/22



PATIENT *Gastrointestinal*

Spike Crandall

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 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.

SPECIES

Canine

BREED

Brussels Griffon

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

Neutered Male

Free Abdomen

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

AGE

9.5 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

5.3 lbs

- Suspected, benign, diffuse hepatopathy. Top differentials include idiopathic vacuolar hepatopathy, reactive hepatopathy, regenerative nodular hyperplasia. Inflammatory disease is possible but considered less likely based on the liver enzyme pattern. Infiltrative neoplasia is also a differential but considered less likely based on the sonographic appearance.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include nonmetabolic disease (i.e., orthopedic or neurologic pain), low-grade pancreatitis, occult pyelonephritis, other.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of pain.
- Consider whole-body radiographs to assess for bony lesions that may be causing the patient's clinical signs.
- Consider a cPLI (send to Texas A&M) to further assess for pancreatitis.
- Also consider a urine culture and sensitivity to evaluate for occult pyelonephritis.

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Crystal Hill

HOSPITAL NAME

Smithville AH

REFERRING VET

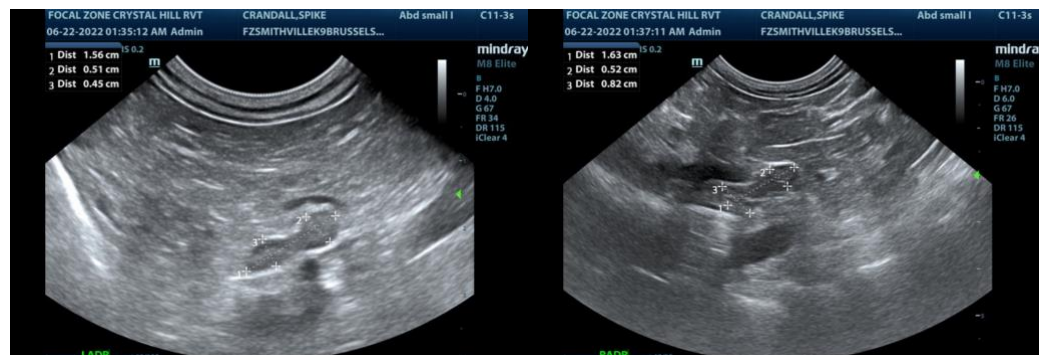
Dr. Hulzebosch

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PATIENT

Spike Crandall

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SEX

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HOSPITAL NAME

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REFERRING VET

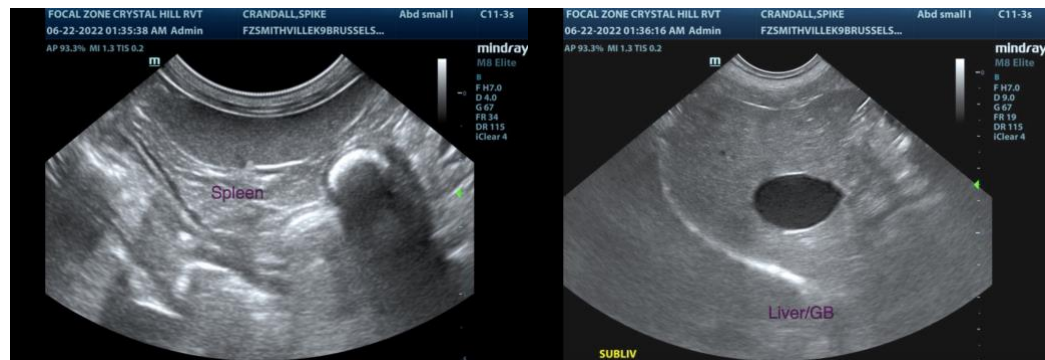
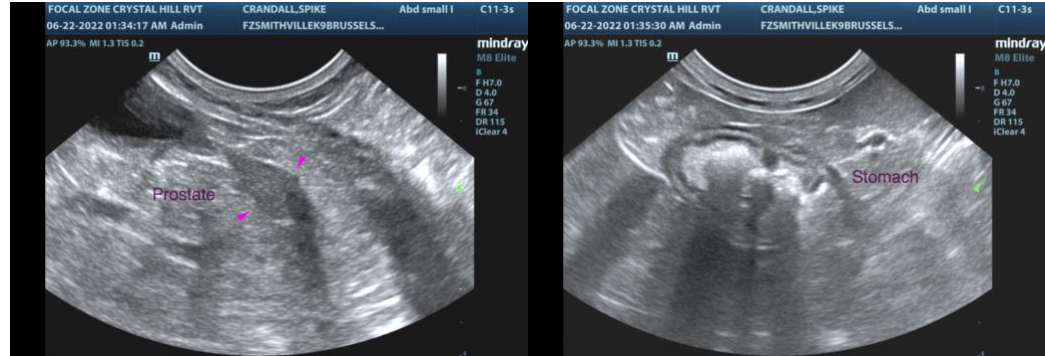
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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