



**PATIENT PRESENTING CLINICAL SIGNS**

Penny Doran

History: Presented at our hospital for AUS. P has a grass allergy, started immunotherapy injections back in November, p would have reactions to it having dh off and on, facial swelling. Stopped immunotherapy in April but dh has not resolved, blood in dh. Tried changing foods, helped some but still having liquid stools. Has been on Apoquel approx 6mo. Previous Health Concerns: Allergies Current Medications: Apoquel Appetite/When did they eat last: 9am

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

6.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr Miller

**INVOICE**

13451

**DATE**

6.22.23

**Abnormal PE/Chem/CBC/UA Results**

3/1/23: rDVM stool sample negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.75 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.08 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.47 cm at caudal pole) (1.58 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.

The right adrenal gland is normal in size (0.64 cm at cranial pole) (0.42 cm at caudal pole) 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.

**Spleen**

The spleen is normal in size (1.04 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.

**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.

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.



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## Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly-to-moderately 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 colonic wall is normal. There is no evidence of an obstructive pattern.

## Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

## 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

### Findings

If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying. The abdomen is otherwise unremarkable. An obvious cause for the patient's clinical signs is not definitively identified in this study. Differentials include microscopic gastrointestinal disease (food allergy/intolerance, dysbiosis, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for internal parasites, as well as a fecal PCR infectious disease panel is recommended.
- Also consider prophylactic deworming with Fenbendazole, along with initiation of a probiotic (i.e., Visbiome or Provable Forte) and a fiber supplement (i.e., psyllium).
- A Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is also recommended.
- Consider a 4-week limited antigen or hydrolyzed protein diet trial.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.





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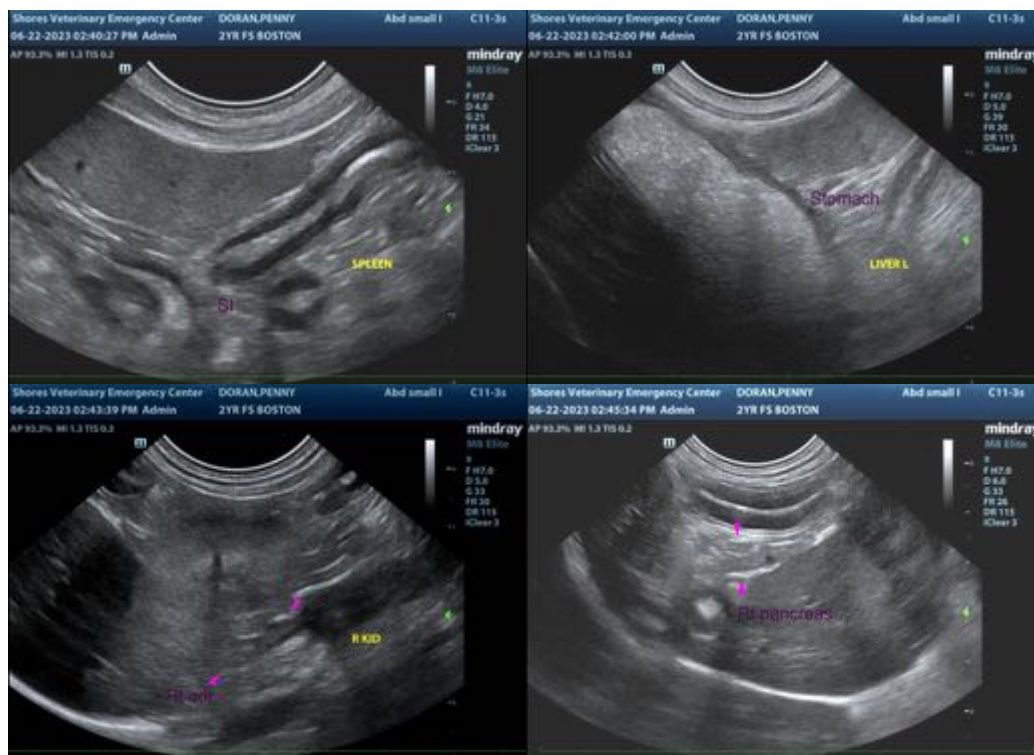
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com