



**PATIENT**

Brody Hengst

**PRESENTING CLINICAL SIGNS**

Vomiting, mucoid stool, painful, lethargic

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**

Canine

**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Golden Retriever

The prostate is not definitively visualized due to its pelvic location.

**SEX**

Male, neutered

The left kidney is normal size (7.30 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.

**AGE**

5 Yrs.

The right kidney is normal size (6.59 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.

**WEIGHT**

32 kg.

**Adrenal Glands**

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.46 cm at caudal pole) (3.29 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.

**INTERPRETED BY**

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

The right adrenal gland is not definitively visualized in the available images. However, no obvious pathology is observed in this region.

**IMAGING PERFORMED BY**

Hayley Heindel

**Spleen**

The spleen is normal in size (1.95 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. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Hengst

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**INVOICE**

15091

**DATE**

6/27/23



**PATIENT**

*Pancreas*

Brody Hengst

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.

**SPECIES**

Canine

*Free Abdomen*

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

**BREED**

Golden Retriever

**SEX**

Male, neutered

Unremarkable abdomen. An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, other.

**AGE**

5 Yrs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for internal parasites +/- prophylactic deworming with Fenbendazole.
- Also consider a cPLI to evaluate for pancreatitis.
- Symptomatic care for acute gastroenteritis is recommended. If the patient's clinical signs do not begin to improve within 24-72 hours of initiating medical therapy, a more comprehensive GI workup may be indicated.
- Regarding the neutropenia, consider a CBC (send to a diagnostic lab) with clinical pathology review, if not already performed. If neutropenia persists, a bone marrow aspirate +/- core biopsy may be warranted along with a comprehensive tick panel.

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Hayley Heindel

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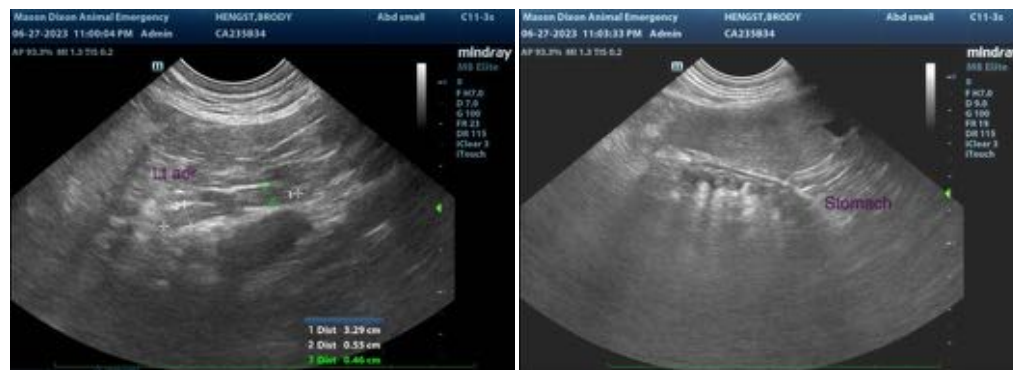
Dr. Hengst

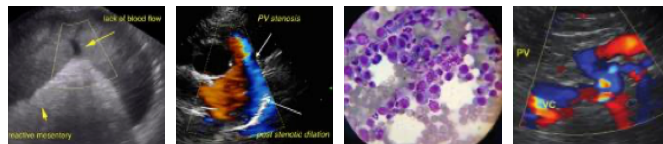
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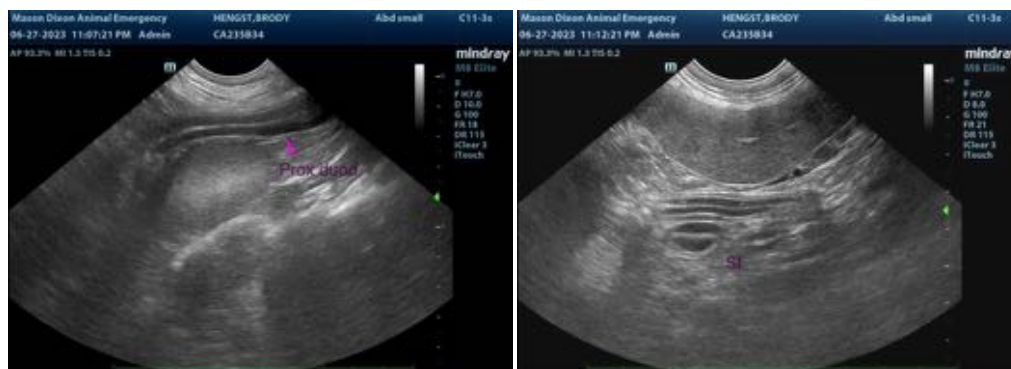
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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