



PATIENT PRESENTING CLINICAL SIGNS

Buster Bodendistle

History: Severe vomiting, inappetence starting June 3rd. Previous pancreatitis flares starting this spring but normal CPLi spec this time. Has been on IVF, Cerenia, Metoclopramide, gabapentin, tramadol.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CPLi 178, radiographs with barium done and there was some concern for reduced pyloric outflow of the barium. CBC - MPV mild elevation, Plateletcrit mild elevation, Urea 12.5(2.5-9.6) Sodium 161(144-160) Potassium 3.4 (3.5-5.8) ALT 211(10-125)

BREED

Cockapoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 is normal.

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

AGE

15 years

The left kidney is normal size (4.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

11 kg

The right kidney is normal size (5.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.77 cm at cranial pole) (0.85 cm at caudal pole) (1.87 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.

IMAGING PERFORMED BY

Crystal Hill

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

HOSPITAL NAME

New Hamburg VC

The spleen is normal in size (1.25 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 0.41 cm hypoechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

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Liver

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

6/9/22

The gall bladder is of normal contours. A few, small, polypoid-like lesions are arising from the luminal surface. The gall bladder contains some dependent echogenic debris. The wall is normal in



PATIENT thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

SPECIES

Canine

The gastric lumen is mildly distended with ingesta. 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. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

BREED

Cockapoo

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

15 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

11 kg

*An obvious cause for the patient's clinical signs is not identified in this study. Possibilities include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance), mild pancreatitis, underlying metabolic issue, other.

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Secondary Findings

- Left adrenomegaly (right adrenal gland not definitively visualized)
- Bilateral, chronic, age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

New Hamburg VC

The following diagnostics/treatment recommendations can be considered:

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1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies.
4. Thoracic radiographs are recommended to assess for occult esophageal disease.
5. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

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**IMAGING
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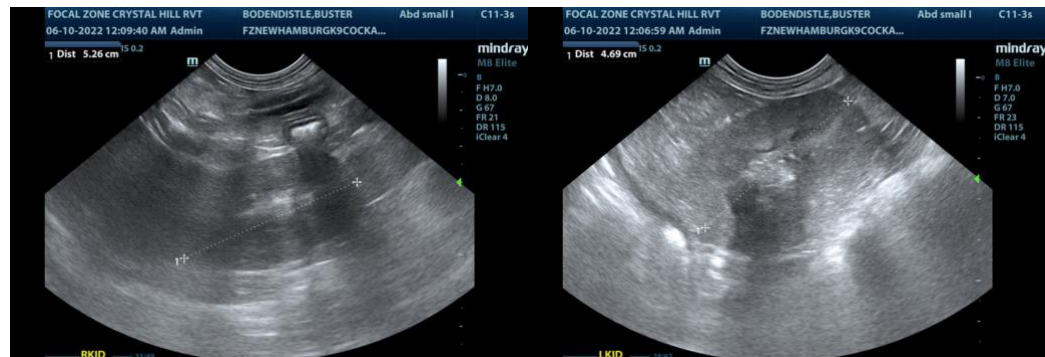
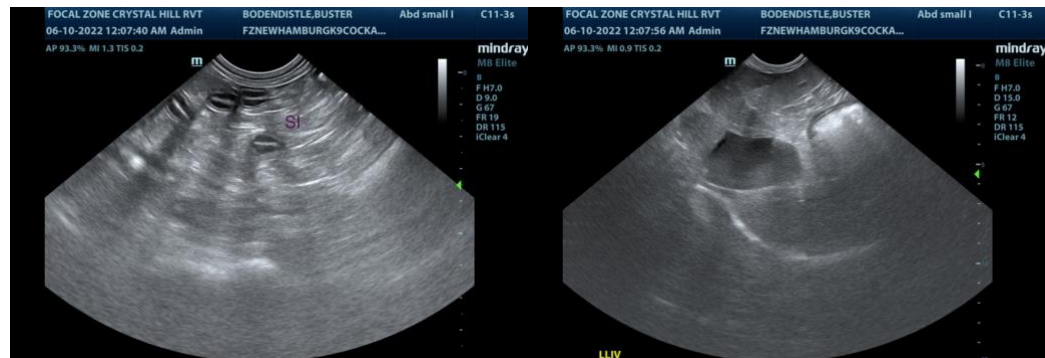
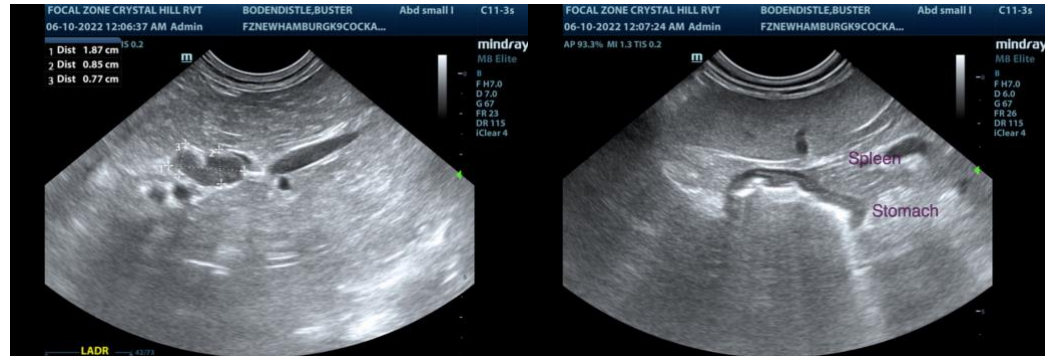
Dr. Schroeder

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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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