

**PATIENT PRESENTING CLINICAL SIGNS**

**Duke Matthews**  
Clinical Exam Findings: PE generally WNL; BCS 5/9, BAR, healthy oral exam, two small SQ lipomas OU previously enucleated (history of glaucoma, lens luxation, and loss of vision); elbow dysplasia and osteoarthritis bilaterally

**SPECIES**

**Canine**  
History: vomited SID for 2 days (Tues & Wed - mostly bile/small amount partially digested food), vomited twice on Thurs (entire meals; partially digested), anorexic Friday morning - highly unusual for P. Ate dinner, but vomited up a few hours later. Fasted P on Saturday; no vomiting.

**BREED**

**Aus Cattle Dog**  
Fed small frequent meals of i/d canned mixed with small amount normal kibble (Purina Pro Plan Bright Mind) - ate all meals well, no vomiting. Fasted this morning for ultrasound. No notable lethargy anytime.

**SEX**

**Neutered Male**  
History at the end of last week of vomiting a few times. Undigested food. Decreased appetite. This has resolved over the weekend. Bloodwork done two months ago showed and ALP of 580, but was otherwise unremarkable. USG 1.018.

**AGE**

2.4.09

Abnormal lab-work values: ALKP 580 (131). Cholesterol 344 (92-324)  
Current Medications: Galliprant 60mg PO SID (not administered for the last 72 hours; has been taking for ~4 years)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

57.6 lbs

**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.

**INTERPRETED BY**

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

The **prostate** is normal in size (0.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**IMAGING PERFORMED BY**

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

The **left kidney** is normal size (6.02 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.76 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.

**HOSPITAL NAME**

Park West Vet Assoc

**Adrenal Glands**

The **left adrenal gland** is normal size (0.55 cm at cranial pole) (0.54 cm at caudal pole); 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.

**REFERRING VET**

Dominique Matthews

The **right adrenal gland** is normal size (1.53 cm at cranial pole) (0.55 cm at caudal pole) (1.86 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.

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**DATE**

7.11.22

**Spleen**

The **spleen** is normal in size (2.00 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



**PATIENT** vasculature is normal.

Duke Matthews

**Liver**

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**SPECIES**

Canine

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

**BREED**

Aus Cattle Dog

**Gastrointestinal**

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 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.

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**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.

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**Free Abdomen**

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

**INTERPRETED BY**

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Normal geriatric abdomen

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

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If the patient's gastrointestinal signs recur, a more advanced work-up (i.e., repeat abdominal imaging, malabsorption panel, fecal evaluation for ova and Giardia, resting cortisol level, +/- GI biopsies) should be considered.

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**SEX**

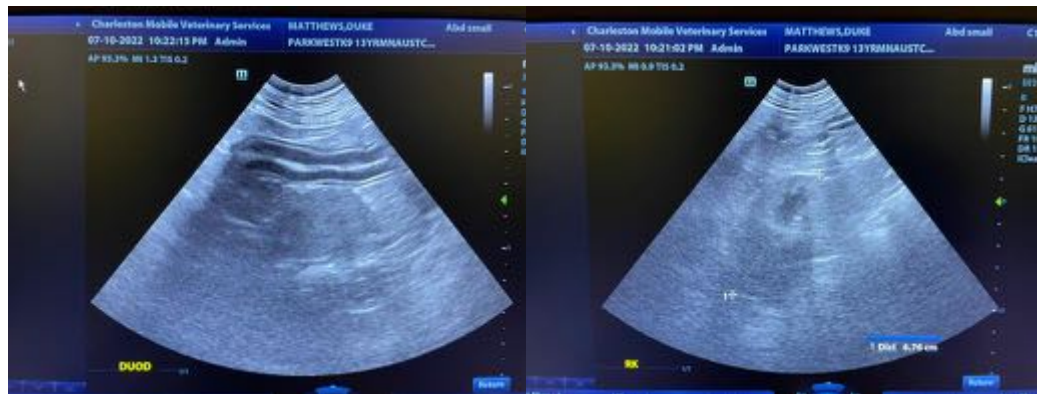
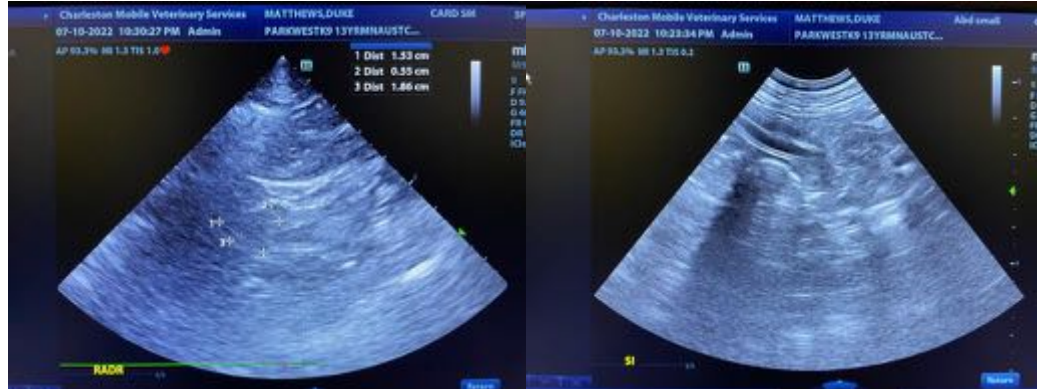
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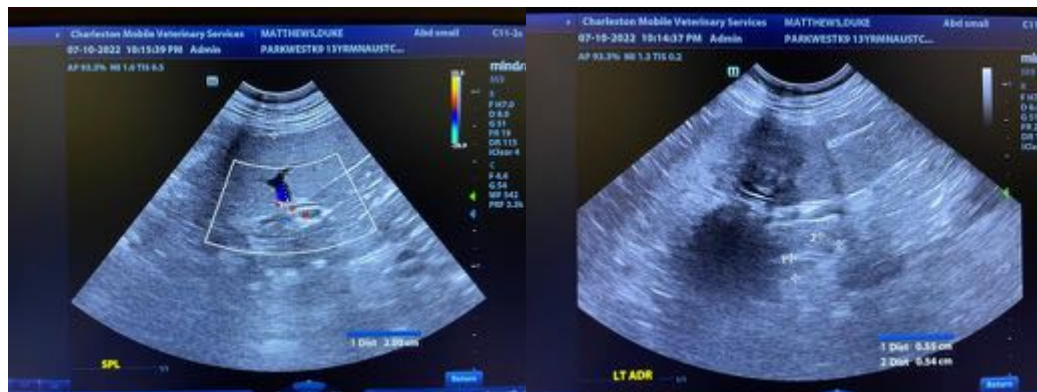
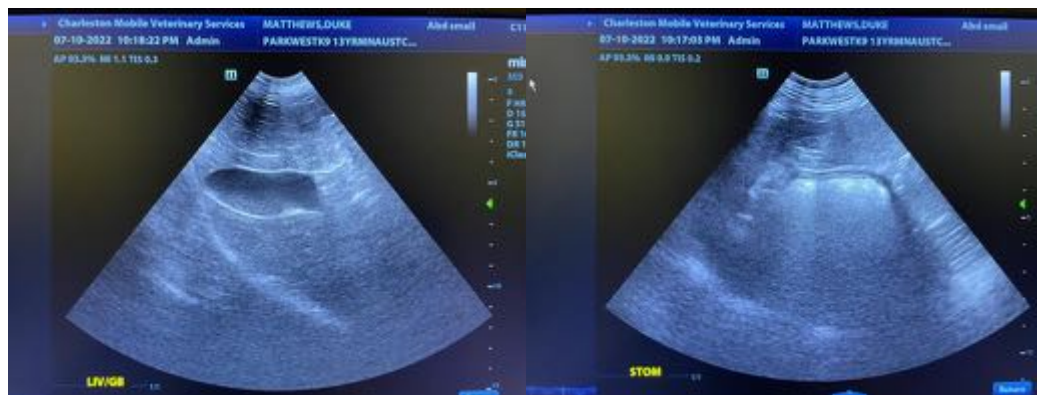
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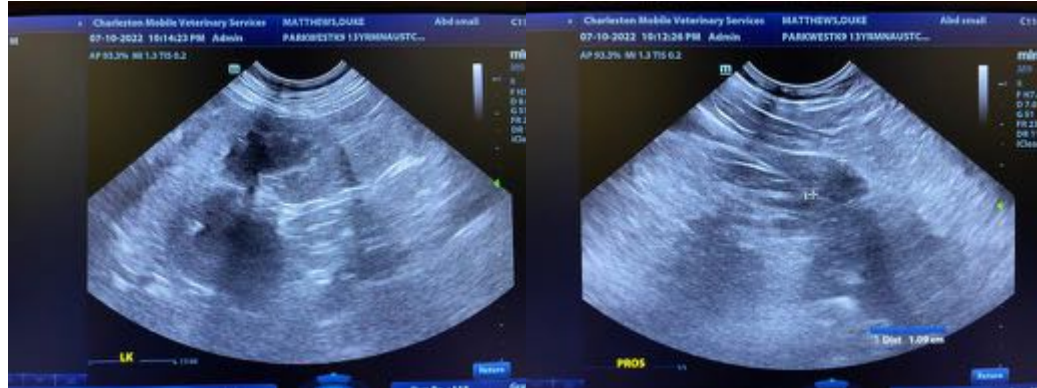
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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