



**PATIENT**

Clio Shaw

**SPECIES**

Canine

**BREED**

Austr Shepherd X

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

33.5 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Mandy Foley

**HOSPITAL NAME**

All Creatures Gr&Sm  
VC Corvallis, OR

**REFERRING VET**

Jessica Bailes

**INVOICE**

13890

**DATE**

7.27.23

**PRESENTING CLINICAL SIGNS**

History: Hx of chronic intermittent diarrhea for the last 2 months; did not resolve but did improve when on bland diet and probiotics x 2 weeks. Picky appetite but weight stable. No hx of vomiting.

Abnormal PE/Chem/CBC/UA Results: NSF on PE BW: CHEM: increased GLOB (3.9), otherwise WNL  
CBC: WNL Fecal: negative

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (4.62 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

The right kidney is normal in size (4.01 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

**Adrenal Glands**

The caudal pole of the left adrenal gland is visualized and is normal in size (0.50 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

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

**Spleen**

The spleen is normal in size (1.78 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 gall bladder is of normal contours. A moderate amount of echogenic-to-mineralized, gravity-dependent debris is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. 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.

## Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.18 cm medial iliac lymph node is visualized.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. However, it may be a normal variant for this patient.

### Secondary Findings

- Mild bilateral chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- A Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is recommended.
- Consider a 4-week limited antigen or hydrolyzed protein diet trial.
- Also consider supplementation of a fiber supplement (i.e., psyllium).
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, thoracic radiographs should be performed prior to anesthesia.





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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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