



PATIENT

Jada Barlett

SPECIES

Canine

BREED

Bernese Mt Dog

SEX

Female Spayed

AGE

5 years

WEIGHT

52 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon Animal
ER

REFERRING VET

Bateman

INVOICE

13862

DATE

7.27.23

PRESENTING CLINICAL SIGNS

History: diarrhea, lethargy, painful abdomen, hx of FB
Abnormal PE/Chem/CBC/UA Results: CBC and chem WNL

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 and visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.37 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (7.70 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 (0.50 cm at cranial pole) (0.68 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.

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

Spleen

The spleen is normal in size (2.38 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 difficult to fully visualize due to imaging artifact. In the visualized portions, the liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is difficult to clearly visualize due to imaging artifact. It appears moderately distended. The wall is normal in thickness. Luminal contents appear anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally 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 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.

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.

Other

A 1.26 cm hyperechoic nodule is observed in the left midabdomen.

ULTRASONOGRAPHIC FINDINGS

Findings

- The origin of the hyperechoic nodule in the left midabdomen is unclear. It may be arising from mesentery, lymph node, other. It is of questionable significance but is suspected to represent a benign process.
- The remainder of the abdomen is unremarkable. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, dietary indiscretion, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the chronic intermittent nature of the patient's GI signs, consider the following:
 - Fecal evaluation for internal parasites
 - Consider prophylactic deworming with Fenbendazole.
 - A Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is recommended.
 - Also consider a 4-week limited antigen or hydrolyzed protein diet trial to evaluate for food allergies.
 - While awaiting test results, symptomatic care is recommended, along with a probiotic with a high colony count, +/- fiber supplement (i.e., psyllium).
 - Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis, particularly if the clinical signs remain chronic and/or intermittent in nature.





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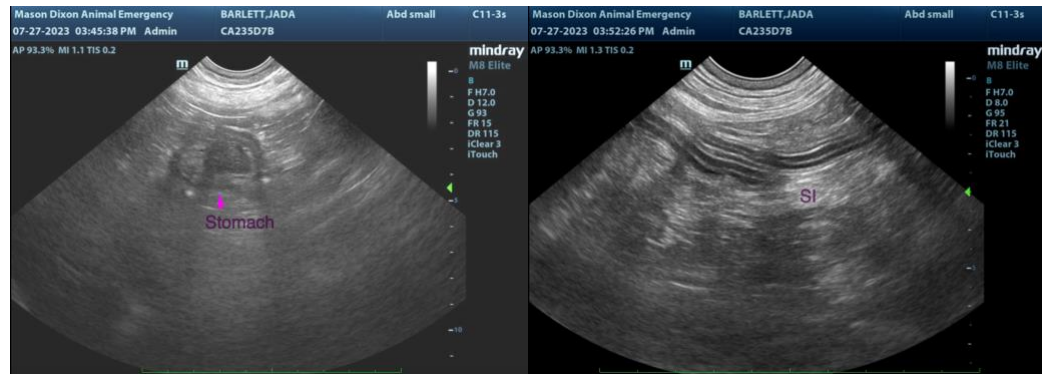
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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