



PATIENT

Oakuly Phan

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

2 Yrs.

WEIGHT

52 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Hanrahan

INVOICE

11863

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Overall relatively healthy. Consistently been a skinny/lean dog where we see ribs but, very active. Lip smacks constantly per o. O says she feeds 4 cups a day. Was 55 lbs in March and now 51 lbs. No clinical changes. Cannot be 100% on weight as always bouncing around with her. On Incurin for urinary incontinence.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder appears to be pelvically located. The lumen is moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.85 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.

The right kidney is normal size (7.40 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. A 0.74 cm cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.52 cm at caudal pole) (1.56 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.

The right adrenal gland is normal size (1.07 cm at cranial pole) (0.49 cm at caudal pole) (2.88 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.

Spleen

The spleen is subjectively prominent in size with a folded contour and smooth curvilinear peripheral margins. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis. A 0.99 cm echogenic nodule is observed medial to the spleen and is thought to represent extra-splenic tissue.

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric lumen is mildly distended with fluid and chyme. The gastric wall and pylorus are 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. No obstructive disease is noted.

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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. 2-3 prominent lymph nodes are observed at the aortic trifurcation, the largest measuring 2.38 cm in length.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, gastrointestinal motility disorder), low-grade pancreatic disease, underlying metabolic issue (i.e., hypoadrenocorticism), esophageal disease, other.

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Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for occult esophageal disease. Other diagnostic considerations include the following:

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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. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
5. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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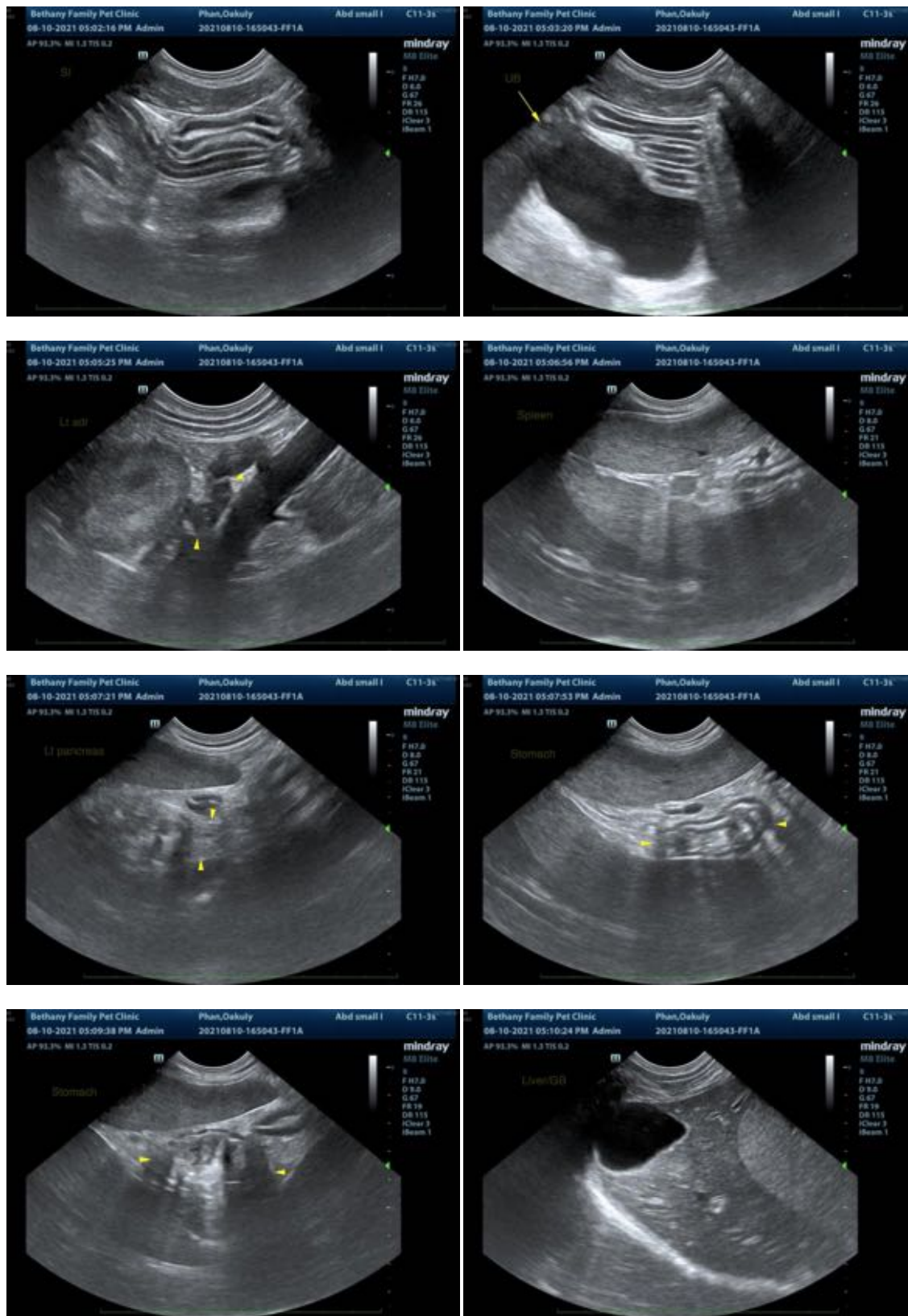
Dr. Hanrahan

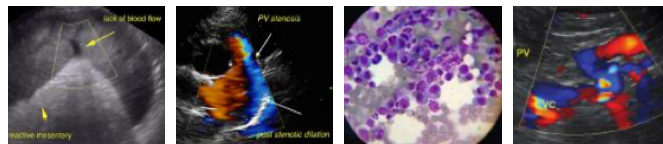
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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