



PATIENT

Blazer Mortimer

SPECIES

Canine

BREED

Rottweiler mix

SEX

Male, neutered

AGE

8 Yrs. 11 months

WEIGHT

48.75 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

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DATE

8/10/2022

PRESENTING CLINICAL SIGNS

History: Having diarrhea, hypothyroid on Thyrotabs, chronic skin on steroids, Otitis externa treating with Osurnia. Diarrhea - suspect its due to diet change and shift in microbiome but cannot r/o other causes. week to r/o IBD, neoplastic, etc.

Abnormal PE/Chem/CBC/UA Results: CHEM: increased Urea = 13.3 (2.5-9.6 mmol/L) ** was 8.7 normal ALT = 108 (10-125 U/L) was 132 increased ALP = 1570 (23-212 U/L) increased GGT = 28 (0-11 U/L) decreased amy = 433 (500-1500 U/L) Normal Total t4 = 15 nmol/L (13-51) **was 5.6 Normal SDMA = 12 (0-14 ug/dL) **was 16

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

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

The left kidney is normal size (8.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.28 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.74 cm at cranial pole) (0.89 cm at caudal pole) (4.14 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 (0.62 cm at cranial pole) (0.78 cm at caudal pole) (3.51 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 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are



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observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta and soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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 obvious obstructive disease is noted.

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Pancreas

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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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The soft shadowing material within the gastric lumen may represent normal ingesta and/or foreign material (i.e., grass). It appears non-obstructive at this time.
- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.

Secondary Findings:

- Minor bilateral degenerative renal changes.
- Mild diffuse hepatopathy.
- Age-related remodeling, regenerative nodular hyperplasia and vacuolar hepatopathy are the top differentials. Infiltrative neoplasia is possible but considered unlikely. Inflammatory disease is also considered unlikely in light of the normal ALT.

*An obvious cause for the patient's diarrhea is not identified in this study. Considerations include dietary indiscretion, food intolerance/allergy, infectious/parasitic disease, inflammatory bowel disease, underlying metabolic issue, mild pancreatitis, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's diet was recently changed, consider switching back to the original diet or transitioning to a novel protein diet.

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- A fecal evaluation for ova and Giardia is recommended, if not already performed. Also consider prophylactic deworming with Fenbendazole.
- If diarrhea persists, a more advanced GI workup (i.e., malabsorption panel, resting cortisol level, GI biopsies) may be warranted.

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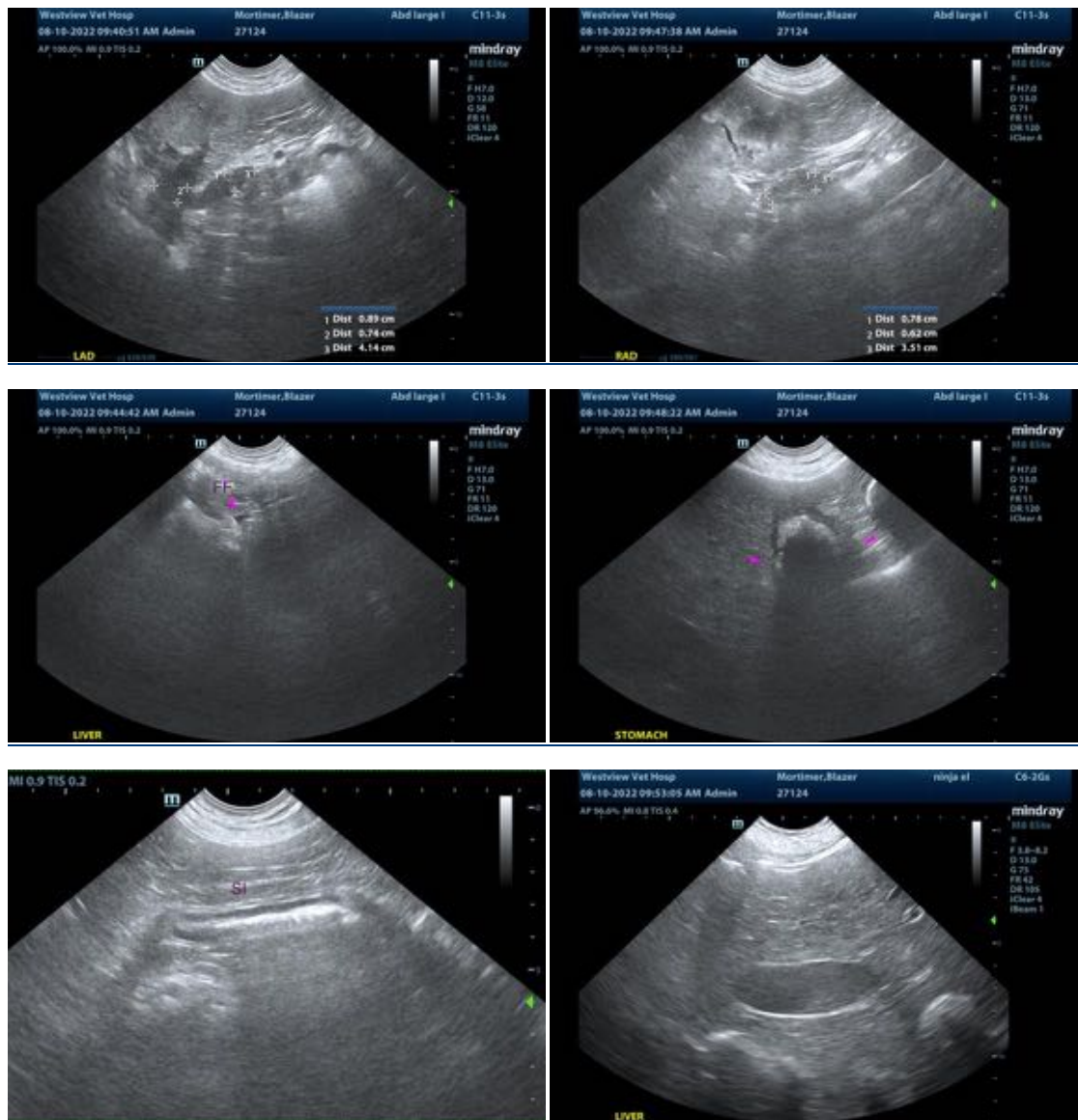
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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