

PATIENT PRESENTING CLINICAL SIGNS

Casper Adams
History: last week not eating and having diarrhea - came in and got metronidazole and Cerenia injection - this week stool is more normal but pt is defecating inside and that is not normal for patient. Per owner- patient seems not himself and out of sorts. ADR

SPECIES

Canine

Patient takes apoquel 5.4mg - 1/2 tab SID, Cerenia inj. given 8/7/23, metronidazole liq. 125mg/ml - 1ml BID

BREED

Mix

Abnormal PE/Chem/CBC/UA Results: Alb- 2.6(lo), ALT- 152(hi), ALP (hi) - 388

SEX

Neutered Male

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 is normal.

AGE

13 years 7 mos

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

WEIGHT

11.6 lbs

The left kidney is normal in size (4.16 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 mild loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (4.24 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 mild loss of corticomedullary distinction. A small cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Heather

Adrenal Glands

The left adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.61 cm at caudal pole) with a slightly irregular 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.

HOSPITAL NAME

Animal Care
Clinic of Flanders

The right adrenal gland is upper limits of normal size (0.57 cm at cranial pole) (0.52 cm at caudal pole) (xxx cm in length) 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.

REFERRING VET

Dr. Weagley

Spleen

The spleen is normal in size (1.31 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.

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Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

DATE

8.14.23

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of



PATIENT

aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Casper Adams

Gastrointestinal

SPECIES

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 is normal in thickness 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.

Canine

BREED

Mix

SEX

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Neutered Male

AGE

Free Abdomen

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

13 years 7 mos

WEIGHT

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

11.6 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

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Internal Medicine)

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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Heather

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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- Mild bilateral chronic renal changes

- Gall bladder sludge, non-mucocele

- Mild bilateral adrenomegaly

REFERRING VET

Dr. Weagley

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., dietary indiscretion, food allergy/intolerance, dysbiosis, inflammatory bowel disease), underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for internal parasites

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- Consider prophylactic deworming with Fenbendazole

- Consider Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.



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REFERRING VET

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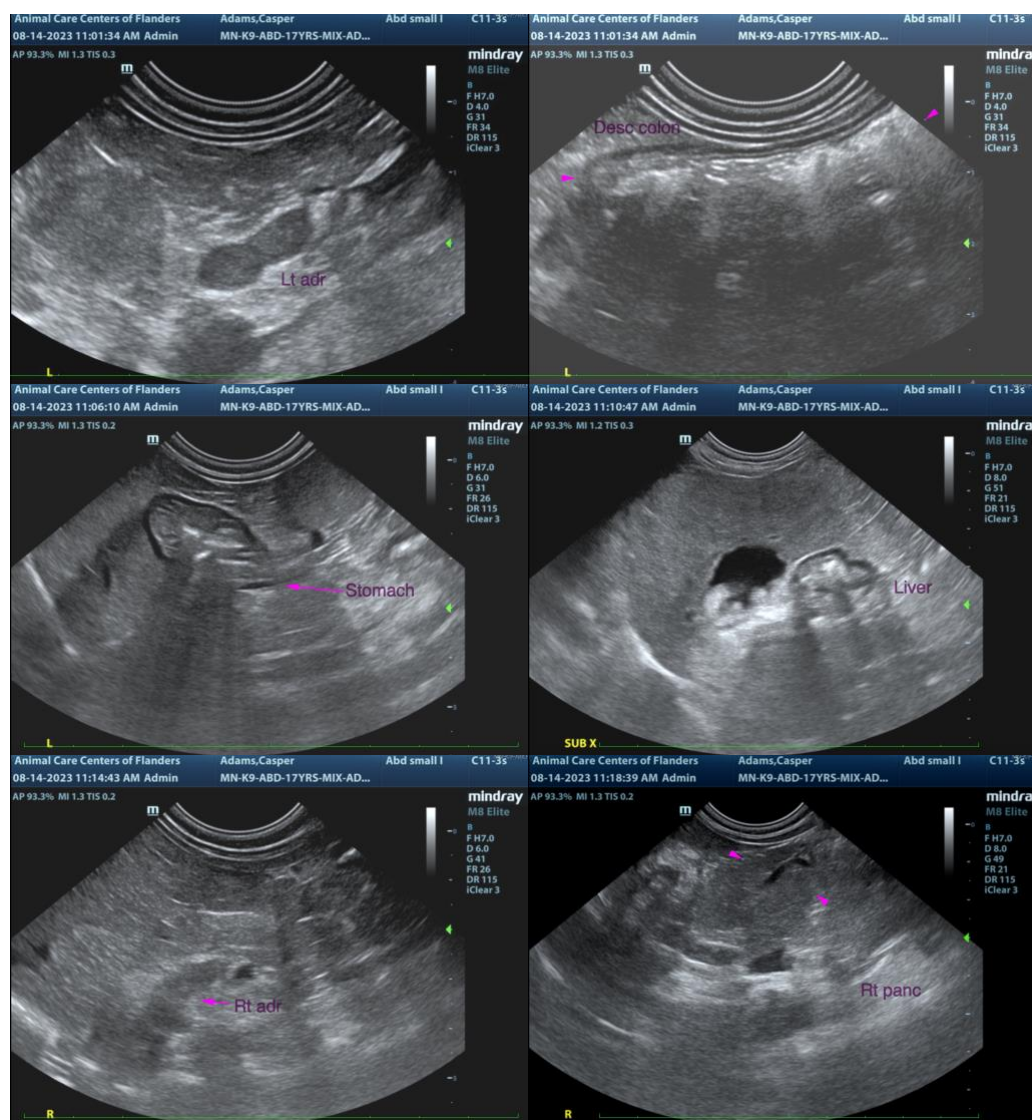
DATE

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- Symptomatic care for acute gastroenteritis is recommended.
- Also consider initiation of a probiotic with a high colony count as well as a fiber supplement (i.e., psyllium)
- If the above diagnostics are inconclusive and the patient does not respond to medical management, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

Regarding the hypoalbuminemia, consider the following:

1. Pre-and postprandial serum bile acids to assess hepatic function
2. UPC (if proteinuria is present in the absence of infection)





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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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