

**PATIENT PRESENTING CLINICAL SIGNS**

Kadan Beam Clinical Exam Findings: acute onset vomit past 2 days very large amount (undigested food), lethargy, clinginess increase, refused food once (VERY abnormal for him). PU/PD for about 3 months increase appetite about 3 months. Grade 2/6 L sided murmur

**SPECIES**

Canine

Current Medications: Heska allergy serum pumps, gabapentin 100mg q 12h, Ellevet CBD, Dermaquin, Dasuquin, Vetriscience Senior vitality Pro: admin 8/16 0.92 ml Cerenia, and 0.5ml B12, and 200ml LRS

**BREED**

Radiographic Findings: none

Shiba Inu

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

The urinary bladder is mildly to moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.51 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

**AGE**

11/17/2009

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

20.2 lbs

The left kidney is normal in size (4.09 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 appears normal.

**INTERPRETED BY**

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

The right kidney is normal in size (3.77 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

**IMAGING PERFORMED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.41 cm at cranial pole) (0.46 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 appear normal.

**HOSPITAL NAME**

Sun Dog Cat Moon

The right adrenal gland is in normal size (0.79 cm at cranial pole) (0.49 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 appear normal.

**REFERRING VET**

Fetterolf

**Spleen**

The spleen is normal in size (1.22 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 appears normal.

**INVOICE**

14141

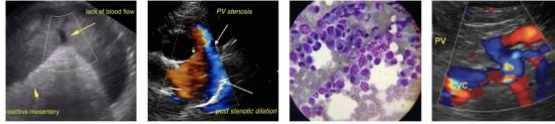
**Liver**

**DATE**

8.17.23

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal



**PATIENT** in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Kadan Beam

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal to moderately thickened (up to 0.80 cm) with apparent retention of the 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. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**SPECIES**

Canine

**BREED**

Shiba Inu

**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is 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.

**SEX**

Neutered Male

**Free Abdomen**

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

**AGE**

11/17/2009

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**WEIGHT**

20.2 lbs

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

**Primary Findings**

- Mild-to-moderate gastric wall thickening. This may be secondary to gastritis, hypertrophy, or less likely, emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**IMAGING PERFORMED BY**

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

**Secondary Findings**

- Bilateral chronic age-related renal changes
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is suspected with a lower possibility of inflammatory disease or infiltrative neoplasia.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Fetterolf

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fecal evaluation for internal parasites
- Continued supportive care for gastroenteritis/pancreatitis is recommended. If the patient's clinical signs persist, consider the following:

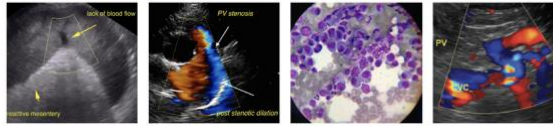
**INVOICE**

14141

**DATE**

8.17.23

1. Recheck ultrasound to evaluate the gastric wall and pancreas
2. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. Limited antigen or hydrolyzed protein diet trial
4. +/- endoscopic or surgical GI biopsies



**PATIENT**

Kadan Beam

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

11/17/2009

**WEIGHT**

20.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Fetterolf

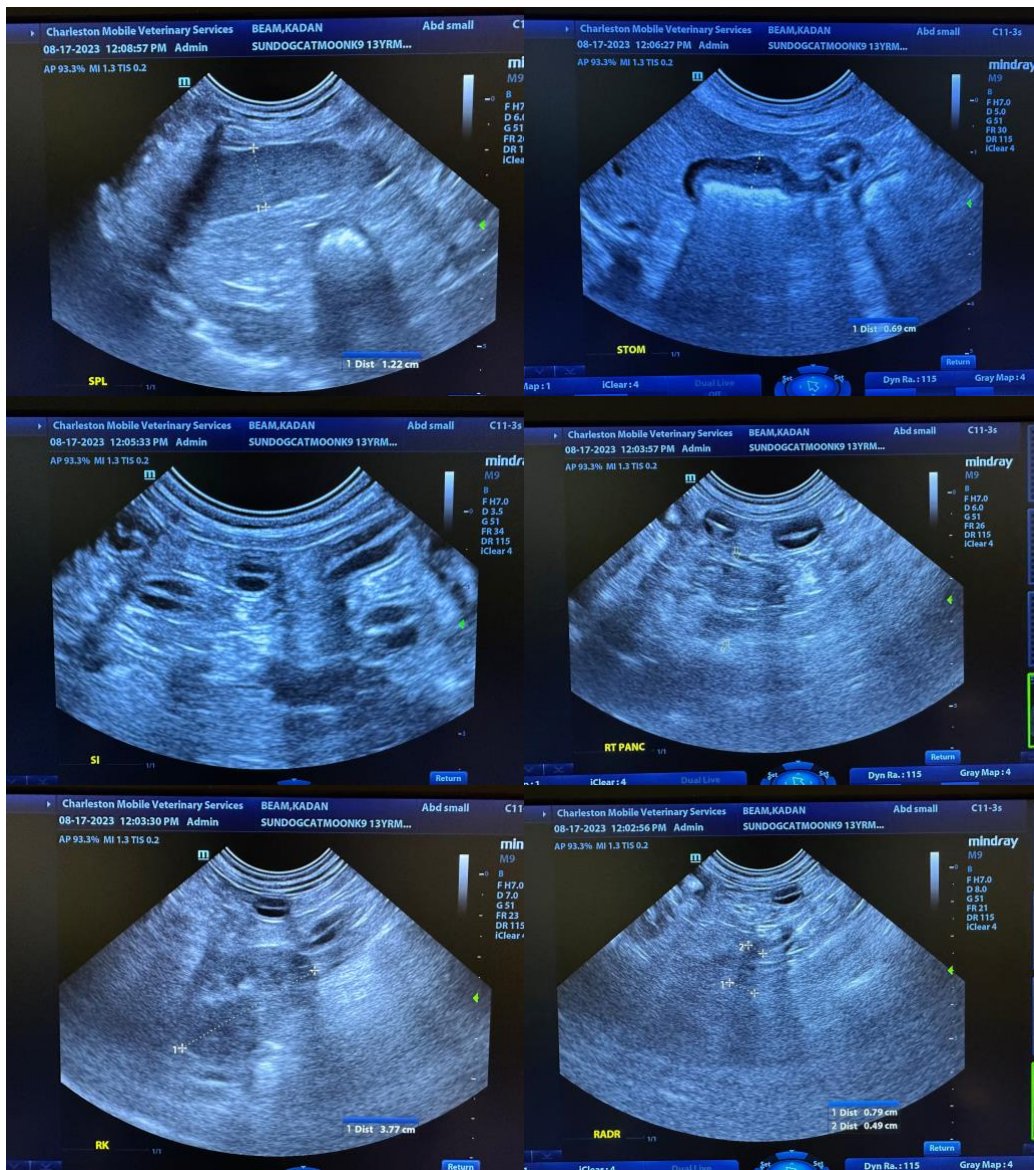
**INVOICE**

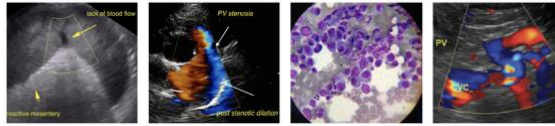
14141

**DATE**

8.17.23

- Regarding the PU/PD, a urine culture and sensitivity is recommended to rule out occult infection. If there is no evidence of infection, consider further work-up for PU/PD, which could include the following:
  1. Testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). However, this disease is considered unlikely with a patient with a normal ALP.
  2. Leptospirosis testing (particularly if the clinical suspicion for disease is high).
  3. DDAVP trial to assess for central diabetes insipidus
  4. Modified water deprivation test to assess for psychogenic polydipsia and nephrogenic diabetes insipidus





**PATIENT**

Kadan Beam

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

11/17/2009

**WEIGHT**

20.2 lbs

**INTERPRETED BY**

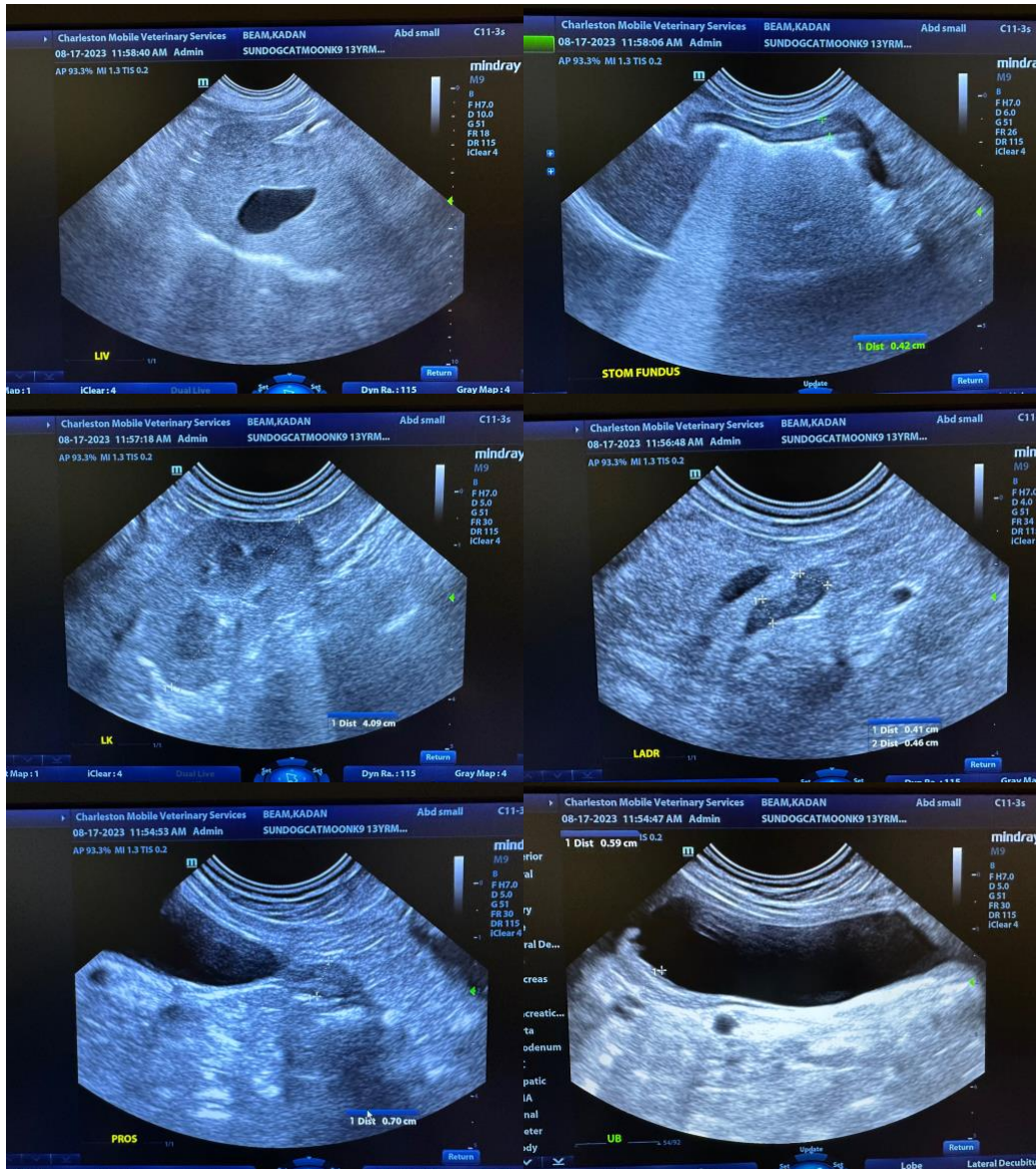
Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Sun Dog Cat Moon



**REFERRING VET**

Fetterolf

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.

**INVOICE**

14141

**DATE**

8.17.23

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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)