

PATIENT

Milo Hefferman

SPECIES

Canine

BREED

Standard Poodle

SEX

Intact Male

AGE

8 mos

WEIGHT

51.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Tillsonburg VC

REFERRING VET

Dr. Reed

INVOICE

11488

DATE

8.25.22

PRESENTING CLINICAL SIGNS

History: vomiting bile regularly, not really interested in eating, started HA food a week ago
Abnormal PE/Chem/CBC/UA Results:

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **prostate** is mildly enlarged (2.42 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and homogenous in appearance. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (5.76 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (5.57 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal in length (0.34 cm at cranial pole) (0.27 cm at caudal pole) (1.79 cm in length); with a flattened contour; 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 (1.16 cm at cranial pole) (0.44 cm at caudal pole) (1.87 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

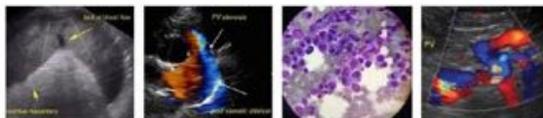
The **spleen** is normal in size (1.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively 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.

Gastrointestinal


PATIENT

Milo Hefferman

SPECIES

Canine

BREED

Standard Poodle

SEX

Intact Male

AGE

8 mos

WEIGHT

51.6 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Tillsburg VC

REFERRING VET

Dr. Reed

INVOICE

11488

DATE

8.25.22

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 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.

Free Abdomen

There is no evidence of free fluid. A 1.34 cm medial iliac **lymph node** is visualized. A few prominent mesenteric **lymph nodes** are also visualized, the largest measuring 2.58 cm in length. All nodes are normal in shape and echogenicity.

Other

The **testicles** are subjectively normal in size (the left measuring 3.02 x 2.10 cm; the right 3.70 x 2.19 cm) with a normal shape and homogenous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS
Primary Findings

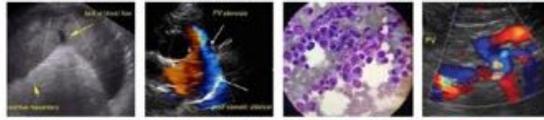
- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to early atrophy (i.e., due to hypoadrenocorticism).

Secondary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- The prostate changes are consistent with a young, intact male.
- *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, bilious vomiting syndrome, inflammatory bowel disease), underlying metabolic disease (hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- A fecal evaluation for ova and Giardia is recommended.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is also recommended.
- Malabsorption panel including serum cobalamin and folate, TLI and PLI.
- Consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction.



PATIENT

Milo Hefferman

- If the above diagnostics are inconclusive and the patient does not respond to a hypoallergenic diet, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.

SPECIES

Canine

BREED

Standard Poodle

SEX

Intact Male

AGE

8 mos

WEIGHT

51.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Tillsonburg VC

REFERRING VET

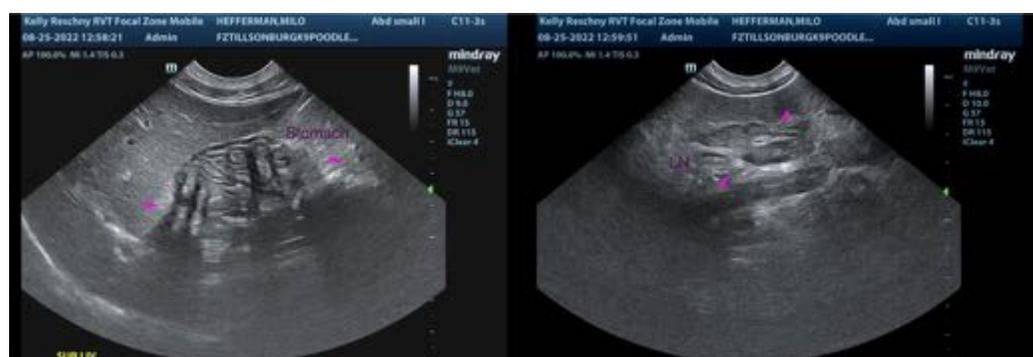
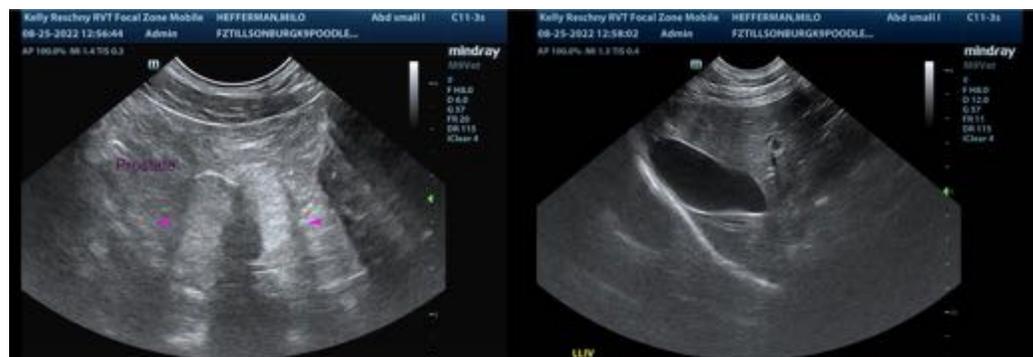
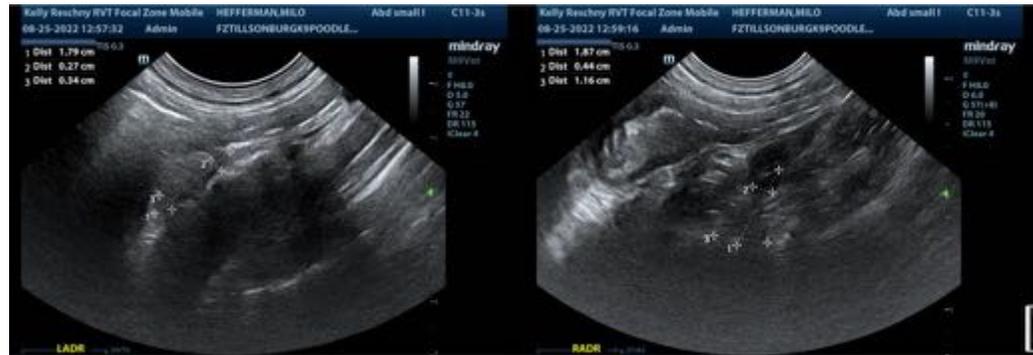
Dr. Reed

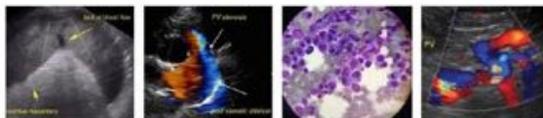
INVOICE

11488

DATE

8.25.22





PATIENT

Milo Hefferman

SPECIES

Canine

BREED

Standard Poodle

SEX

Intact Male

AGE

8 mos

WEIGHT

51.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tillsonburg VC

REFERRING VET

Dr. Reed

INVOICE

11488

DATE

8.25.22

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)
info@SonoPath.com