



PATIENT

Charlie Thorn

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

11 years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

11545

DATE

8.31.22

PRESENTING CLINICAL SIGNS

History: vomiting blood meds: omeprazole, sulcrate
Abnormal PE/Chem/CBC/UA Results: BW-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (4.22 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.93 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.39 cm at cranial pole) (0.45 cm at caudal pole) (1.46 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 (1.25 cm at cranial pole) (0.50 cm at caudal pole) (1.57 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 (1.25 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.

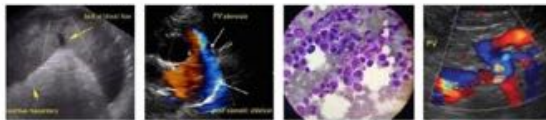
Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The pyloric antral wall is mildly thickened (up to 0.83 cm) with retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal



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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.

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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. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- The pyloric antral wall thickening may be a normal variant for this patient or may be secondary to inflammation, hypertrophy, or less likely an emerging neoplasia.

AGE

11 years

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral, mild degenerative renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Consider a resting cortisol level to screen for hypoadrenocorticism, which can occasionally result in GI bleeding.

Three-view thoracic radiographs are also recommended to assess for occult esophageal disease.

Ultimately, an upper GI endoscopy may be warranted to evaluate for gastric ulcers and to obtain biopsies. Depending on the results, a serum gastrin level may be necessary to further evaluate for gastrinoma.

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If further diagnostics are not to be pursued at this time, consider empirical treatment for *Helicobacter pylori*:

HOSPITAL NAME

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Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
(+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)

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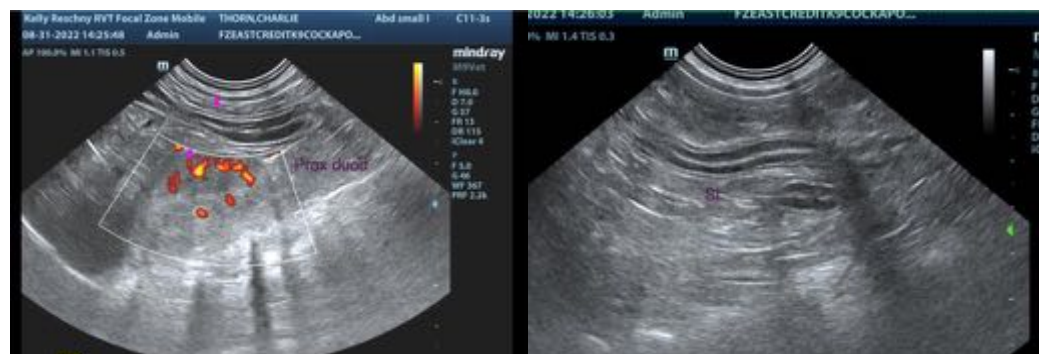
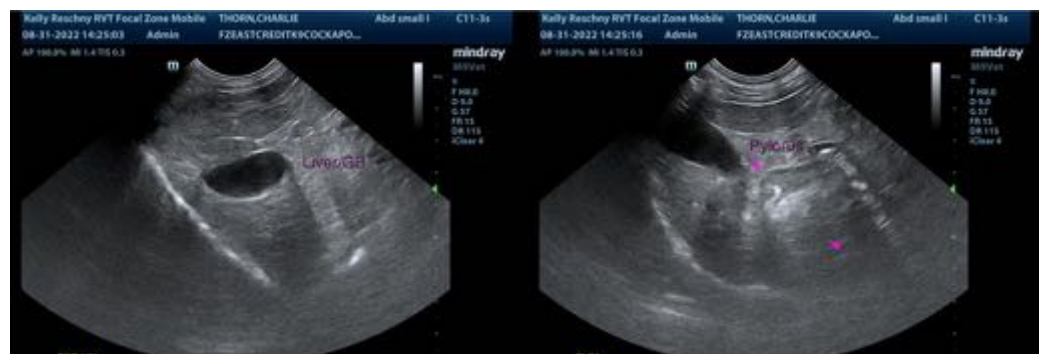
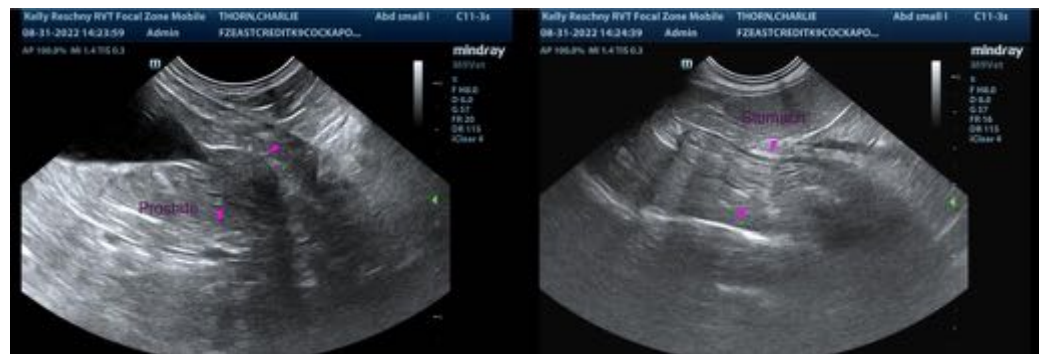
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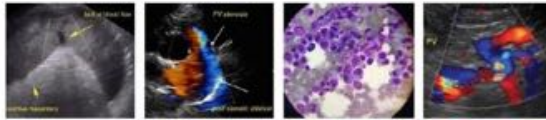
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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