



**PATIENT**

Bodie Hogle

**SPECIES**

Canine

**BREED**

Aussie

**SEX**

Neutered Male

**AGE**

2/2/2010

**WEIGHT**

50 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**

Flowertown AH

**REFERRING VET**

Dr. Kline

**INVOICE**

11356

**DATE**

8.8.22

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Vomiting and anorexia since Saturday evening  
Lethargic: 5-7% dehydration, tense abdomen, 4/9 BCS

Abnormal lab-work values: cPL- Abnormal. Mild neutrophilia (13,600). ALT 203  
Current Medications: Cerenia, Pantoprazole

**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 2 cm, are normal.

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

The **left kidney** is normal size (5.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (6.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.61 cm at cranial pole) (0.66 cm at caudal pole) (3.09 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 (0.59 cm at cranial pole) (0.53 cm at caudal pole) (2.12 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.

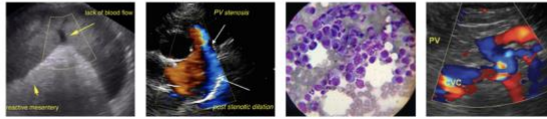
**Spleen**

The **spleen** is subjectively normal in size 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. A few ill-defined, hyperechoic nodule/areas (the largest measuring 2.20 cm in its longest dimension) are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion

The **gall bladder** is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



**PATIENT**

Bodie Hogle

**SPECIES**

Canine

**BREED**

Aussie

**SEX**

Neutered Male

**AGE**

2/2/2010

**WEIGHT**

50 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**

Flowerstown AH

**REFERRING VET**

Dr. Kline

**INVOICE**

11356

**DATE**

8.8.22

**Gastrointestinal**

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 proximal duodenal lumen is mildly fluid-distended. The proximal duodenal wall is moderate thickened (up to 0.81 cm) with retention of the normal layering pattern. There is evidence of mucosal fogging and linear striations in this region. In the remaining small intestinal segments, the 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.

**Pancreas**

The base and right limb of the **pancreas** are enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. Surrounding mesentery is hyperechoic.

**Free Abdomen**

The **mesentery** throughout the abdomen is hyperechoic, particularly at the cranial aspect. Trace free fluid is observed. A 1.29 cm **lymph node** is observed in the right cranial quadrant. The node is normal in shape and echogenicity.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The pancreatic changes are consistent with moderate acute pancreatitis with secondary peritonitis.
- The duodenal wall changes are most consistent with inflammation (likely secondary to pancreatitis) +/- concurrent lymphangiectasia.
- The gall bladder changes could be consistent with a developing mucocele, cholestasis, or less likely fasting.

**Secondary Findings**

- Bilateral, chronic age-related renal change
- The hepatic parenchymal changes are most consistent with age-related remodeling with benign regenerative nodules. The mildly elevated ALT could be consistent with inflammatory disease, reactive hepatopathy, Leptospirosis (less likely), hepatotoxicosis, other hepatopathy.
- The prominent cranial abdomen lymph node is likely reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Consider initiation of trickle feeding, as soon as the patient will tolerate it, as this will help to maintain enterocyte health.

Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



**PATIENT**

Serial monitoring of the patient's liver values is recommended to assess for worsening of the ALT.

Bodie Hogle

Given the possibility of a developing gall bladder mucocele, consider a recheck ultrasound in 4-6 weeks to assess for possible progression.

**SPECIES**

Canine

**BREED**

Aussie

**SEX**

Neutered Male

**AGE**

2/2/2010

**WEIGHT**

50 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**

Flowertown AH

**REFERRING VET**

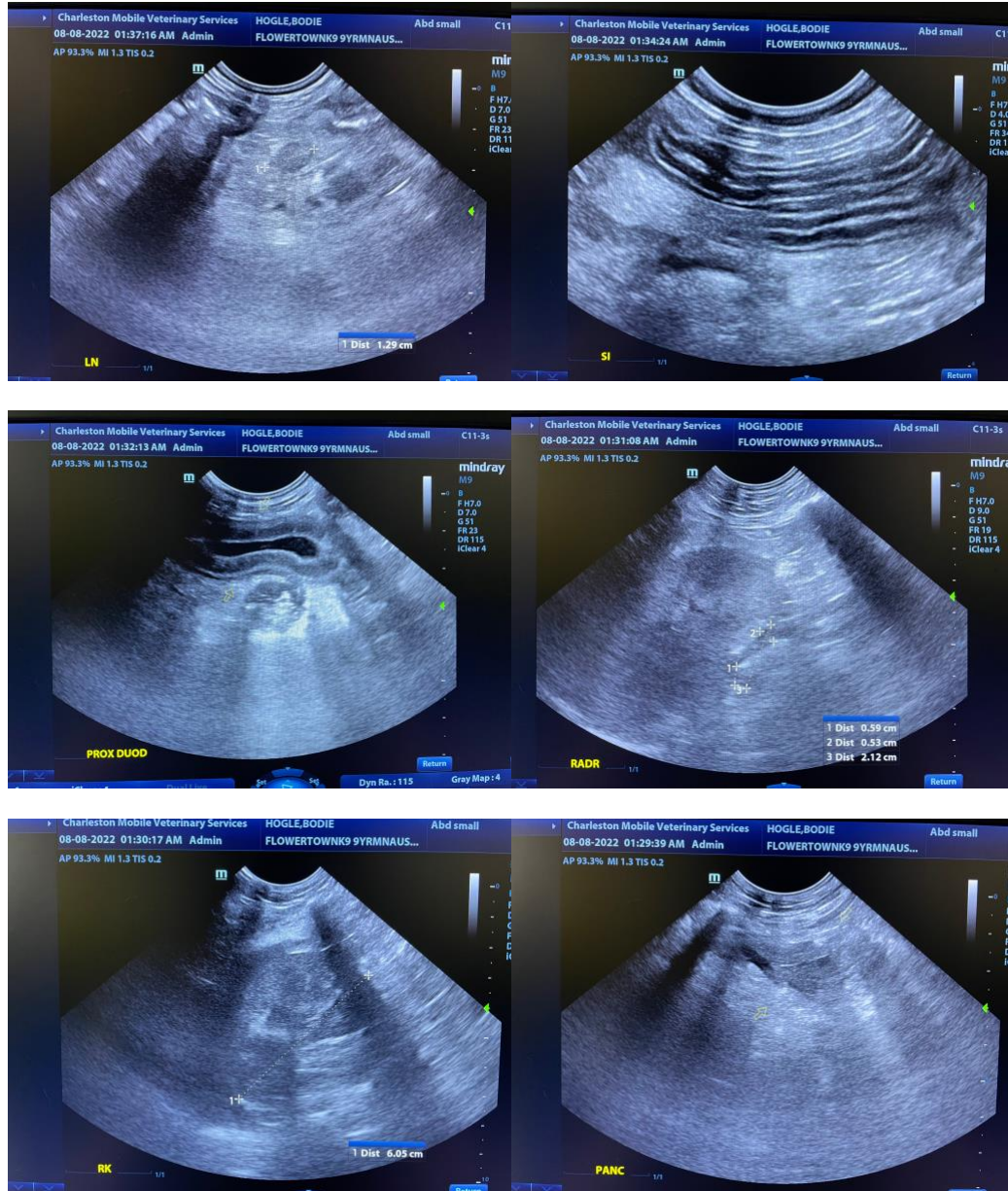
Dr. Kline

**INVOICE**

11356

**DATE**

8.8.22





**PATIENT**

Bodie Hogle

**SPECIES**

Canine

**BREED**

Aussie

**SEX**

Neutered Male

**AGE**

2/2/2010

**WEIGHT**

50 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**

Flowertown AH

**REFERRING VET**

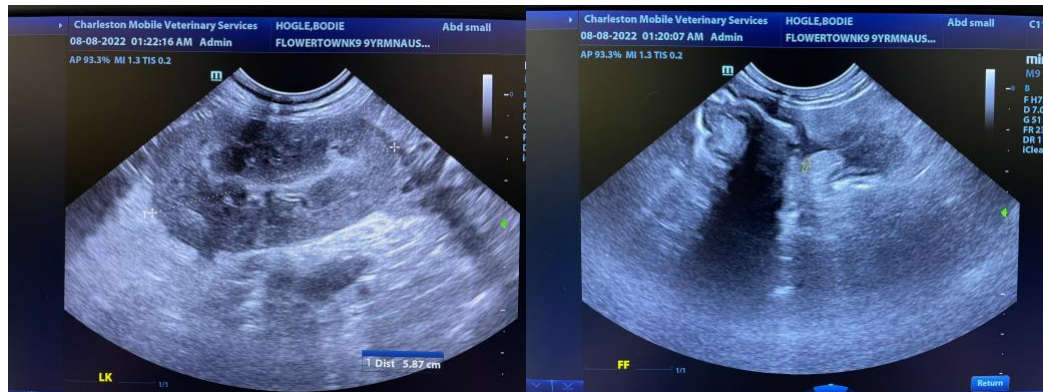
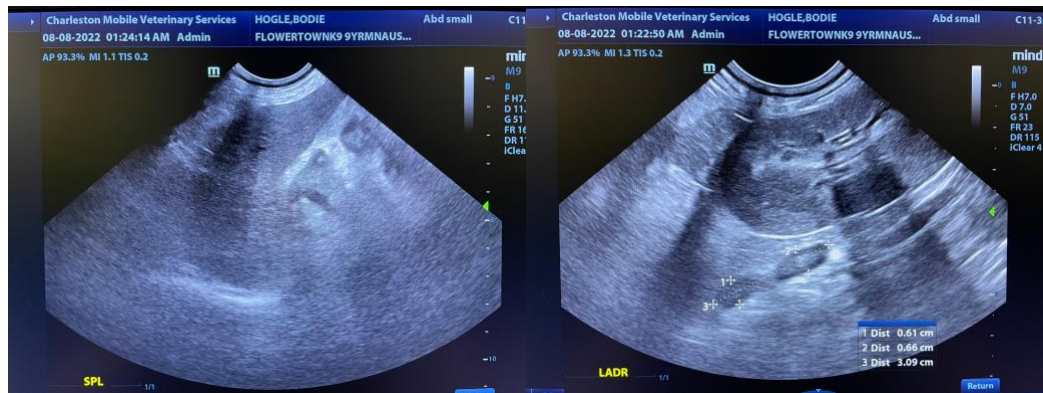
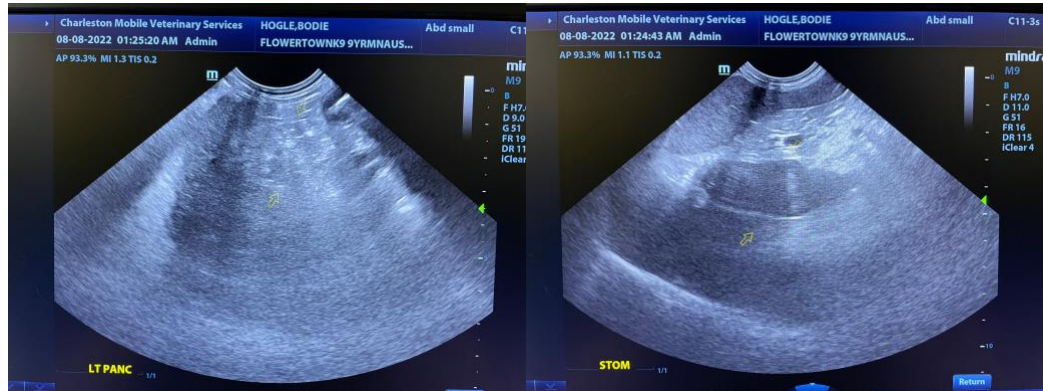
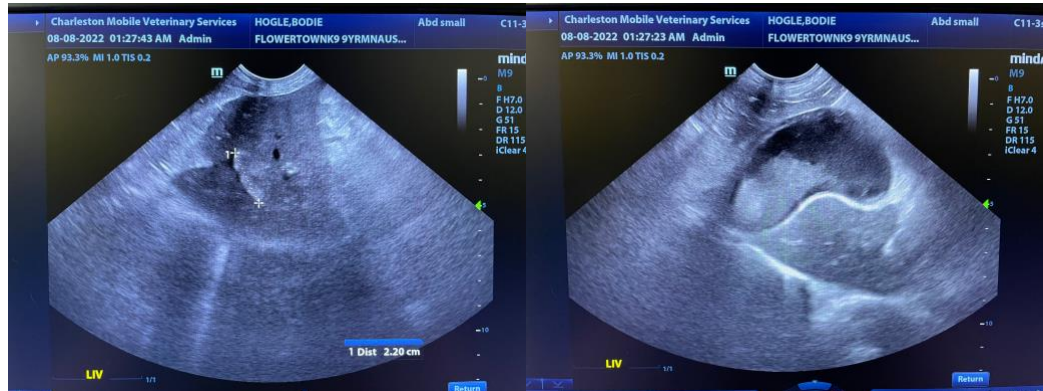
Dr. Kline

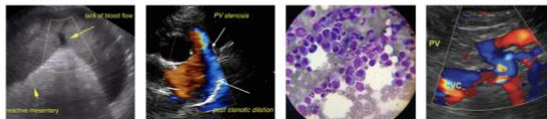
**INVOICE**

11356

**DATE**

8.8.22





## PATIENT

Bodie Hogle

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.

## SPECIES

Canine

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.

## BREED

Aussie

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

## SEX

Neutered Male

## AGE

2/2/2010

## WEIGHT

50 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

Flowertown AH

## REFERRING VET

Dr. Kline

## INVOICE

11356

## DATE

8.8.22