



PATIENT

Cora-Maginnis

SPECIES

Canine

BREED

Leonberger

SEX

Spayed Female

AGE

5 years

WEIGHT

103.2

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

Dr. Pruitt

INVOICE

11374

DATE

8.9.22

PRESENTING CLINICAL SIGNS

History of decreased appetite and intermittent vomiting for the past 10 days.

Mildly elevated globulin. Albumin 2.6.

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (8.38 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (9.58 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal in length (0.41 cm at cranial pole) (0.35 cm at caudal pole) (1.75 cm in length) with a flattened contour. 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 slightly small in size (0.69 cm at cranial pole) (0.56 cm at caudal pole); normal shape and smooth peripheral contours. 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 prominent to enlarged with slightly swollen peripheral contours. The parenchyma is diffusely mottled with numerous, small, ill-defined hyperechoic nodules throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

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

The **gastric lumen** is mildly fluid distended. The gastric wall in the region of the fundus is mildly thickened (up to 0.80 cm) with retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete 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.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or similar). Alternatively, infiltrative neoplasia (i.e., round cell tumor) may be present.
- The bilaterally small adrenal glands may be secondary to atypical hypoadrenocorticism, relative adrenal insufficiency or may be a normal variant for this patient.
- Mild gastric ileus

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Secondary Findings

- Minor, chronic, age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

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Consider a fine-needle aspirate of the spleen if clotting status is appropriate. A 25-gauge needle should be used.

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If the above diagnostics are inconclusive, consider further work-up, which could include the following:

1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
2. Fecal evaluation for ova and Giardia
3. Pre-and postprandial serum bile acids to evaluate for reduced production of albumin
4. UPC (to assess for renal protein loss)
5. Three-view thoracic radiographs to assess for occult esophageal disease
6. Novel protein diet trial
7. +/- GI biopsies (i.e., endoscopic or surgical)

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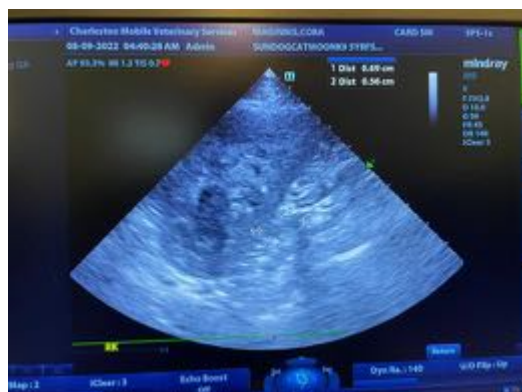
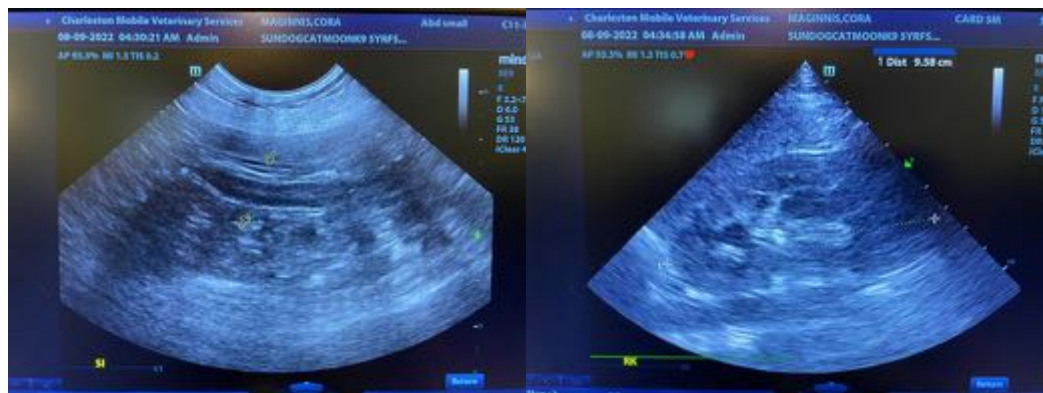
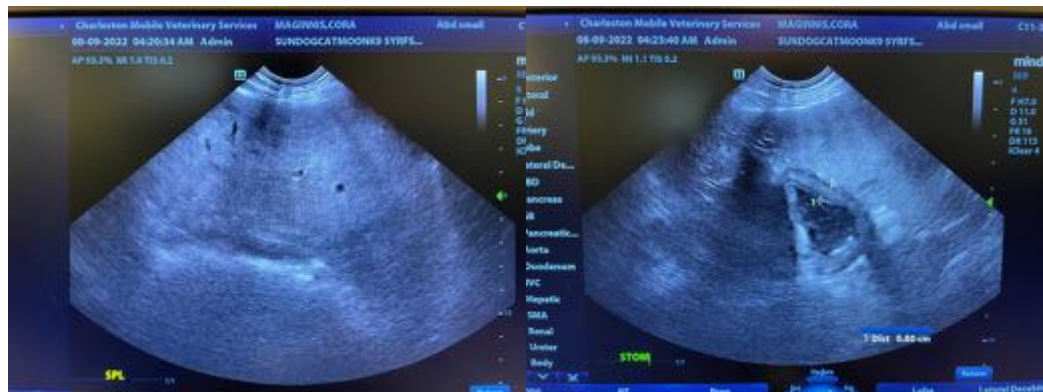
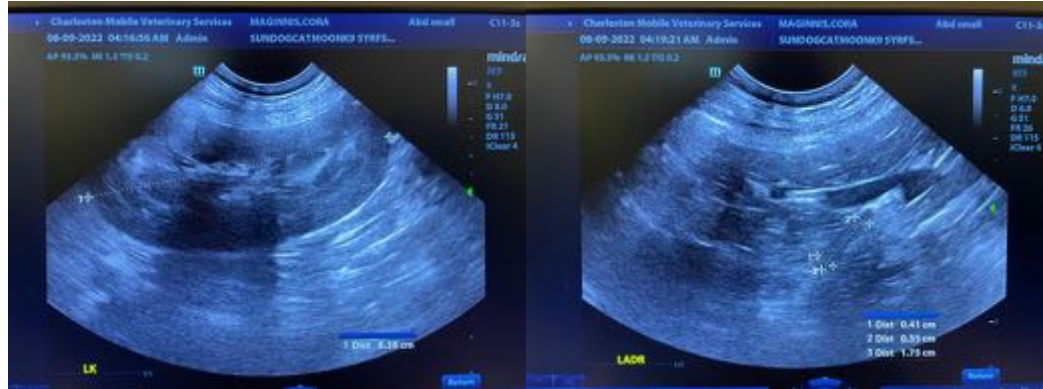
Dr. Pruitt

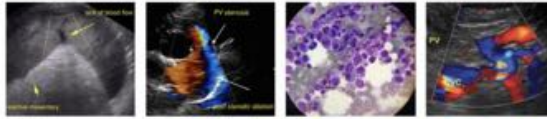
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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