



**PATIENT PRESENTING CLINICAL SIGNS**

Logan O'Donnell History: Logan had v/D of 2 day duration . On lab work, his ALBumin was 1.7 It is up to 2.0 2 days later, after starting metronidazole. Very mild weight loss. Very mild ALT elevation

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine *Urinary System*

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

Golden mix

**SEX**

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

Male, neutered

The left kidney is normal size (6.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 0.64 cm cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

11 Yrs.

The right kidney is normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

56 lbs.

*Adrenal Glands*

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.59 cm at caudal pole) (2.46 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.

**INTERPRETED BY**

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

The right adrenal gland is not definitively visualized.

*Spleen*

**IMAGING PERFORMED BY**

Dr. Velasco

The spleen is normal in size (2.00 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.

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*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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*Gastrointestinal*

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The gastric lumen is mildly to moderately distended with fluid and hyperechoic soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. 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. No obstructive disease is noted.

**DATE**

9/17/21



**PATIENT**

***Pancreas***

Logan O'Donnell

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.

**SPECIES**

***Free Abdomen***

Canine

Trace ascites is present. The abdominal lymph nodes are normal/not visible.

**BREED**

Golden mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings:**

Male, neutered

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or hepatic disease, low-grade pancreatic inflammation, underlying metabolic issue or less likely, a nephropathy.

**AGE**

**Secondary Findings:**

11 Yrs.

- The trace ascites is likely secondary to low oncotic pressure.
- Minor age-related renal changes.
- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (unlikely), reactive hepatopathy +/- concurrent age-related pathology.

**WEIGHT**

56 lbs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the hypoalbumenia and clinical signs, consider the following diagnostics/treatment options:

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1. Pre- and post-prandial serum bile acids to assess hepatic function.
2. UPC
3. Serum cobalamin, folate, PLI and TLI
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
5. A 6-week limited antigen diet trial to assess for food allergies
6. A fecal evaluation for ova/Giardia
7. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
8. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies +/- a liver biopsy may be necessary to get a definitive diagnosis.
9. Three-view thoracic radiographs should be performed prior to anesthesia.



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Logan O'Donnell

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**IMAGING  
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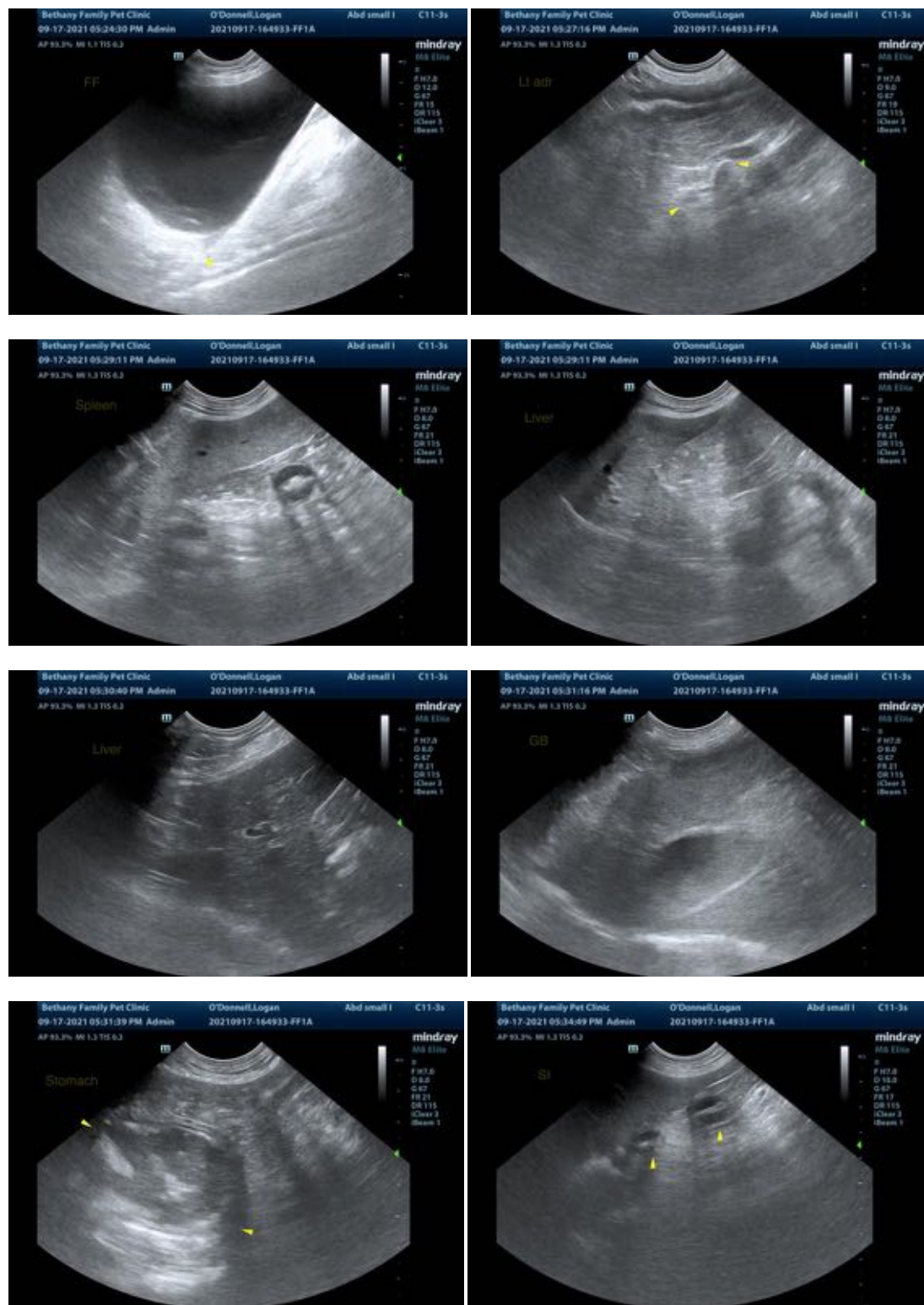
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



**PATIENT**

Logan O'Donnell

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.

**SPECIES**

Canine

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

Andrea.nicastro@sonopath.com

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