



**PATIENT**

Sparky Andrews

**PRESENTING CLINICAL SIGNS**

History: Patient presents for persistent hematochezia and abdominal discomfort for 12 days.

Current meds: Flagyl, propectalin, Pepcid, probiotics.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: HCT 58.2%, BUN 36, SDMA 9, creat. 1.0, glob. 4.1, albumin 2.8, TP 6.9, ALP 167, T. bili 0.1. Fecal (neg).

**BREED**

Pomeranian Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male Neutered

The prostate is normal in size (0.82 cm in length; 0.49 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

7 years

The left kidney is normal in size (4.29 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

The right kidney is normal in size (4.19 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.45 cm at caudal pole) (1.45 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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

The right adrenal gland is normal size (0.65 cm at cranial pole) (0.36 cm at caudal pole) (1.40 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.

**HOSPITAL NAME**

Northvale VH

*Spleen*

The spleen is normal in size (1.26 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.

**REFERRING VET**

Dr. Simon

*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic 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.

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12209

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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**

**SPECIES**

Canine

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with ingesta. 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. No obstructive disease is noted.

**BREED**

Pomeranian Mix

**Pancreas**

**SEX**

Male Neutered

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**

**AGE**

7 years

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.22 x 1.01 cm iliac lymph node is visualized.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Andrea Nicastro, DVM,  
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- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral age-related renal changes with dystrophic mineralization.
- The prominent medial iliac lymph node is most likely reactive with a lower possibility of emerging neoplasia.

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Kelly Vazquez, CVT

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal or pancreatic disease, underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Simon

- A fecal evaluation for ova/Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Consider a fecal PCR infectious disease panel.
- Serum cobalamin, folate, PLI and TLI
- 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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- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Endoscopic biopsies of the colon are preferred as it is safer and the colonic mucosa can be thoroughly visualized to assess for polyps and small masses/lesions.

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- Three-view thoracic radiographs should be performed prior to anesthesia.

**BREED**

Pomeranian Mix

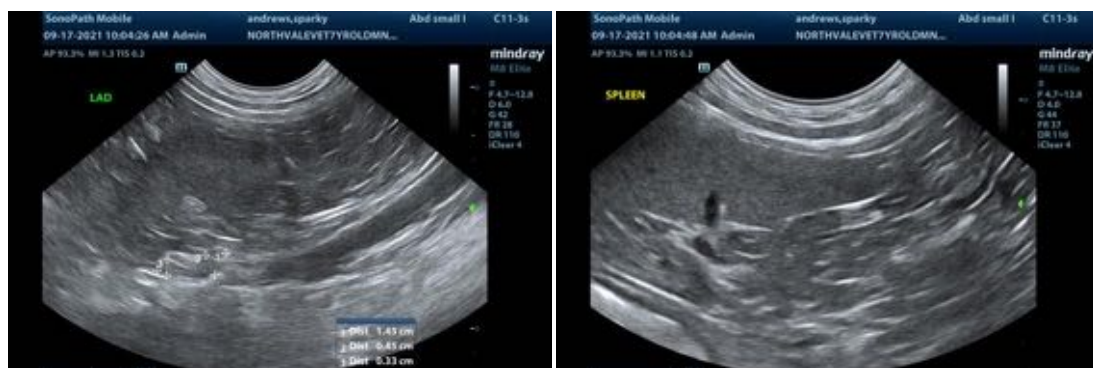
**SEX**

Male Neutered

**AGE**

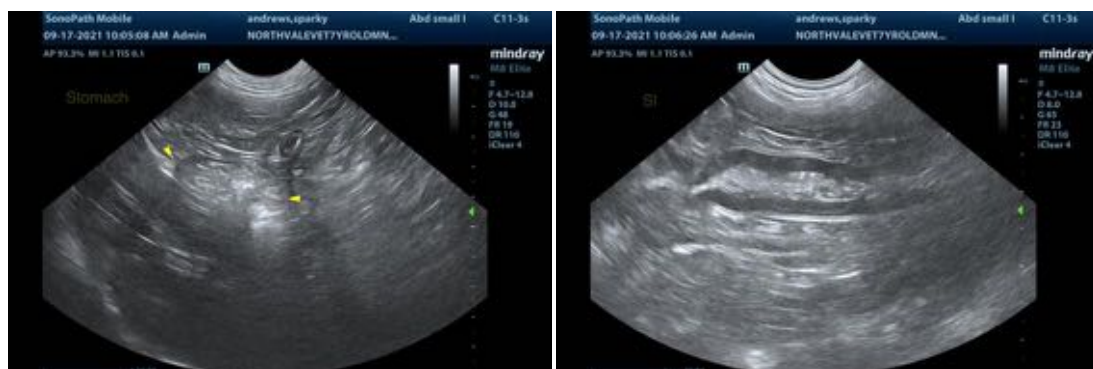
7 years

**WEIGHT**



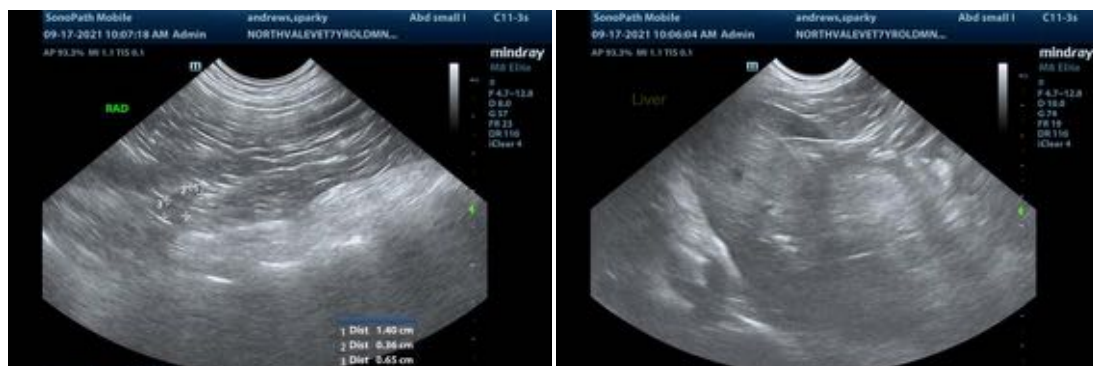
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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