



PATIENT

Marvin Delotto

PRESENTING CLINICAL SIGNS

History: Chronic off/on episodes of nausea (lip smacking and stomach sounds), diarrhea and vomiting.

Current meds: Provable and Metronidazole.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA 15. U/A: quiet sediment, USG 1.025.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pug

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not 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 (1.20 cm in length; 0.59 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 Years

The left kidney is normal size (3.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

21.5 lbs.

The right kidney is normal size (4.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is small in size (0.33 cm at cranial pole) (0.28 cm at caudal pole) (1.15 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 (0.54 cm at cranial pole) (0.39 cm at caudal pole) (1.39 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

Millburn VH

Spleen

The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.81 x 0.54 cm hypoechoic to anechoic nodule is observed within the parenchyma. The lesion does not appear to cause capsular expansion. Splenic vasculature is normal.

REFERRING VET

Dr. Turowsky

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

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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 not distended. 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

Pug

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.

SEX

Male Neutered

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

21.5 lbs.

- The splenic nodule could be consistent with a benign process. Alternatively, early neoplasia cannot be excluded.
- The small left adrenal land may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., esophageal dysfunction, gastric reflux, food allergy, inflammatory bowel disease), infection (i.e., Helicobacter), GI parasitism), underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Three-view thoracic radiographs are recommended to assess for occult esophageal disease. In addition, consider the following diagnostics/therapeutics:
 - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - b. A fecal evaluation for ova/Giardia
 - c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 - d. A 6-week limited antigen diet trial to assess for food allergies
 - e. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
2. While awaiting test results, consider a proton pump inhibitor (i.e., Metronidazole) +/- anti-nausea medication.
3. Regarding the splenic nodule, a repeat ultrasound is recommended in 3-4 weeks to assess for progression.



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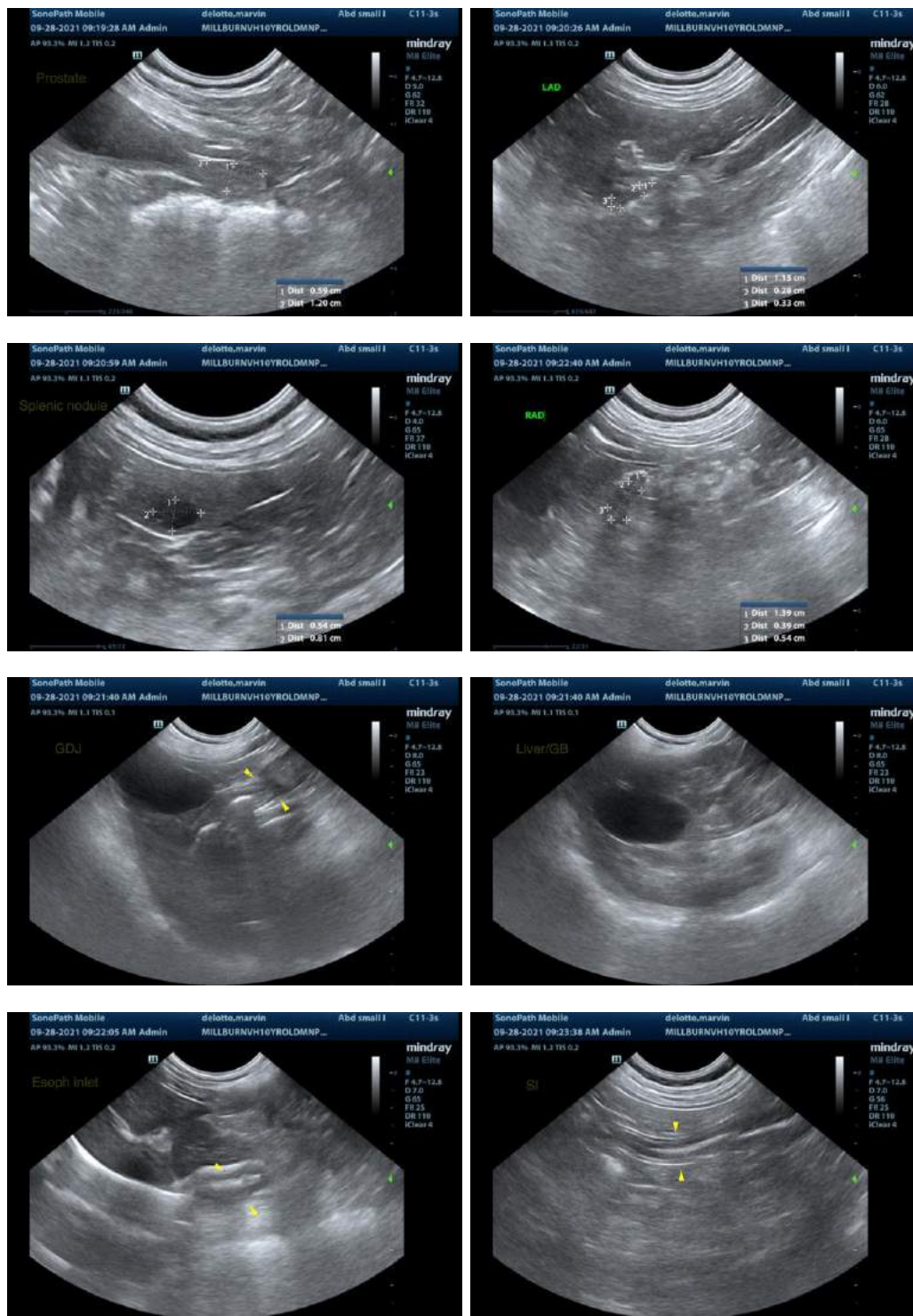
Dr. Turowsky

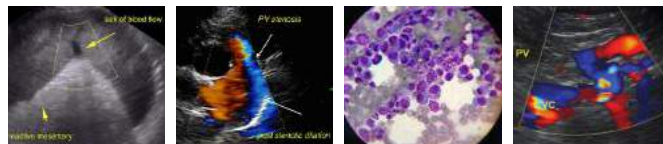
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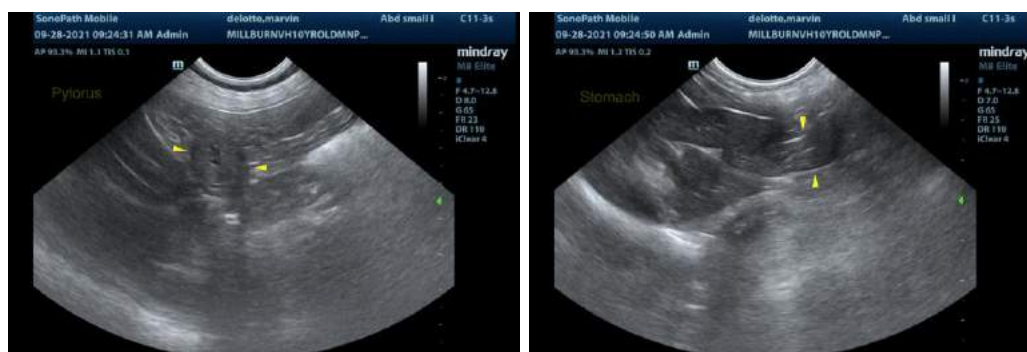
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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