

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Mercy Platt **PRESENTING CLINICAL SIGNS** History: Mercy had a splenectomy in Jan 2021. Histo is not available. In last 4-5 months, she has been having soft stools to diarrhea. Partial response to metronidazole and probiotic. Diet not yet changed. She has lost ~3 # recently, but O is feeding only rice and chicken. Mercy is eating all that she is given.

**SPECIES** Canine **Abnormal PE/Chem/CBC/UA Results:** Labs have not been performed since 6/2021. AT that time, PCV = 38, mild anisocytosis. All else was WNL. (no reticulocytes)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab Mix The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**SEX** Spayed Female The left kidney presented normal size (5.95 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. Renal vasculature is normal.

**AGE** 12 Years The right kidney presented normal size (6.03 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. Renal vasculature is normal.

**WEIGHT** *Adrenal Glands*

50 Pounds The left adrenal gland presented normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole) (2.32 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, DMV,  
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The region of the right adrenal gland is evaluated and no obvious pathology is seen.

**Spleen**  
Previously splenctomized.

**Liver**

**HOSPITAL NAME** Bethany FPC The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the right renal cortex. The parenchymal is subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

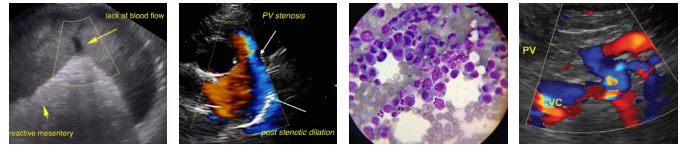
**REFERRING VET** Dr. Velasco The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**

**INVOICE NUMBER** 13322 The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with

**DATE**

9/28/21



**PATIENT** chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.  
Mercy Platt

***Pancreas***

**SPECIES** 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.

Canine

***Free Abdomen***

**BREED** The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Lab Mix The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Age-related hepatic and renal changes

Spayed Female

**AGE**

12 Years

\*There is no obvious evidence of metastatic disease in the abdomen. An obvious cause for the patients' diarrhea is not identified in the study. Considerations include primary GI disease (i.e., food allergy, inflammatory bowel disease, GI parasitism, bacterial dysbiosis), underlying metabolic issue, occult neoplasia, other.

**WEIGHT**

50 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest. Baseline lab work, including a CBC/Chemistry panel, urinalysis, a fecal evaluation for ova and Giardia, prophylactic deworming with fenbendazole and T4 should also be considered to assess overall metabolic function. Depending upon the results of the above diagnostics, a more advanced GI work up (i.e., malabsorption panel, resting cortisol level, hypoallergenic diet trial, endoscopic or surgical gastrointestinal biopsies) may be warranted.

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**HOSPITAL NAME**

Bethany FPC

**REFERRING VET**

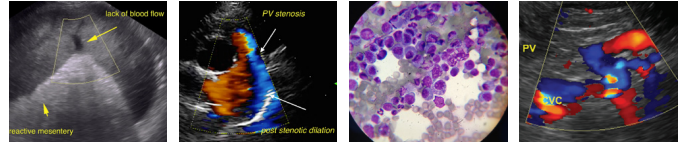
Dr. Velasco

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**PATIENT**

Mercy Platt

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

50 Pounds

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**HOSPITAL NAME**

Bethany FPC

**REFERRING VET**

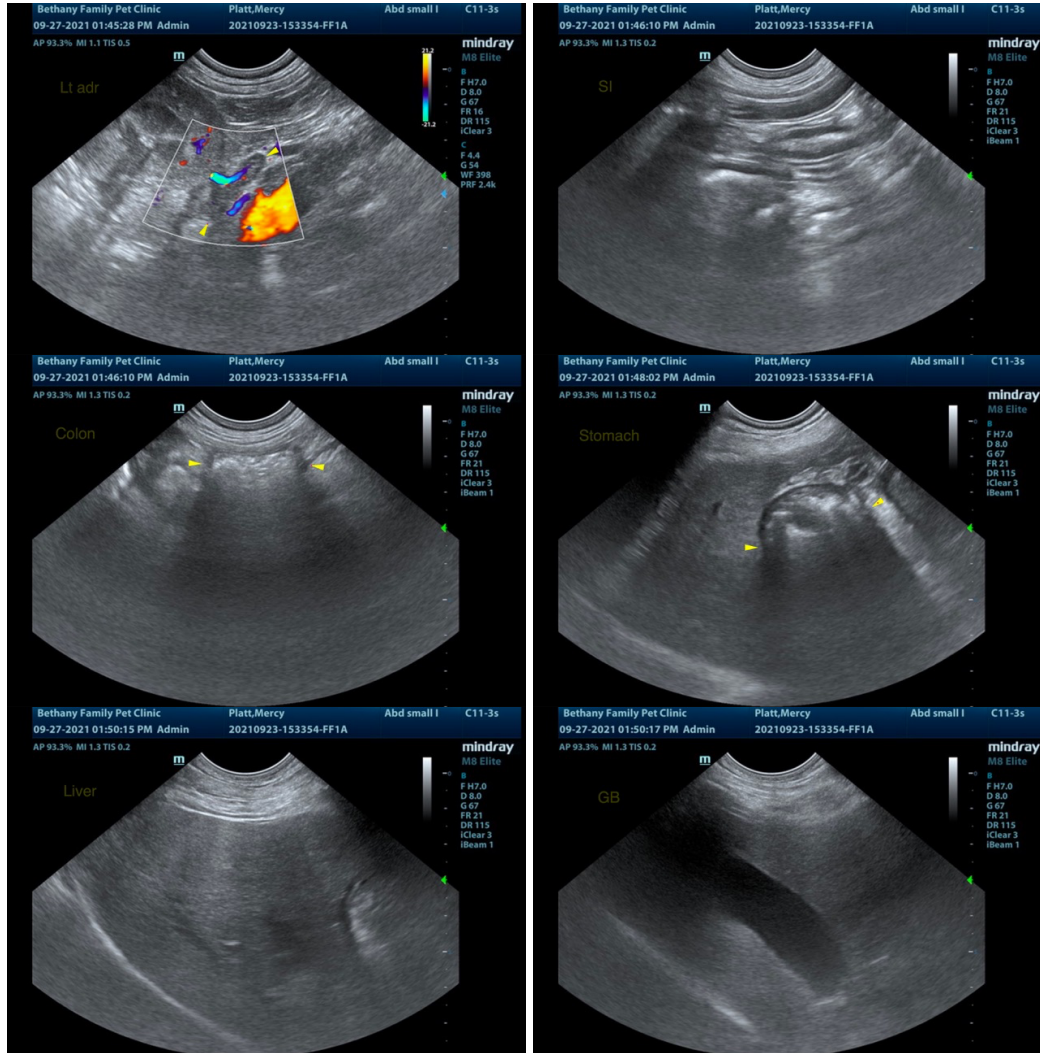
Dr. Velasco

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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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