



**PATIENT PRESENTING CLINICAL SIGNS**

Arlo Levine History: inflammation secondary to IBD or evolving dz

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Lab Mix The region of the **prostate** is not visualized due to its pelvic location.

**SEX**

Neutered Male

The **left kidney** is normal size (4.65 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.

**AGE**

6 years

The **right kidney** is normal size (5.12 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.

**WEIGHT**

18 lbs

**Adrenal Glands**

The **left adrenal gland** is normal size (1.13 cm at cranial pole) (0.52 cm at caudal pole) (2.00 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.

The **right adrenal gland** is normal size (0.53 cm at cranial pole) (0.47 cm at caudal pole); 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,  
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ACVIM (*Small Animal  
Internal Medicine*)

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The **spleen** is normal in size (1.60 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.

**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.

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

**INVOICE**

11599

**DATE**

9.8.22

### ***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.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

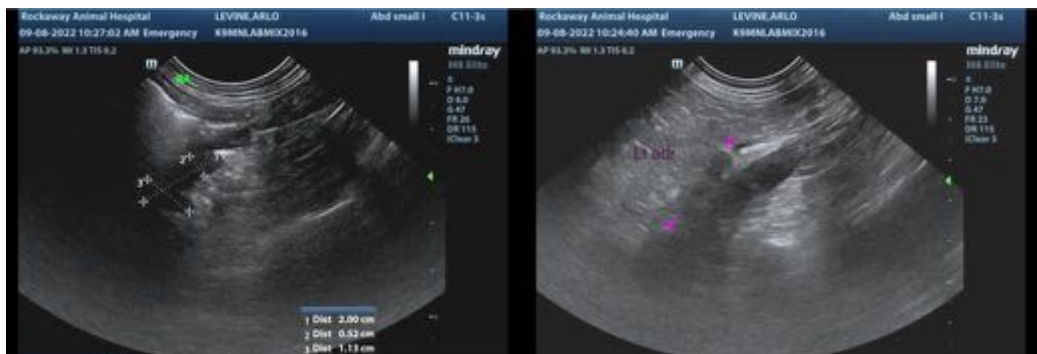
### **Primary Findings**

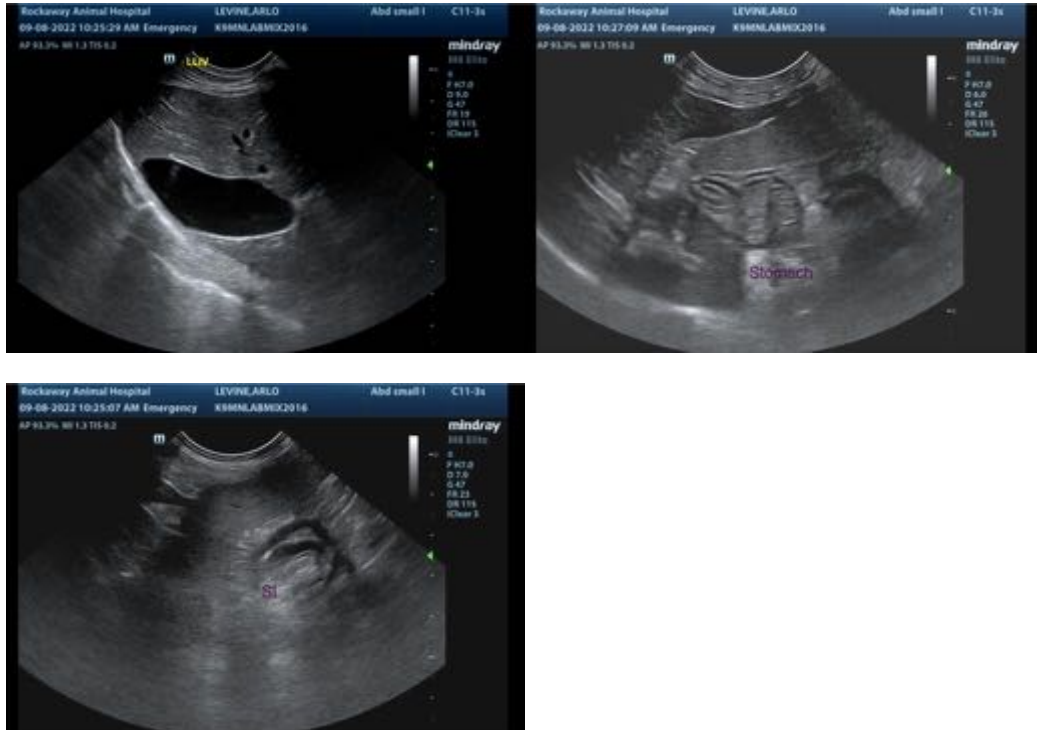
- Unremarkable abdomen.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient has been experiencing chronic gastrointestinal signs and has failed medical management, consider a more advanced GI work-up, which could include the following:

1. Baseline lab work, including CBC, Chemistry panel, urinalysis and T4
2. A fecal evaluation for ova and Giardia, if not already performed
3. Resting cortisol level to screen for hypoadrenocorticism
4. Malabsorption panel including serum cobalamin and folate, TLI and PLI
5. 6-week hydrolyzed protein or limited antigen diet trial
6. If above results are inconclusive, endoscopic or surgical GI biopsies may be warranted.





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.

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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