

PATIENT

Duke Pellham

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

50 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Parker

DATE

12/13/22

INVOICE

14352

PRESENTING CLINICAL SIGNS

History: P seen 12/2 for diarrhea (orange colored small bowel) x 3 days. Resolved with probiotics and low fat canned food. Gabapentin increased from 200-300 mg BID at that time as well due to potential neck pain on top of chronic hip OA. P clinically improved until 12/12 AM - P shivering and ADR, then proceeded to vomit multiple times. Mucus-covered but formed stool this AM. P had been back on normal diet and supplements (fish oils and Dasuquin) x 2 days. P BAR on exam today. No discomfort on palpation of abdomen or neck. No changes in PE. Temp WNL at all exams. Other dogs in home digestively WNL. See below for labs done 12/2. Current Medications Cerenia 12/12 afternoon Primary Question/Differential to Be Answered in This Exam Help r/o transient gastroenteritis vs. diffuse inflammatory disease (IBD) vs. neoplasia or other
Abnormal PE/Chem/CBC/UA Results: ALP 407 U/L with ALT mid-range normal, rest of chem 10 and lytes WNL Mild lymphopenia at 0.77 K/L (1-4.8), rest of CBC WNL Fecal - NPS and giardia ELISA negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 3-4 cm, are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.69 cm at caudal pole) (2.65 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 (1.56 cm at cranial pole) (0.65 cm at caudal pole) (2.68 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.

Spleen



PATIENT

Duke Pellham

The spleen is subjectively normal to slightly prominent in size normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity with a coarse echotexture. Several small hyperechoic nodules/areas are observed throughout the organ, particularly at the hilus. Splenic vasculature is normal with no evidence of thrombosis.

SPECIES

Canine

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. 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.

BREED

German Shorthair
Pointer

SEX

Male, neutered

Gastrointestinal

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.

AGE

12 Yrs.

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.

WEIGHT

50 lbs.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.16 cm lymph node is observed in the left cranial quadrant. A few prominent mesenteric lymph nodes are also seen, the largest measuring 0.97 cm in length.

INTERPRETED BY

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

IMAGING PERFORMED BY

Jenna Walsh

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Ark AH

Primary Findings:

- An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., non-specific gastroenteritis, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, other), underlying metabolic issue, low-grade pancreatitis, other.

REFERRING VET

Dr. Parker

Secondary Findings:

- Minor, bilateral, age-related renal changes.

DATE

12/13/22

INVOICE

14352



PATIENT

Duke Pellham

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Parker

DATE

12/13/22

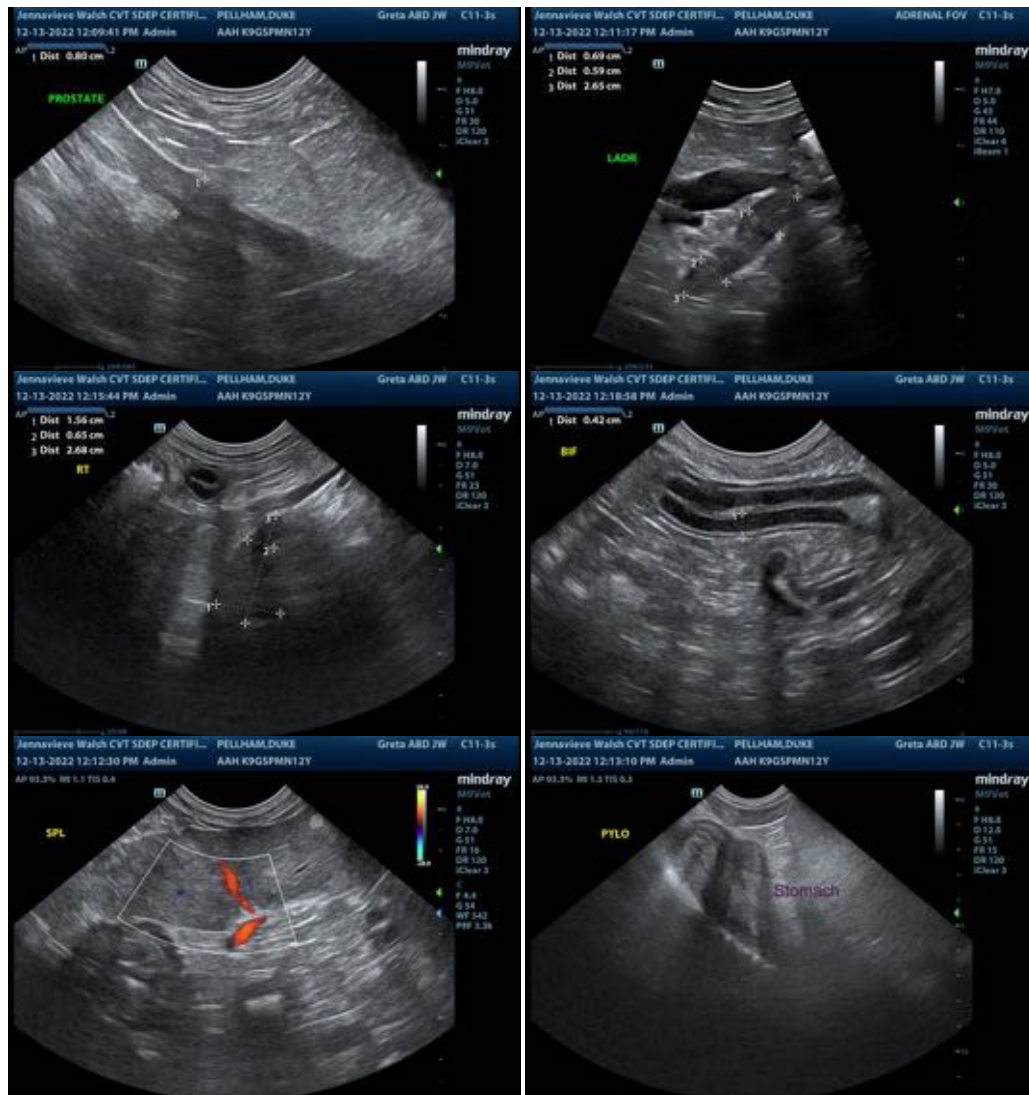
INVOICE

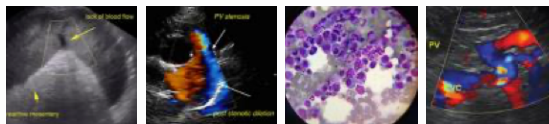
14352

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic, endocrine) is suspected.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for non-specific gastroenteritis is recommended.
- If clinical signs do not begin to improve within 2-3 days of initiating therapy, a more advanced GI workup may be warranted.





PATIENT

Duke Pellham

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

50 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Ark AH

REFERRING VET

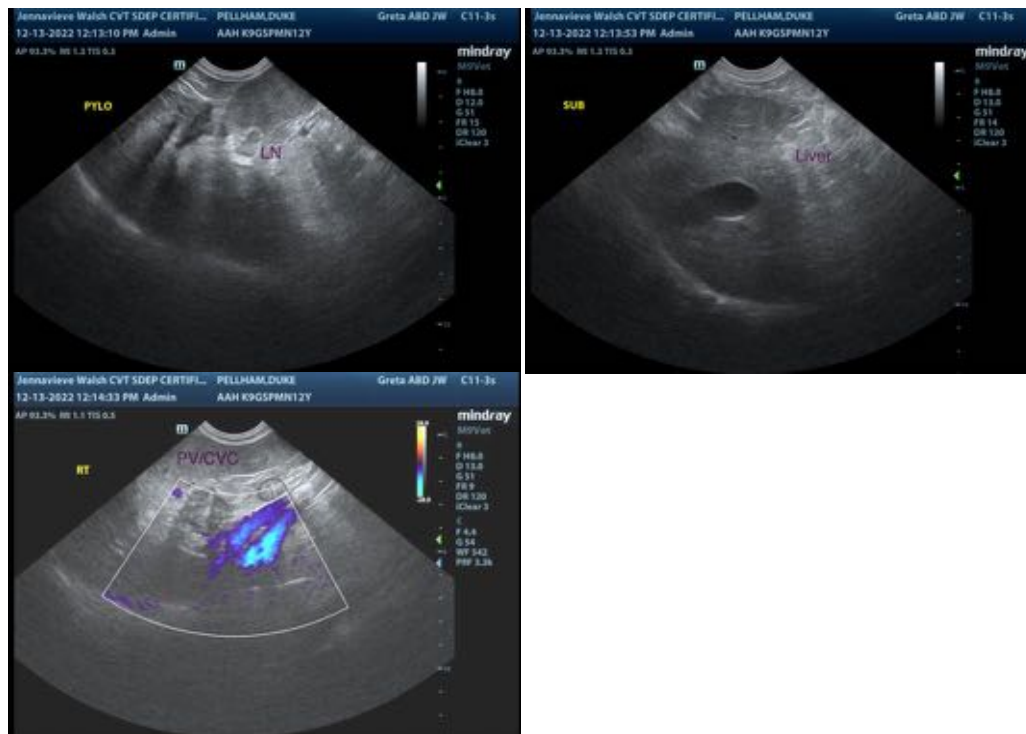
Dr. Parker

DATE

12/13/22

INVOICE

14352



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com