



PATIENT PRESENTING CLINICAL SIGNS

Leonidas Wilburn Two-week history of intermittent vomiting and diarrhea. Defecated a string on 12/26/22. X-rays showed ingesta in stomach despite fasting. Has been doing better for the past 3-4 days.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED 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.

Golden Retriever mix

SEX The prostate is normal in size (1.06 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Male, neutered

AGE The left kidney is normal size (5.98 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.

1/7/2015

WEIGHT The right kidney is normal size (6.89 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.

64 lbs.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.56 cm at caudal pole) (2.46 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

The right adrenal gland is normal size (0.98 cm at cranial pole) (0.67 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.

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

Spleen

HOSPITAL NAME

The spleen is normal in size (1.67 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.

FLowertown AH

Liver

REFERRING VET

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 distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Dr. Pignatello

INVOICE

14413

DATE

1/10/23

Gastrointestinal



PATIENT

Leonidas Wilburn

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Male, neutered

AGE

1/7/2015

WEIGHT

64 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

FLowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

14413

DATE
1/10/23

The gastric lumen is mildly distended with ingesta and questionable small amount of soft shadowing material. 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. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

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.

Other

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

ULTRASONOGRAPHIC FINDINGS

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The questionable shadowing material within the gastric lumen likely represents normal ingesta with a lower possibility of small foreign material. However, there was no obvious evidence of an outflow tract obstruction.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia, if not already performed.
3. Consider a fecal PCR infectious disease panel.
4. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
5. A 6-week limited antigen diet trial to assess for food allergies.
6. Consider a 4-week course of Tylosin as empirical treatment for bacterial overgrowth.



PATIENT

Leonidas Wilburn

SPECIES

Canine

BREED

Golden Retriever mix

SEX

Male, neutered

AGE

1/7/2015

WEIGHT

64 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Pignatello

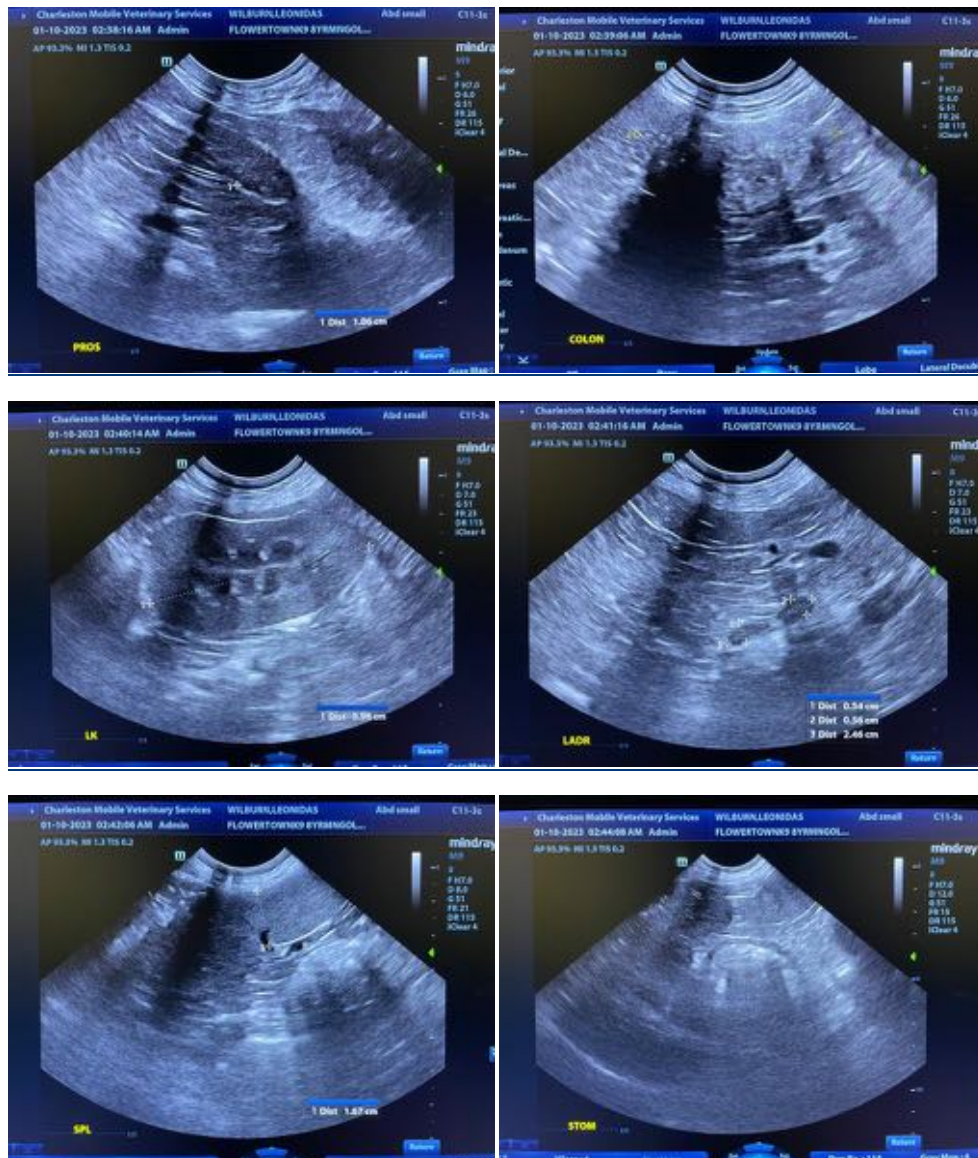
INVOICE

14413

DATE

1/10/23

7. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
8. Also consider initiation of a probiotic and fiber supplement.
9. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
10. Three-view thoracic radiographs should be performed prior to any anesthetic event.





PATIENT

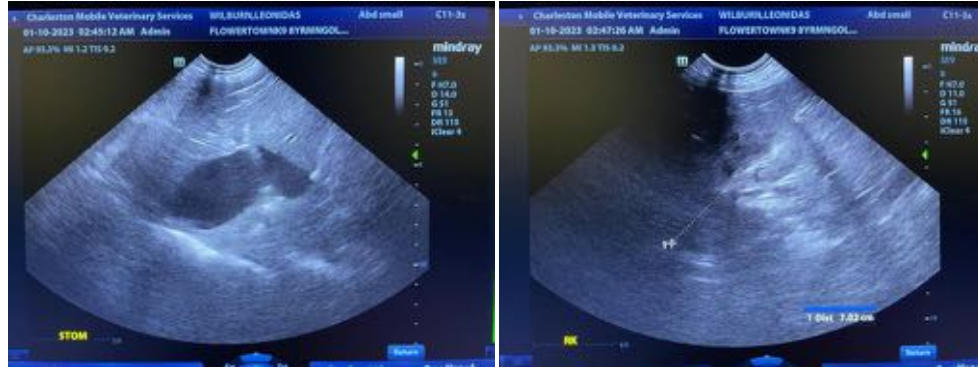
Leonidas Wilburn

SPECIES

Canine

BREED

Golden Retriever mix



SEX

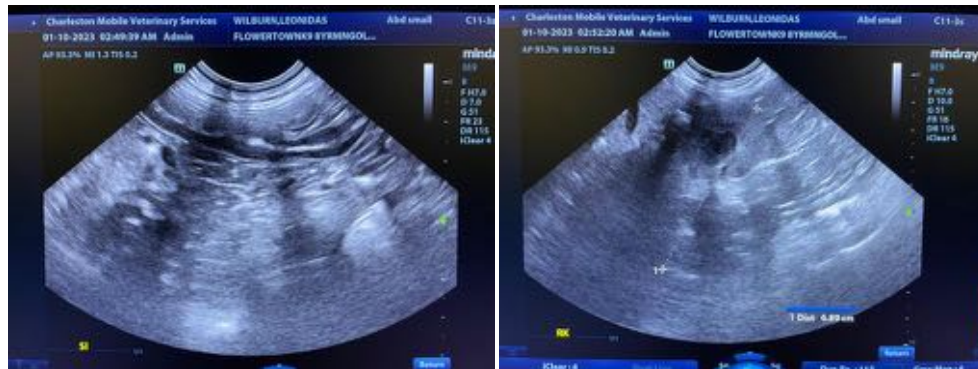
Male, neutered

AGE

1/7/2015

WEIGHT

64 lbs.

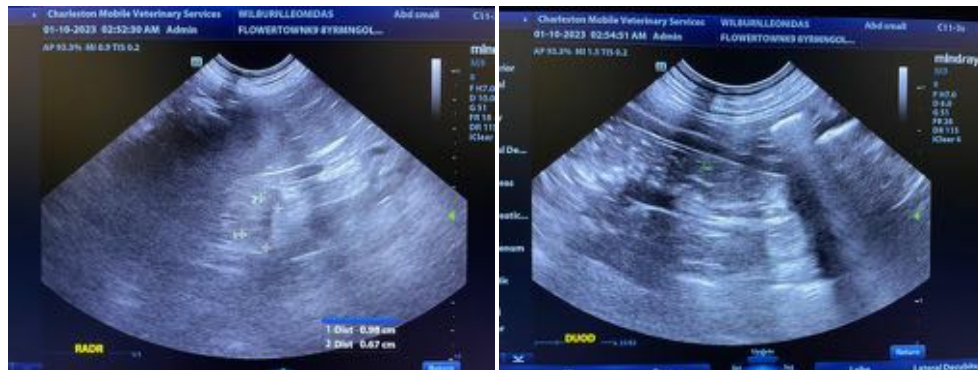


INTERPRETED BY

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

IMAGING PERFORMED BY

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



HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

14413

DATE

1/10/23

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