



PATIENT

Tess May Ferguson

SPECIES

Canine

BREED

Lab

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

33 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Yenssen

INVOICE

13631

DATE

1/25/22

PRESENTING CLINICAL SIGNS

History: Presented for drooling between meals and bedtime, has had GI issues entire life. e/d well, normal bm/u Bloodwork shows changes in her CBC and biochem that raise concern for bleeding internally meds: gabapentin, Metacam Additional History: An in-house CBC shows thrombocytopenia. Albumin and total bili are slightly elevated. CPL normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 2 cm, are normal.

The left kidney is normal size (5.59 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.

The right kidney is normal size (6.19 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.95 cm at cranial pole) (0.94 cm at caudal pole) (2.59 cm in length); with a slightly irregular shape. A 1.08 cm x 0.70 cm hyperechoic to slightly heterogeneous nodule is observed at the cranial pole. A 0.95 cm x 0.86 cm hyperechoic to slightly heterogeneous is also observed at the caudal pole. There is loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

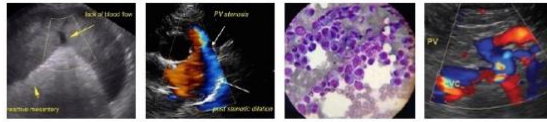
The right adrenal gland is normal size (1.62 cm at cranial pole) (0.78 cm at caudal pole) (1.98 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



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focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 gas distended. 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.

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Andrea Nicastro, DVM,
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- The left adrenal nodules could be consistent with benign process (i.e., nodular hyperplasia). Alternatively, emerging neoplasia is possible. A benign process is favored.
- Minor geriatric hepatic and renal changes

*An obvious cause for the patient's clinical signs and thrombocytopenia is not identified sonographically.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the thrombocytopenia, a repeat CBC (send to a diagnostic lab) is recommended to confirm thrombocytopenia.
- Regarding the GI issues, consider the following:

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1. Three-view thoracic radiographs, to assess for occult esophageal disease.
2. Malabsorption panel, including serum cobalamin, folate, TLI and PLI
3. Fecal evaluation for ova and Giardia
4. A 6-week limited antigen diet trial to assess for food allergies.
5. Depending on the results of the above diagnostics and the patients clotting status,

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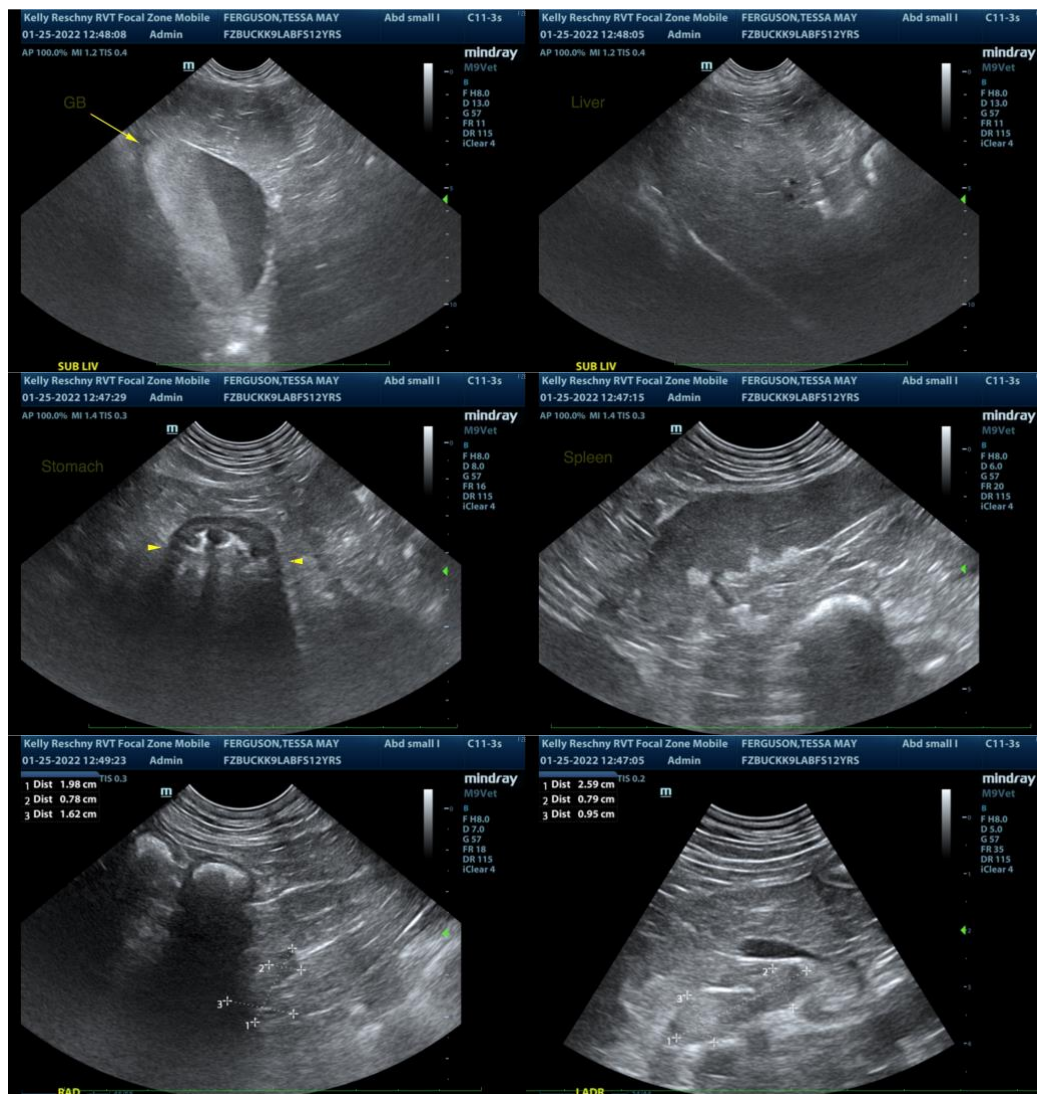
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endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

6. Consider discontinuation of Metacam, particularly in light of the GI signs and possible thrombocytopenia.
7. Also consider symptomatic treatment with a proton pump inhibitor (i.e., Omeprazole).



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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