


PATIENT PRESENTING CLINICAL SIGNS

Leo Decarolis
 History: presented for vomiting and off food which is unusual for him. PE normal.
 Abnormal PE/Chem/CBC/UA Results: WBC and Neuts mildly elevated with no left shift.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Lab

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.

SEX

Male, intact

The prostate is enlarged (3.33 x 2.27 cm) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

2 Yrs.

The left kidney is normal size (6.85 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

35.2 kg.

The right kidney is normal size (7.33 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY
Adrenal Glands

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

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.76 cm at caudal pole) (1.87 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

Kelly Reshny, RVT

The right adrenal gland is normal size (1.39 cm at cranial pole) (0.74 cm at caudal pole) (2.35 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.

HOSPITAL NAME

Simcoe AH

Spleen

The spleen is normal in size (1.86 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.

REFERRING VET

Dr. Lancashire

Liver

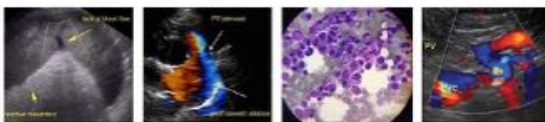
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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.

INVOICE

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DATE

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PATIENT
Gastrointestinal

Leo Decarolis

The gastric lumen is mildly to moderately distended with soft shadowing material. The gastric wall and pylorus are 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. No obstructive disease is noted.

SPECIES

Canine

Pancreas
BREED

Lab

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.

SEX

Male, intact

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.23 cm medial iliac lymph node is visualized.

AGE

2 Yrs.

Other

The testicles are subjectively normal in size (left testicle 3.32 x 2.25; right testicle 3.49 x 2.13 cm) and symmetrical with smooth peripheral contours and homogeneous parenchyma.

WEIGHT

35.2 kg.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The gastric contents could be consistent with ingesta and/or foreign material (i.e., grass, fabric).

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The prominent medial iliac lymph node is likely reactive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view abdominal radiographs are recommended to assess for gastric foreign material. Ideally, X-rays should be taken following a 10-12 hour fast.
- Other diagnostic considerations include the following:
 - A fecal evaluation for ova/Giardia
 - Serum cobalamin, folate, PLI and TLI
 - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 - A 6-week limited antigen diet trial to assess for food allergies
 - Pre- and post-prandial serum bile acids can be considered to assess for occult hepatic dysfunction, although the likelihood is low.

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REFERRING VET

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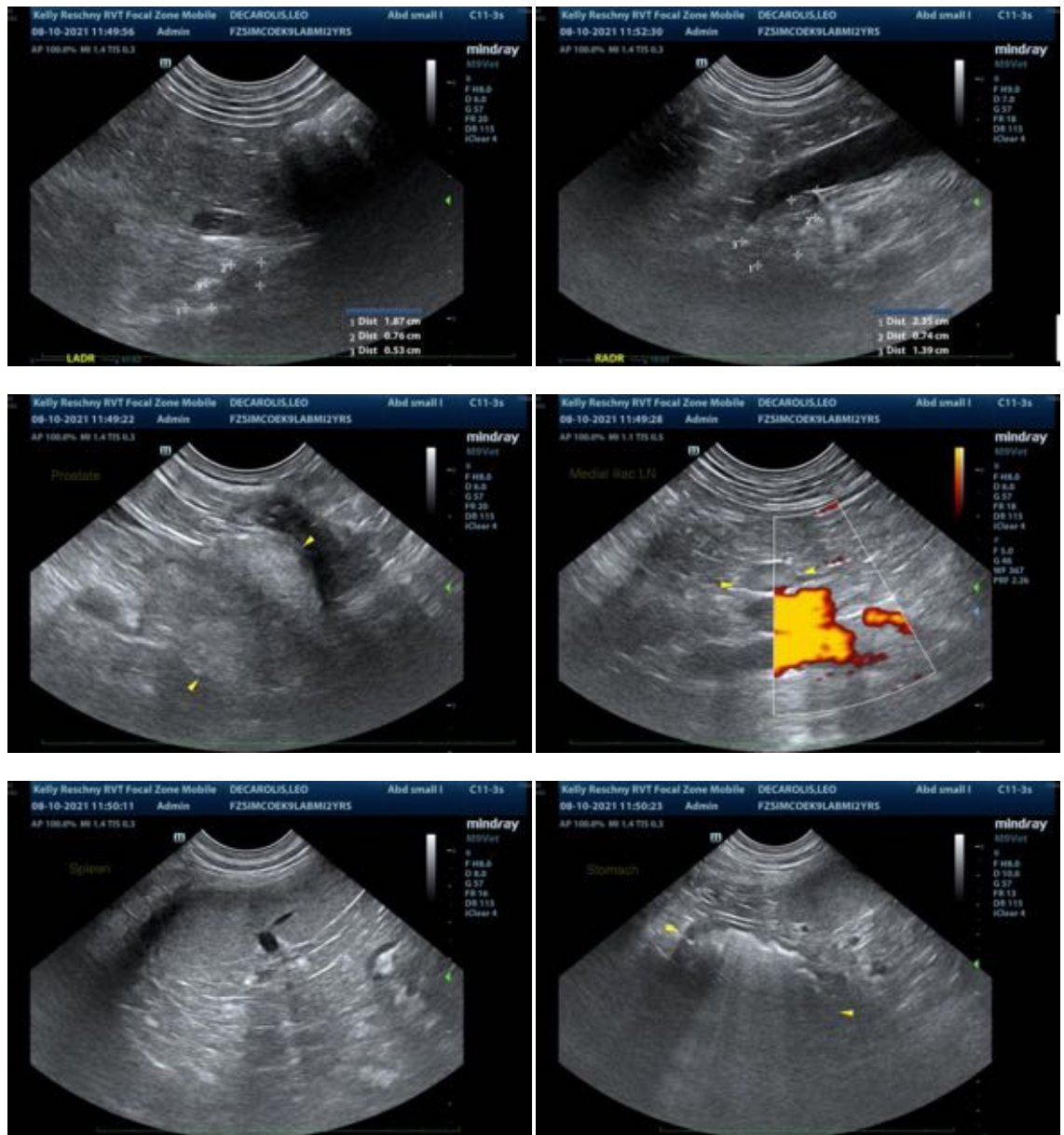
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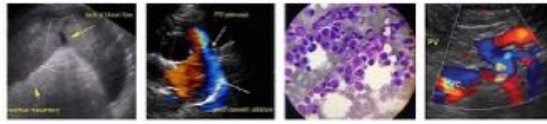
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- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.





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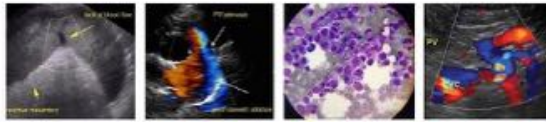


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com



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