



**PATIENT PRESENTING CLINICAL SIGNS**

Sasha Dorman History: Has a concern with gas, burps and has flatulency. P has smelly breath. Hacks after eating. Concern present for a couple of months Left kidney removed at age 3-4yrs for cancer.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BW-WNL

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Doodle

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

A nephrectomy was previously performed on the left kidney due to neoplasia.

Female Spayed

**AGE**

12 Years

The right kidney is normal size (7.11 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.

*Adrenal Glands*

**WEIGHT**

28.2 kgs.

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.60 cm at caudal pole) (2.25 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (1.49 cm at cranial pole) (0.71 cm at caudal pole) (2.09 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*

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

The spleen is normal in size (2.41 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.82 x 1.33 cm hypoechoic nodule is observed at the lateral aspect approximately mid-spleen. Splenic vasculature is normal.

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*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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. MacDonald

*Gastrointestinal*

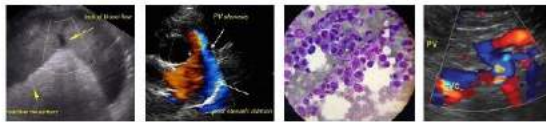
**INVOICE**

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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 is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight

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**PATIENT**

Sasha Dorman

disruption in the normal 1:3 muscularis to mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**Pancreas**

**SPECIES**

Canine

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**

**BREED**

Doodle

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

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female Spayed

**Primary Findings:**

- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

**AGE**

12 Years

**Secondary Findings:**

- The hypoechoic splenic nodule trends towards the benign. However, an emerging neoplastic process cannot be completely excluded.

**WEIGHT**

28.2 kgs.

\*In light of the patient's history and normal baseline bloodwork, a primary gastrointestinal disorder is suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

1. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
2. Other diagnostic considerations include the following:
  - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
  - b. A fecal evaluation for ova/Giardia
  - c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
  - d. A 6-week limited antigen diet trial to assess for food allergies
  - e. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

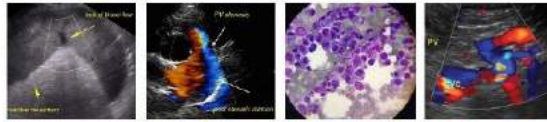
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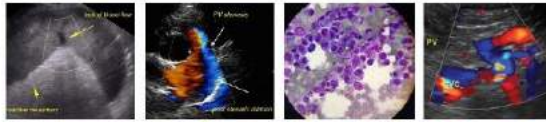
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

Sasha Dorman  
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**BREED**

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