


**PATIENT**

Ashley MacDonald

**SPECIES**

Canine

**BREED**

Maltese mix

**SEX**

Female, spayed

**AGE**

5 Yrs.

**WEIGHT**

5.86 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

South Side Pet Hospital

**REFERRING VET**

Dr. Hughes

**PRESENTING CLINICAL SIGNS**

History: Presented on Thursday with moderate dehydration due acute onset of vomiting/diarrhea and not eating. Has had two past episodes in the last 1-2 years as well (at another clinic), that were thought to be pancreatitis. Has been on PVD EN low fat canned diet and this episode happened anyway. No known trigger for this episode. meds: Was treated with IVF and antiemetics last week (Thurs) and has responded. Also treated with sulcrate and metronidazole and gabapentin.

Abnormal PE/Chem/CBC/UA Results: cPL was normal and rest of bw normal as well other than hemoconcentration and mild hypokalemia.

**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 2 cm, are normal.

The left kidney is normal size (3.43 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.

The right kidney is normal size (3.29 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.

***Adrenal Glands***

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.39 cm at caudal pole) (1.66 cm in length) with a slightly irregular shape. A 0.49 x 0.39 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (1.00 cm at cranial pole) (0.58 cm at caudal pole) (1.30 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 (0.91 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.

***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.

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***Gastrointestinal***

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The gastric lumen is not distended. The gastric wall is 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.

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***Pancreas***

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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**

- The left adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia). However, an emerging tumor cannot be completely excluded.

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\*An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue (i.e., hypoadrenocorticism, mild chronic pancreatitis, other).

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the chronic intermittent nature of the patient's clinical signs, consider the following:

1. Resting cortisol level to screen for hypoadrenocorticism.
2. GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
3. Fecal evaluation for ova/Giardia, if not already performed. Consider prophylactic deworming with Fenbendazole, if not already performed.
4. 6-week hydrolyzed protein or limited antigen diet trial.
5. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical may be necessary to get a definitive diagnosis).

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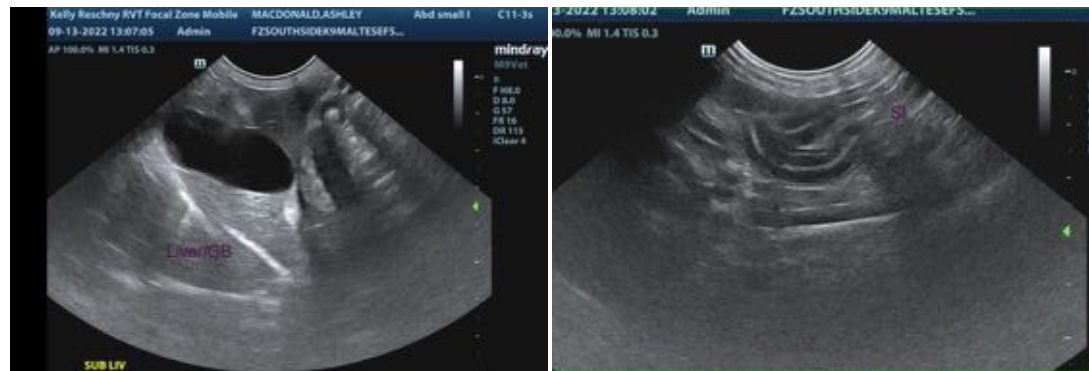
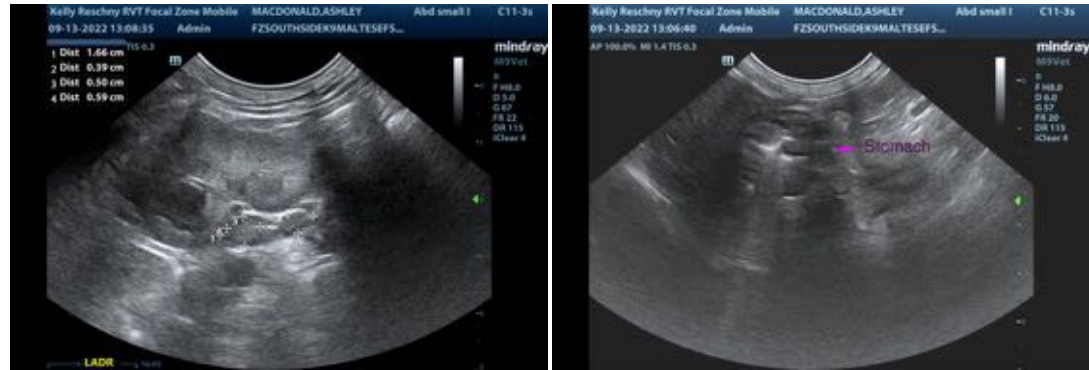
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)

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