



PATIENT

Ruthie Wilson

PRESENTING CLINICAL SIGNS

History: Lethargic, decreased appetite, constipation-posturing. Rectal-normal/X-rays unremarkable. Fecal neg. Current meds: Reglan, Laxatone
Abnormal PE/Chem/CBC/UA Results: wnl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed breed

Urinary System

The urinary bladder wall is contracted. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal in size (4.04 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

15 Yrs.

The right kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

20 lbs. .

Adrenal Glands

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.74 cm at caudal pole) (1.82 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 mildly enlarged (0.73 cm at cranial pole) (0.91 cm at caudal pole) (2.07 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

Shari Reffi, CVT

Spleen

The spleen is normal in size (1.17 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.

HOSPITAL NAME

All Creatures Great
and Small Denville

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.16 cm, ill-defined isoechoic to slightly heterogeneous nodule/area is observed in the region of the right medial lobe. In addition, a 0.67 cm cystic lesion is observed on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. 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

DATE

12/6/22



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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 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

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Mixed breed

SEX

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Free Abdomen

There is no evidence of free fluid. A 0.64 cm round lymph node is observed near the aortic trifurcation.

Other

AGE

15 Yrs.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

WEIGHT

20 lbs. .

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent lymph node in the caudal abdomen is likely reactive. However, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.

Secondary Findings:

- Bilateral, chronic age-related renal changes. The mild bilateral adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The isoechoic hepatic nodule may represent a benign lesion (i.e., nodular hyperplasia). However, an emerging tumor cannot be completely excluded. The cystic hepatic lesion likely represents a benign process.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include orthopedic/neurologic disease, colonic disease (i.e., tumor, polyp, infection, inflammatory bowel disease), other.

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Dr. Ashmore

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history of constipation, consider the following:

1. Thorough orthopedic and neurologic evaluation +/- spinal/pelvic/hind limb radiographs.
2. Malabsorption panel (cobalamin, folate, TLI, PLI)
3. Colonoscopy with GI biopsies. If a colonoscopy is pursued, thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.

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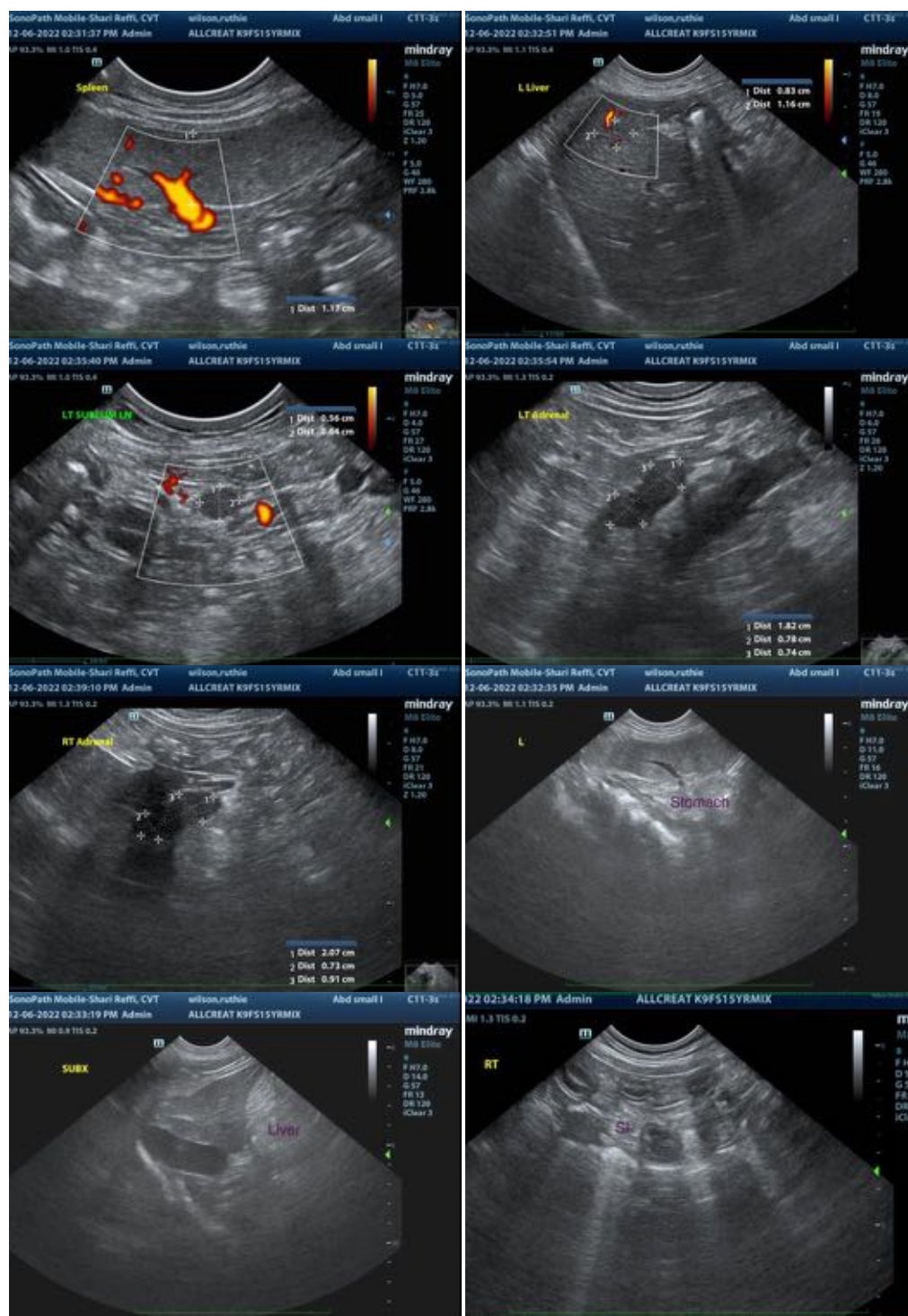
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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