



PATIENT PRESENTING CLINICAL SIGNS

Pinto Buhler

History: Patient presented with anorexia and vomiting (a small coconut seed yesterday). Also presented fever on the last 3 days which owner treated with 350mg of aspirin BID. Has a history of IMHA and chronic GI disease (IBD suspected) Current tx Unasyn IV BID @ 30mg/kg Famotidine IV BID @ 1mg/kg Metronidazole IV BID @ 10 mg/kg Omeprazole PO SID @ mg/kg Dexamethasone IV SID @ 0.5mg/kg

SPECIES

Canine

BREED

Great Dane

Abnormal PE/Chem/CBC/UA Results: CBC : mildly anemic, mild leukocytosis and mild thrombocytopenia Chem: low Na and elevated globulin Radiographs: No obvious obstruction or foreign body. Rule out foreign body and IBD

SEX

Neutered male

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.

AGE

4 years

The prostate is normal in size (1.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

151.4 lbs

The left kidney presented normal size (10.4 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.

INTERPRETED BY

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

The right kidney presented normal size (9.26 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. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.56 cm at caudal pole); 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

Paseos VC

The right adrenal gland is normal size (1.13 cm at cranial pole) (0.65 cm at caudal pole); 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.

REFERRING VET

Dr. Ricardo Carrasquillo

Spleen

The spleen is normal in size (2.74 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.

INVOICE

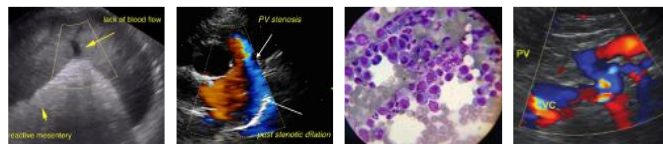
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Liver

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.

DATE

2/3/22



PATIENT

Pinto Buhler 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.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally distended with chyme. At least one segment is mildly fluid-distended and hypomotile. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal.

BREED

Great Dane

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.

SEX

Neutered male

Free Abdomen

No free fluid is observed. A few prominent mesenteric lymph nodes are also seen, the largest measuring 4.06 cm in length. A 2.07 cm sublumbar lymph node is visible. This node is normal in shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

AGE

4 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

151.4 lbs

Primary Findings

- The diffuse gastrointestinal changes are suggestive of acute gastroenteritis. There is no obvious evidence of a foreign body/obstruction on today's sonogram. However, an obstruction cannot be completely excluded given the patient's size/depth.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Medicine)

Secondary Findings

- The mild right pyelectasia may be secondary to fluid therapy, PUPD (if applicable), or pyelonephritis. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Paseos VC

- Supportive care for acute gastroenteritis is recommended along with a fecal evaluation for ova and Giardia. If the patient is not improving in 12-24 hours, consider a repeat abdominal ultrasound and/or barium study to further assess for a bowel obstruction.
- Given the presence of anemia, empirical treatment for gastric ulceration with a proton pump inhibitor and sucralfate should also be considered. Given the patient's history of IMHA, the hematocrit should be monitored closely for relapse. A reticulocyte count is recommended to determine if the anemia is regenerative. Also consider a slide agglutination test to assess for active hemolysis.

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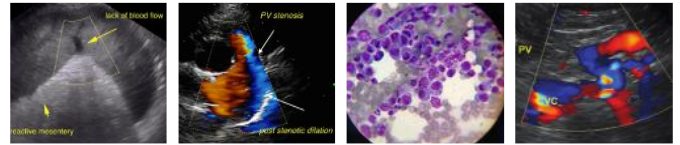
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- Other diagnostic considerations include a malabsorption panel and resting cortisol level.
- A fine-needle aspirate of the mesenteric lymph nodes can be considered if clotting status is appropriate and if the nodes are accessible.

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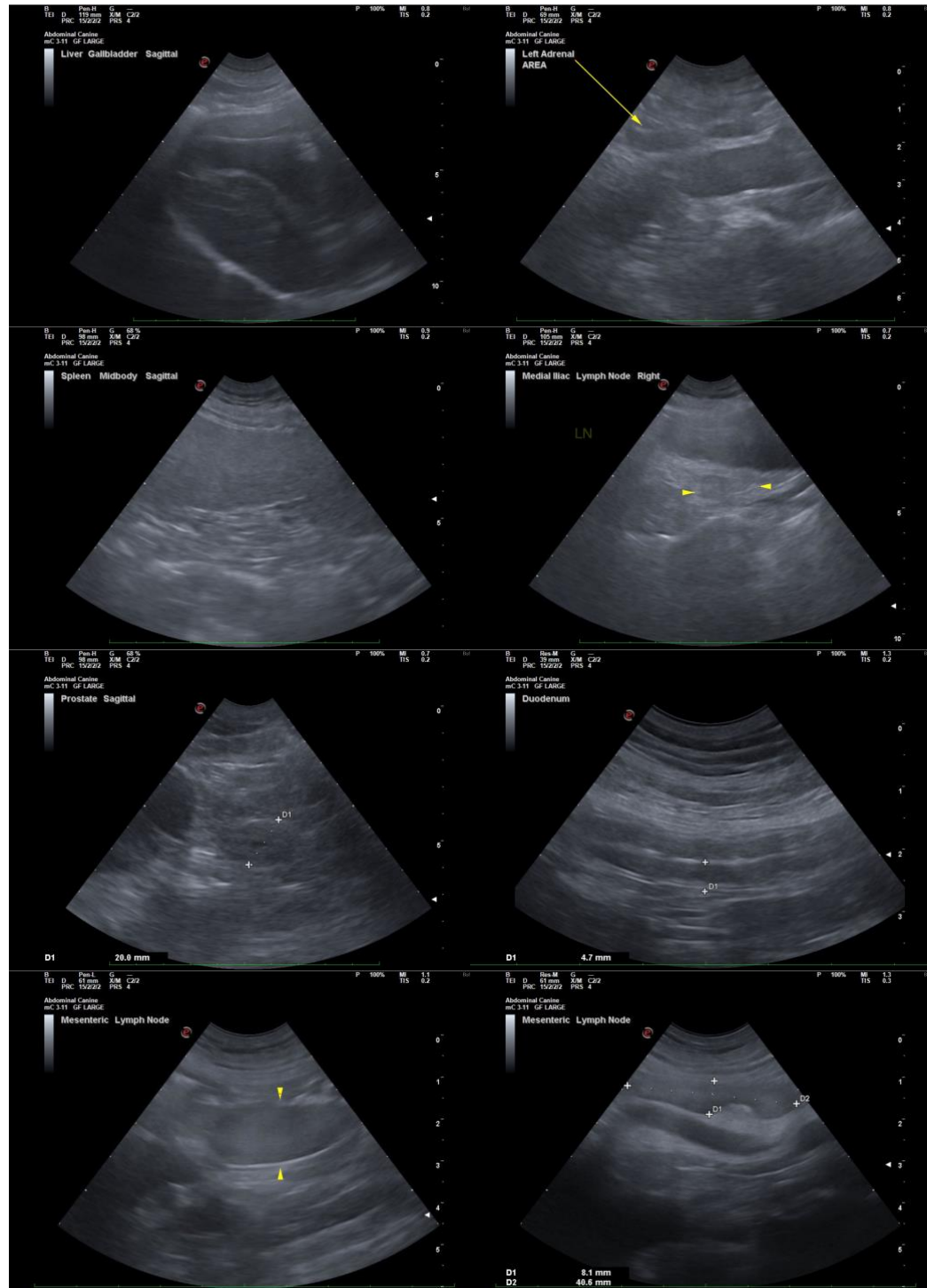
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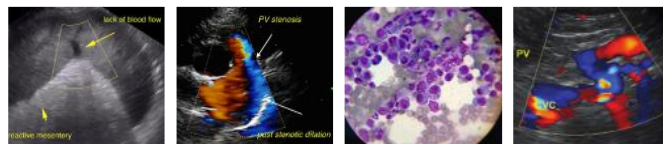


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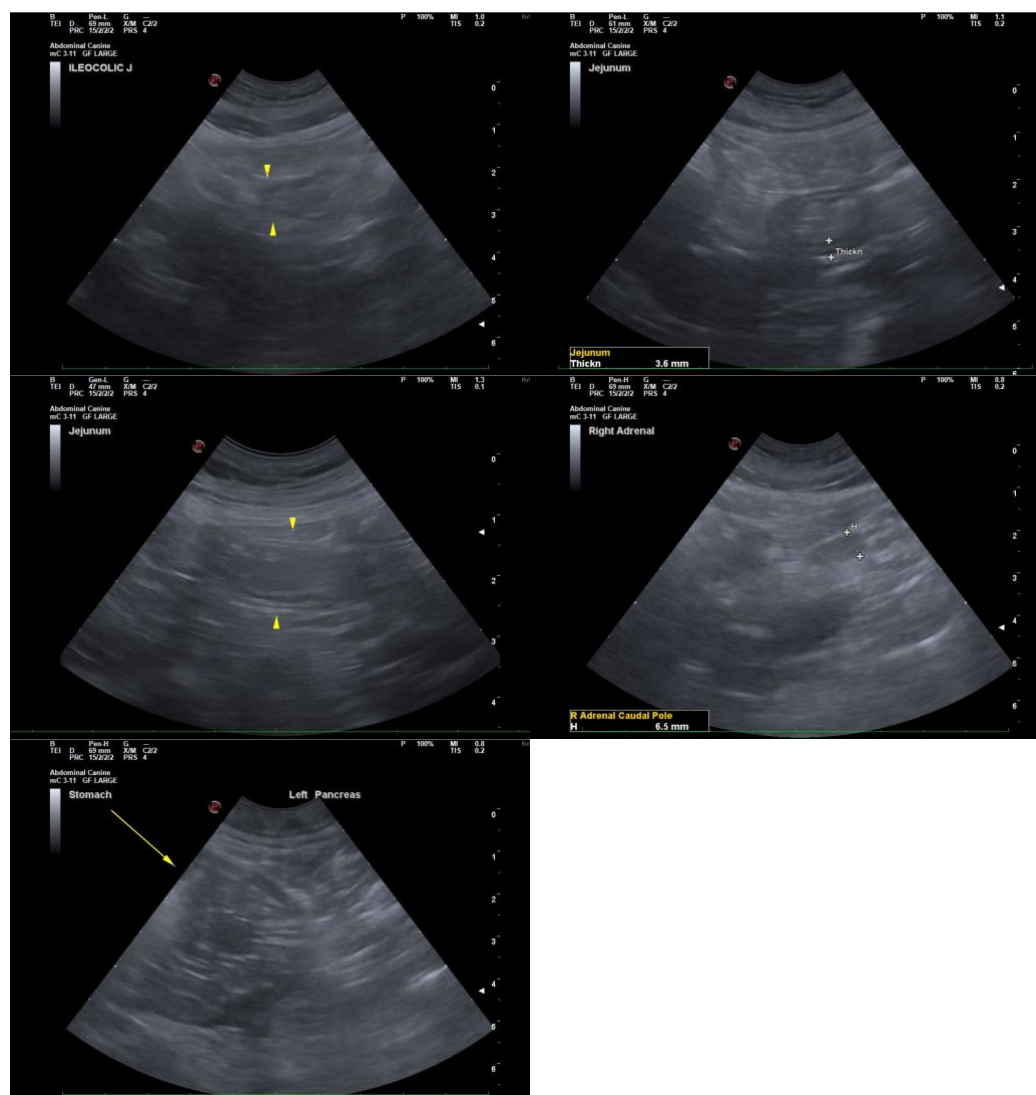
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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