



PATIENT

PRESENTING CLINICAL SIGNS

Piper Minaker

History: Presented for eating less, losing weight and vomiting. Very thin body condition. Possible firm mass palpable in cranial abdomen felt below spine.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Rads - soft tissue opacity behind the stomach and quite high on lateral. Right cranial quadrant on the v/d, possibly associated with the stomach but not related to intestines like a FB. Seems to be pulling intestines towards it like scarring or adhesions.

BREED

Frenchie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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

7 Years

The left kidney presented normal size (5.29 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

10.2 Lbs.

The right kidney presented normal size (4.26 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.35 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

The region of the right adrenal gland is evaluated but is not definitively visualized due to the diffuse abdominal pathology. However, no obvious abnormalities are observed in this region.

Spleen

HOSPITAL NAME

Buck AH

The spleen is normal in size (1.07 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. Yenssen

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.

INVOICE

13407

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.

DATE

1/12/22


PATIENT
Gastrointestinal

Piper Minaker

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 or overt infiltrative disease is noted.

SPECIES

Canine

Pancreas
BREED

Frenchie X

The pancreas is largely obscured by the reactive mesentery in the cranial abdomen. However, no obvious abnormalities are observed in the visible portions.

SEX

Spayed Female

Free Abdomen

A moderate amount of echogenic free fluid is observed within the abdomen. The mesentery throughout the abdomen is hyperechoic and nodular in appearance. The abdominal lymph nodes are normal/not visible.

AGE

7 Years

Other

A prominent uterine stump is visible (0.77 cm in width). A scant amount of fluid appears to be present within its lumen.

WEIGHT

10.2 Lbs.

ULTRASONOGRAPHIC FINDINGS

- Diffuse peritonitis of unknown etiology. Rule out septic versus sterile peritonitis. Possible differentials include peritonitis secondary to pancreatitis, panniculitis, carcinomatosis, penetrating foreign body (less likely), congestive heart failure, other.
- The significance of the uterine stump changes is unclear. It may be a normal variant for this patient or may represent mild stump pyometra, particularly if vaginal discharge is present. Correlation with clinical findings is recommended.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Submission of the abdominal fluid for analysis/cytology is recommended. A fine needle aspiration of the inflamed mesentery can also be considered.
- If the above results are inconclusive, an abdominal exploratory with biopsy of the mesentery an assessment of the uterine stump can be considered.
- A malabsorption panel, including serum cobalamin, folate, TLI and PLI is also recommended.

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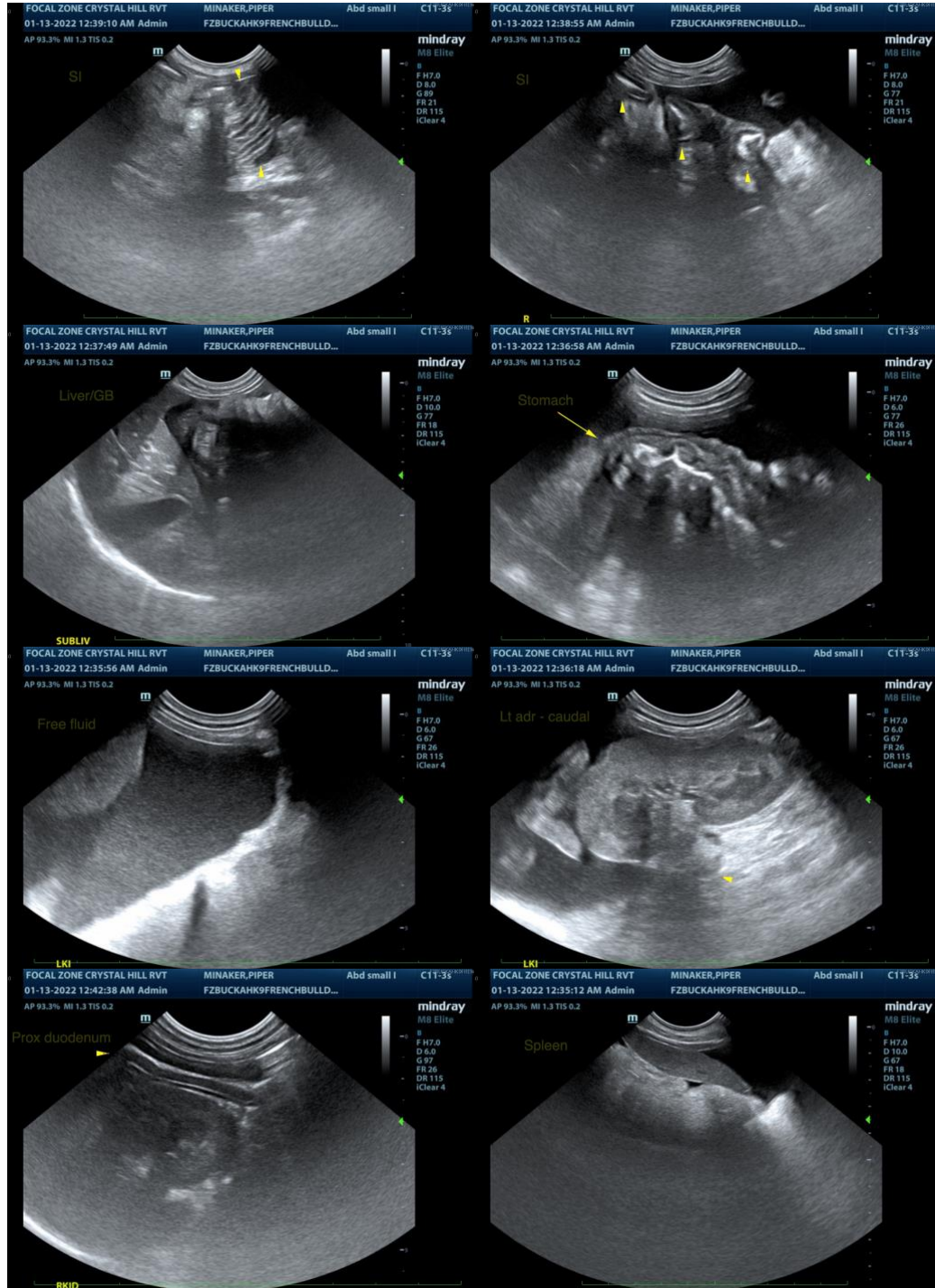
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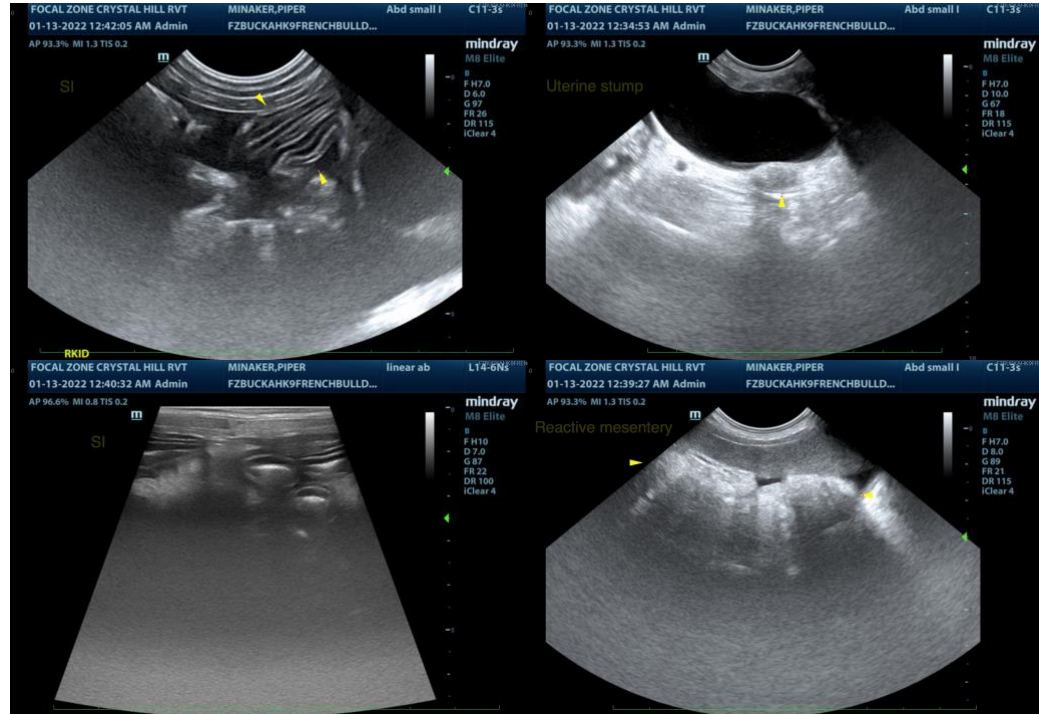
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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