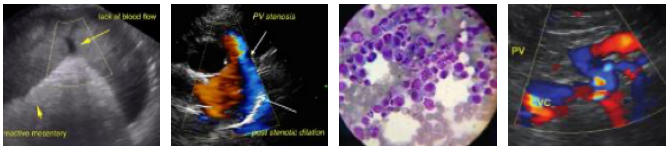
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Gomez Perez

SPECIES

Canine

BREED

Miniature Schauzer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Javier Rodreiguez

INVOICE

12861

DATE

1/18/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to evaluate recurrent vomiting and diarrhea. PT has developed several episodes of vomiting in the past 5-6 months. PT does respond well to treatment. Omeprazole, Cerenia, etc. Wants to further evaluate to make sure there is no an obvious abnormalities causing the vomiting and diarrhea.
Abnormal PE/Chem/CBC/UA Results: BW: CBC and CHEM: unremarkable CPl: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is slightly thickened (up to 0.23 cm) with an irregular mucosal surface in the region of the apex. A small amount of suspended echogenic debris as well as a small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone is normal.

The left kidney is normal size (4.37 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.

The right kidney is normal size (5.12 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.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.41 cm at caudal pole) (1.33 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.

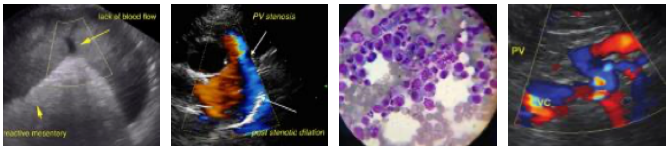
The right adrenal gland is normal size (0.76 cm at cranial pole) (0.39 cm at caudal pole) (1.88 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.69 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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Gomez Perez

SPECIES

Canine

BREED

Miniature Schauzer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Javier Rodreiguez

INVOICE

12861

DATE

1/18/22

moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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.

Pancreas

The left limb of the pancreas is visible 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.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed in the caudal abdomen, the largest measuring 1.05 cm in length. A prominent cranial abdominal lymph node is also seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

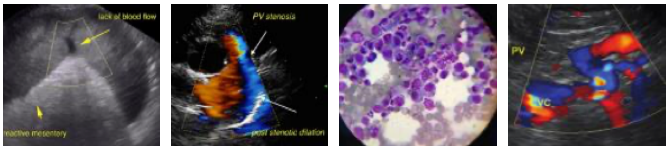
Secondary Findings:

- Urinary bladder debris/sand. The urinary bladder wall changes are most consistent with cystitis. However, correlation with clinical findings is recommended.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, intestinal dysbiosis, infectious parasitic), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Gomez Perez

SPECIES

Canine

BREED

Miniature Schauzer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Javier Rodreiguez

INVOICE

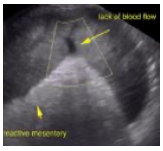
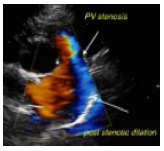
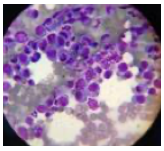
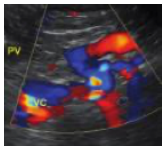
12861

DATE

1/18/22

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia as well as prophylactic deworming with Fenbendazole.
3. A 6-week limited antigen diet trial to assess for food allergies.
4. Consider a 4-week course of Tylosin as empirical treatment for small intestinal bacterial overgrowth.
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.
8. Given the urinary bladder wall changes, a urinalysis +/- culture and sensitivity is recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Gomez Perez

SPECIES

Canine

BREED

Miniature Schauzer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Javier Rodreiguez

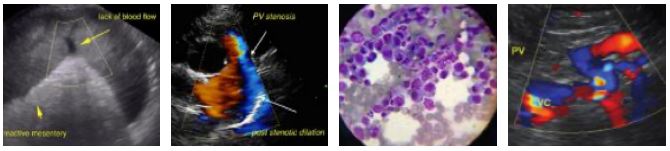
INVOICE

12861

DATE

1/18/22

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Gomez Perez

SPECIES

Canine

BREED

Miniature Schauzer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Javier Rodreiguez

INVOICE

12861

DATE

1/18/22

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*)

Andrea.nicastro@sonopath.com