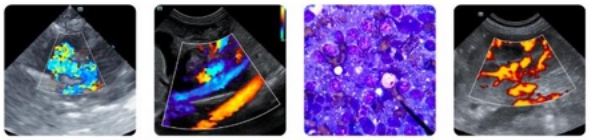


PATIENT
Taffy Lehman

SPECIES
Canine

BREED
Lab mix

SEX
Female, spayed

AGE
14.5 Yrs.

WEIGHT
18.4 kg.

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

IMAGING PERFORMED BY
Melissa Randolph

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Kerr

INVOICE
13407

DATE
1/20/26

PRESENTING CLINICAL SIGNS

History:

- presented for anorexia, lethargy, and vomiting. P started vomiting on Wednesday 1/14, Thursday 1/15 could not keep food down was at the rDVM Friday 1/16 for radiographs, bloodwork, SQ fluids and Cerenia. P did not improve since Friday no vomiting over the weekend. Vomiting started again today and P did not want to get up. O thought p was weak yesterday. last full meal was on Wednesday 1/14.
- admitted for supportive care: iv fluids, cerenia, buprenorphine, ondansetron
- concern for fever, acute vomiting, abdominal pain, acute pancreatitis, other

Abnormal PE/Chem/CBC/UA Results: PE: temp 103.3; at triage: Dull/Depressed, laterally recumbant; pain 3/4 with abdomen, tense on palpation; Lymphadenopathy appreciated, submand lnn enlarged rDVM rads 1/16: gas in small bowel. no obvious fb/signs of obstruction; collapse trachea; no obvious effusions Flex 4: neg x 4 CBC 1/16: neutrophilic leukocytosis; (22150/19550) cPL 1/16: 69(N) Electrolytes 1/16: Cl108(L) Shores 1/19: CBC: WBC 26.86(higher than previous), neutros 23.42 (increased) Chem: BUN 39.2(H), Cr1.6(H),Phosph 9.1(H), ALP 490(H), Amylase >2500 (H), Lipase >1000(H); dilution factor amylase 6,995, dilution factor lipase 2,348 EPOC: HCO3 13.2(L), lactate 5.04(H), BUN 29 (H), Cr 1.79(H) Vcheck cPL: >2000 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

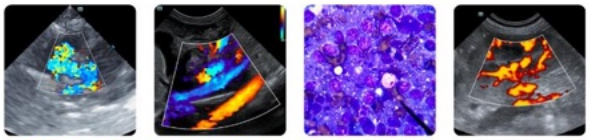
The caudal pole of the left adrenal gland is visualized and is normal in size (0.51 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.78 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and 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 (2.01 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several meylolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver



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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.

The gall bladder lumen is moderately distended. The wall is moderately thickened (up to 0.34 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the hyperechoic mesentery in the cranial abdomen. In the visualized portions, no obvious pathology is seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Cranial peritonitis, the cause of which is unclear, may be secondary to pancreatitis, hepatobiliary disease, gastroenteritis, other.
- The gallbladder wall changes are suggestive of cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, consider the following:
  1. Urinalysis with culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)
  3. Leptospirosis testing (i.e., blood and urine PCR, serology)
  4. Baseline blood pressure measurement
  5. Fluid therapy and other symptomatic measures with close monitoring of the patient's renal values to assess progression of the azotemia
- Regarding the cranial peritonitis, symptomatic care is recommended.
- Further workup could include fecal evaluation for ova and Giardia, GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level +/- GI biopsies.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status (if not already performed).

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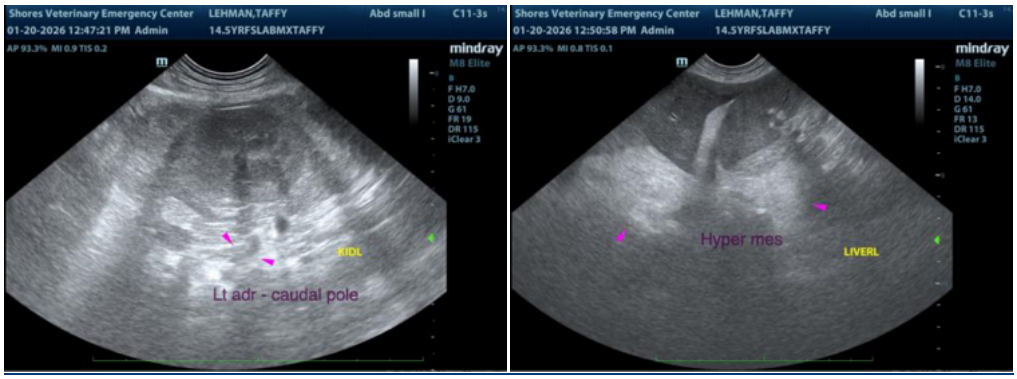

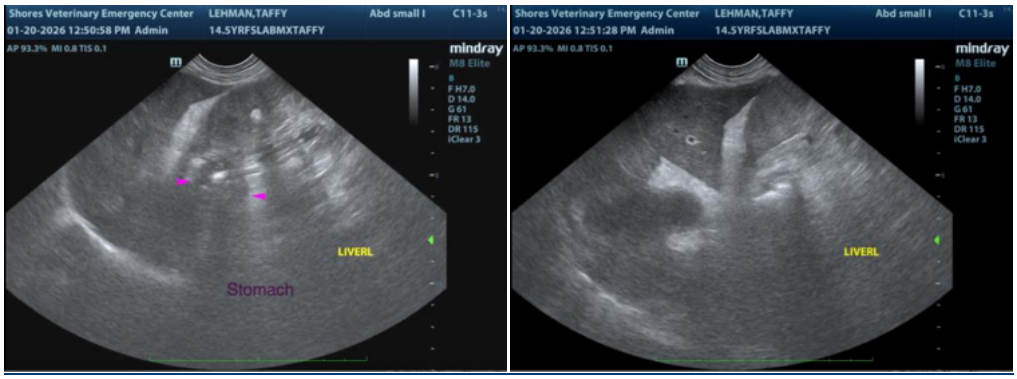

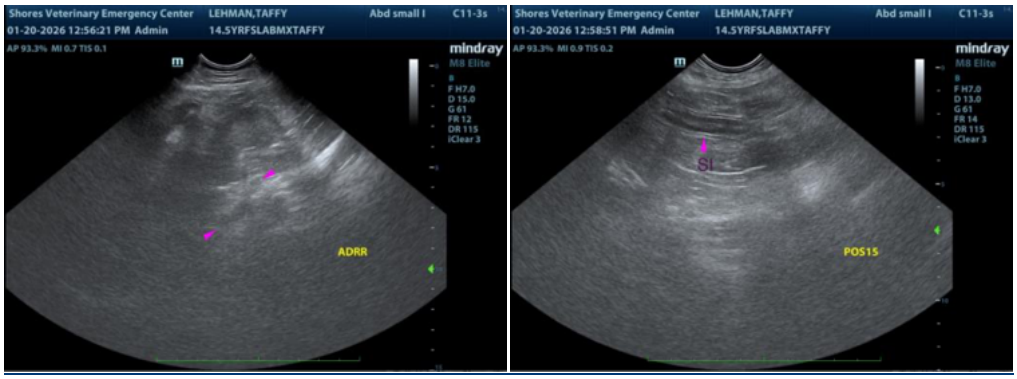

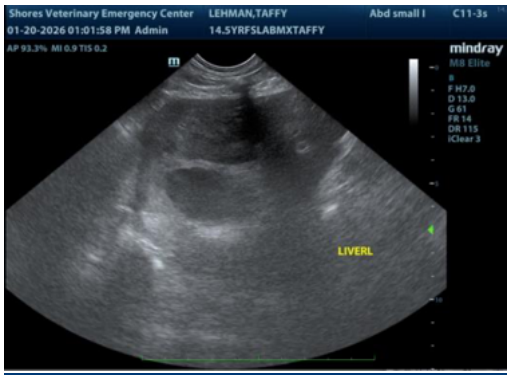

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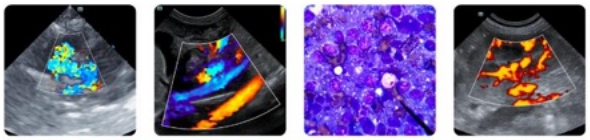

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com