



**DATE**

1-23-26

**PATIENT**

Coco Allen

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Female Spayed

**AGE**

1/23/2012

**WEIGHT**

6.2kg

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Yolles

**INVOICE**

22446

**PRESENTING CLINICAL SIGNS**

**Patient History:** Transfer: vomited 15 times over last 24 hours. Now lateral with muscle fasciculations. Abd rads: fluid within stomach, no overt obstructive pattern. PE: neurologically inappropriate, dull, unable to walk. Systolic BO 40 mm Hg, after IVF bolus it does not improve. Developed nasal discharge, slowed next bolus. No FF on AFAST- with fluid-filled stomach. Absent direct PLR left-sided. Tachycardia (HR 196) with NSR on ECG

**Current Medications:** Calcium gluconate, Maropitant, IVF Norm R over 30 minutes (90 mls)  
**Labwork Results:** Labwork not attached, reported as: pH 7.7 (H), Na 153 (H), K 2.9 (L), iCa 0.92 Lactate 11.0, Cl 90 (L) HCT 76%, BUN 40 (H), Crea 2.1 (H), TP 8.1 (H), Glob 4.8 (H),. Urine SG: 1.045  
**Date of Previous IntraPet Ultrasound:** No previous.  
**Sedation:** Not required to complete full diagnostic ultrasound.  
**Stat Report:** Stat requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.5 cm, are normal.

The left kidney is normal in size (4.15 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.92 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is enlarged at the cranial- to mid-aspect and normal-in-size at the caudal aspect (1.41 cm at cranial pole) (0.48 cm at caudal pole). A 1.6 x 1.4 cm nodule is arising from the cranial- to mid-aspect. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

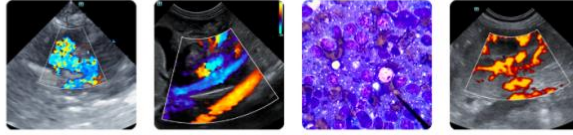
The right adrenal gland is normal in size (0.72 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.03 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 normal to prominent-in-size, with smooth peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled and heterogenous in appearance, with numerous, varying-sized, ill-defined hypoechoic nodules (the largest measuring 2.3 x 1.4 cm (on the right side)) throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gallbladder 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**

The gastric lumen is moderately fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen segmentally fluid-distended (mild). The duodenal is slightly plicated. The small intestinal wall is normal to mildly-thickened (up to 0.40 cm) with retention of normal layering. There is evidence of submucosal thickening in some segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

The right 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.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

There is no obvious evidence of free fluid.

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**Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window. The heart appears overall contracted/volume-underloaded.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Gastric ileus. Functional ileus is suspected, as there is no obvious evidence of a mechanical pyloric outflow tract obstruction.
- The small intestinal changes are most consistent with enteritis, the etiology of which is unclear.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Suspected hypovolemia (based on brief echocardiogram)

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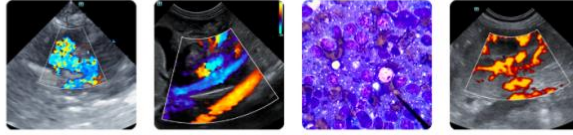
Dr. Yolles

**Secondary Findings**

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Bilateral nonspecific age-related renal changes
- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Aggressive supportive care for acute gastroenteritis/hypovolemia is recommended.
- Other considerations include the following:

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1. Fecal evaluation for ova and Giardia
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
3. +/- GI panel including serum cobalamin and folate, TLI and PLI
4. Three-view thoracic radiographs (if not already performed)

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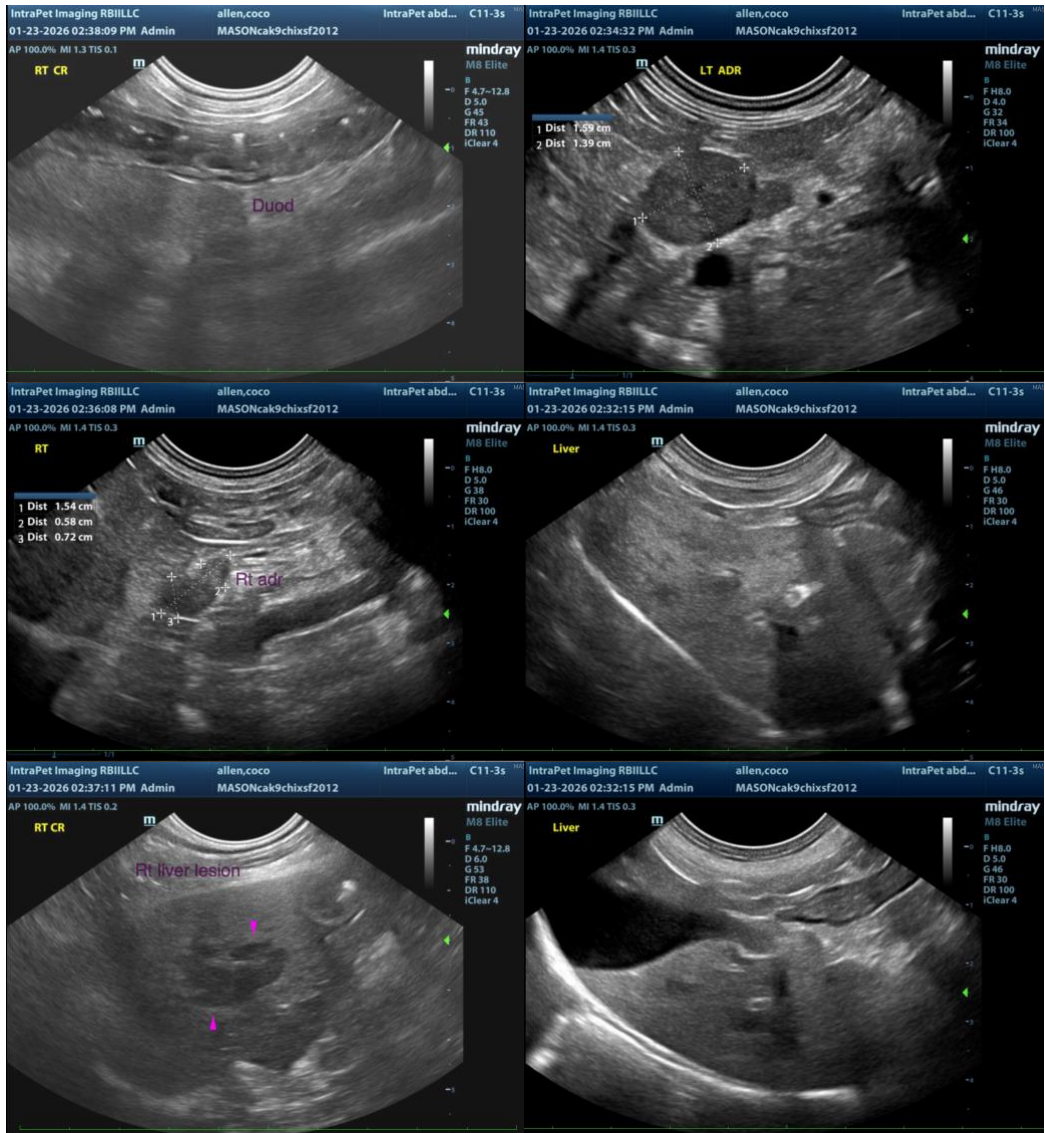
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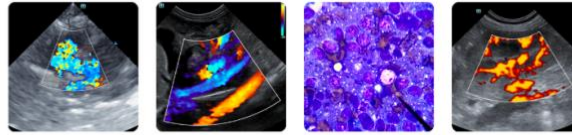
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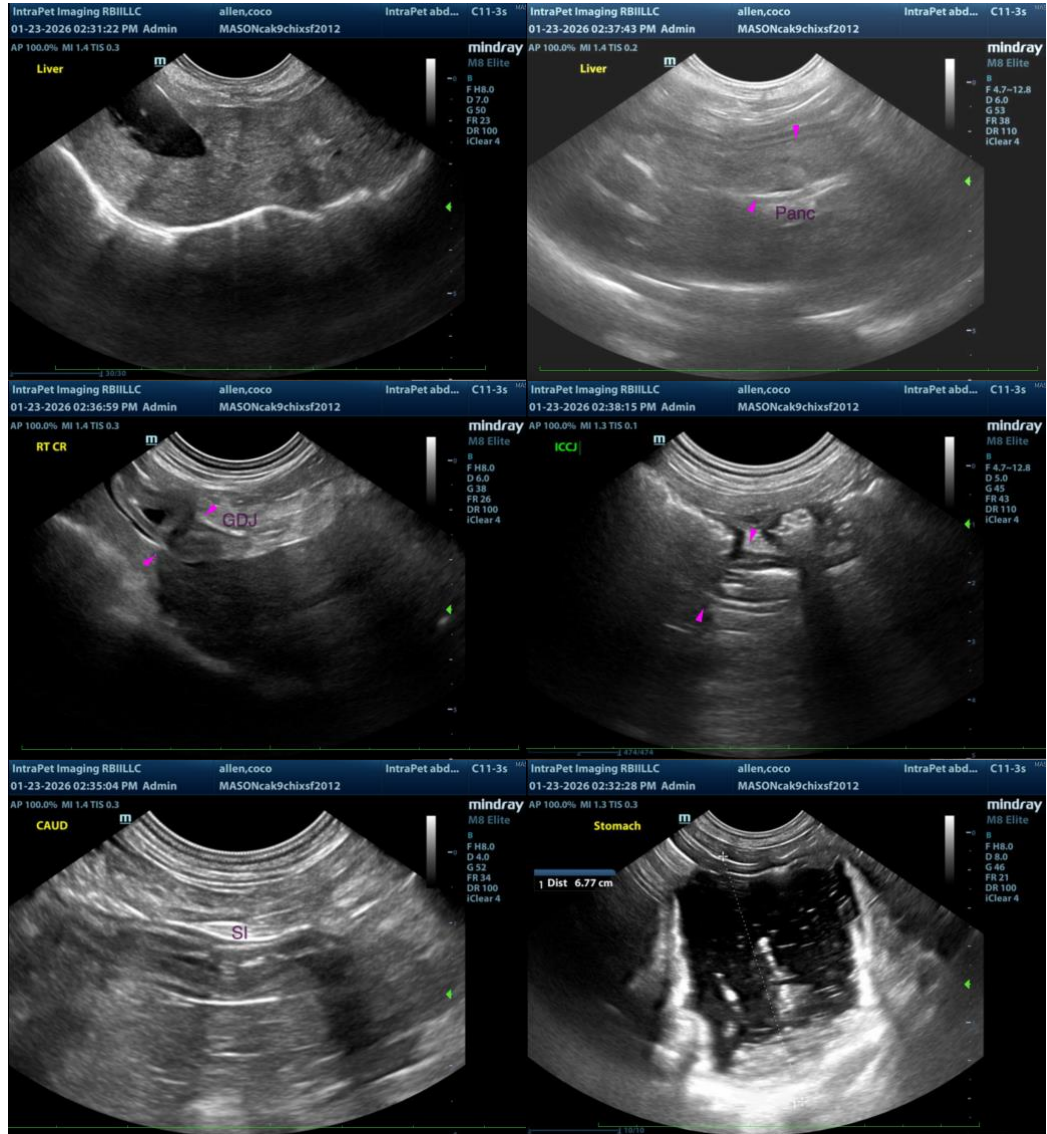
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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