



PATIENT PRESENTING CLINICAL SIGNS

Mocha Vallejo
SPECIES Canine
BREED Dachshund
SEX Female
AGE 5 mos
WEIGHT 3.2 kg

History: Patient presented 1/23 PM with a history of acute onset of lethargy, inappetence, vomiting, and diarrhea starting that morning and is straining to defecate with only bloody diarrhea produced. Patient was then diagnosed with Parvovirus Enteritis and has been hospitalized since without major improvement of symptoms despite Monoclonal antibody, ampicillin sulbactam, enrofloxacin, Tylan, ondansetron, Cerenia, lidocaine CRI, maropitant CRI, dextrose, KCl supplementation and metoclopramide CRI. Leukogram has not improved either as seen on BW. Patient has an NG tube in place, currently at 1/4 RER being given Q4hrs, suction of gastric fluid prior to feedings remains >40mls (Placed 1/25 AM)

Abnormal PE/Chem/CBC/UA Results: 1/24 SNAP Parvo - Positive Reticulocyte Hemoglobin 21.1 (22.3 - 29.6 pg) L WBC 2.85 (5.05 - 16.76 K/ μ L) L Neutrophils 0.72 (2.95 - 11.64 K/ μ L) L Eosinophils 0.04 (0.06 - 1.23 K/ μ L) L 1/25 Potassium 2.8 (3.5 - 5.5 mmol/L) L Hematocrit 36.0 (37.3 - 61.7 %) L Reticulocyte Hemoglobin 20.4 (22.3 - 29.6 pg) L WBC 2.57 (5.05 - 16.76 K/ μ L) L Neutrophils 0.50 (2.95 - 11.64 K/ μ L) L MPV 14.2 (8.7 - 13.2 fL) H Creatinine 0.2 (0.3 - 1.2 mg/dL) L BUN 2 (7 - 29 mg/dL) L Albumin 1.9 (2.1 - 3.6 g/dL) L 1/26 Lytes - WNL Albumin Normalized @ 2.1 d/gL Patient is very uncomfortable on abdominal palpation despite current CRI's, persistent loses through hemochezia.

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 is normal.

The left kidney is normal in size (3.96 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.

The right kidney is normal in size (4.99 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 normal in size (0.31 cm at cranial pole) (0.32 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.

The right adrenal gland is normal in size (0.68 cm at cranial pole) (0.39 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 (1.06 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara

HOSPITAL NAME

Allure VH
 & Urgent Care

REFERRING VET

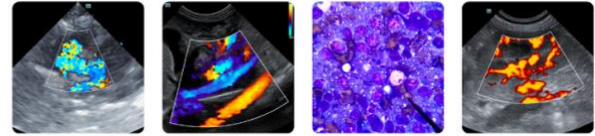
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1-26-26



PATIENT

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is severely fluid-distended and hypomotile. Echogenic debris is suspended within the fluid. 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 segmentally fluid-distended (mild). The small intestinal wall is normal- to borderline-thickened (up to 0.30 cm) with retention of the normal layering pattern. The submucosal layer is mildly-thickened in some regions. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

AGE

5 mos

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.41 x 0.45 cm).

WEIGHT

3.2 kg

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Gastric ileus
- The intestinal changes are most consistent with enteritis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia, along with a fecal GI infectious disease panel should be considered, along with prophylactic deworming with fenbendazole.
- Continued supportive care is also recommended, with close monitoring of the patient's bloodwork.

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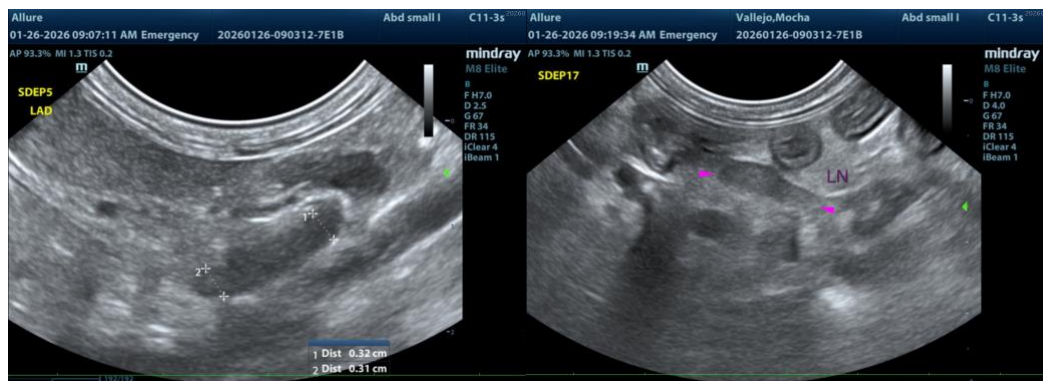
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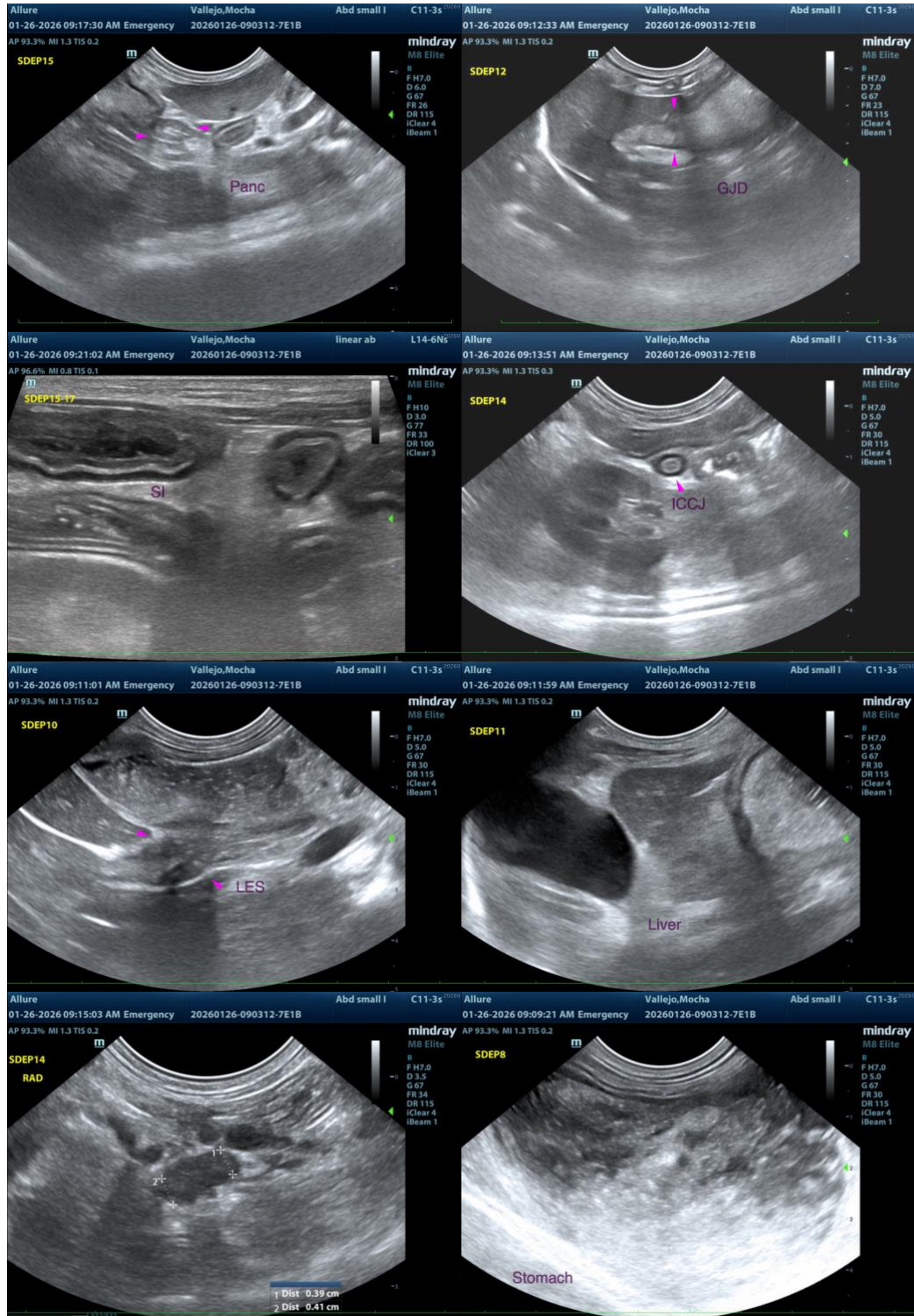
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



PATIENT the image/video clips provided.

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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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info@SonoPath.com

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