



PATIENT

Martha Fitzke

PRESENTING CLINICAL SIGNS

History: Martha presented to the MVS Emergency Service on Jan 03, 2023, at 1pm, for evaluation of hematemesis. Owner called the pDVM & stated that Martha vomited 4-5x and there was blood in it. During the last episode she vomited a hemorrhagic mass that the owner brought in with her. It appears it may have a necrotic stalk.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mastiff

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (7.79 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.

AGE

4 Yrs. 4 months

The right kidney is normal size (8.52 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.

WEIGHT

91.5 kg.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.80 cm at caudal pole); 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.78 cm at cranial pole) (0.78 cm at caudal pole); 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 (2.12 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.

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

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

REFERRING VET

Dr. Daggett

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Gastrointestinal

The gastric lumen is mildly gas 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

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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

SPECIES

Canine

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

BREED

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. An obvious cause for the patient's hematemesis is not identified in this study. Considerations include gastric neoplasia, polyp, inflammatory bowel disease, infectious/parasitic disease, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Submission of the hemorrhagic mass (which was vomited) for histopathology is recommended.
- Also consider three-view thoracic radiographs to assess for esophageal disease, pulmonary metastasis, etc.
- Baseline labwork including a CBC chemistry panel, urinalysis, T4 +/- resting cortisol level is also recommended, if not already performed.
- Depending on the results of the above diagnostics, an upper GI endoscopy with biopsies may be warranted.

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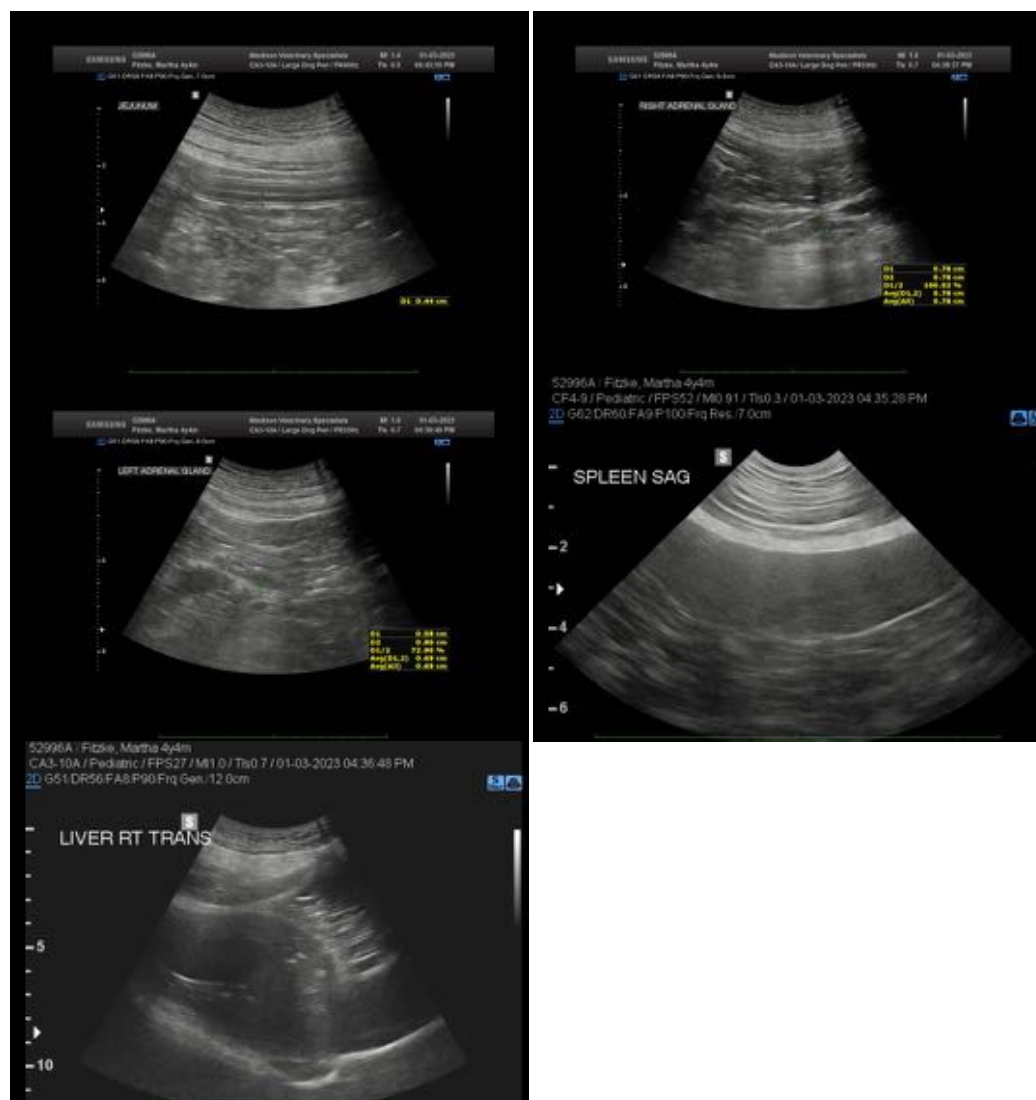
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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