



PATIENT PRESENTING CLINICAL SIGNS

Lucky Wels History: Gender(altered?) MN Age: 4yr Weight in #: 13.5 Breed: Pom/Chi x History: not wanting to eat well the past few days. Owner is concerned about his teeth and states he wants to eat but only can eat small things and soft things. Here today for dental but owner states patient this am bile after a fast last night. Physical exam findings: fever today Abnormal CBC values: and leukocytosis (24K) with neutrophilia and eosinophilia mild and nRBC (2). Abnormal Chemistry Values: increased globulins Abnormal UA Values: None available yet Radiograph Findings (email radiographs if available): None performed Reason for Ultrasound: fever, nRBC, vomiting, leukocytosis

SPECIES

Canine

BREED

Chi X

SEX

Neutered Male

AGE

4 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Amber Murphy

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13926

DATE

10/21/21

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The prostate is normal in size (1.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.39 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (4.41 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.44 cm at caudal pole) (1.53 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 (0.93 cm at cranial pole) (0.55 cm at caudal pole) (2.02 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



PATIENT The spleen is subjectively prominent in size (1.39 cm at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
Lucky Wels

SPECIES *Liver*

Canine The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance with ill-defined hyperechoic areas throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

BREED

Chi X The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

SEX

Neutered Male

Gastrointestinal

AGE

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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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

WEIGHT

13.5 Pounds

Pancreas

The mesentery in the cranial abdomen in the region of the pancreas is severely hyperechoic, reactive and irregular +/- saponified. Trace free fluid is observed. The pancreas is largely obscured by the reactive mesentery. In the visualized portions of the left and right limbs, the parenchyma is hypoechoic relative to surrounding omental fat. In the region of the right limb, a 2.06 cm anechoic structure is visualized. The pancreatic duct is not overtly dilated.

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Free Abdomen

The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Severe cranial abdominal peritonitis, possible secondary to pancreatitis, steatitis/panniculitis, carcinomatosis, other.
- The anechoic structure in the right cranial quadrant may represent a pancreatic cyst, abscess or lesion within the mesentery.

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PATIENT

Lucky Wels

- The hepatic parenchymal changes could be consistent with a diffuse inflammatory process, fat deposition within the parenchyma, infiltrative neoplasia (less likely), other hepatopathy

SPECIES

Canine

Secondary Findings

- The medullary bands observed in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present. Correlation with clinical findings is recommended.

BREED

Chi X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Broad spectrum antibiotic therapy should also be considered due to the possibility of pancreatic abscessation.

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- Serial sonographic monitoring is recommended to assess for progression of the changes in the cranial abdomen, particularly the anechoic lesion.

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- Consider fine needle aspirate of the reactive mesentery, liver and hypoechoic lesion in the right cranial quadrant (if accessible) if clotting status is appropriate. 25-gauge needles should be used.

- Three-view thoracic radiographs and a GI panel should also be considered.

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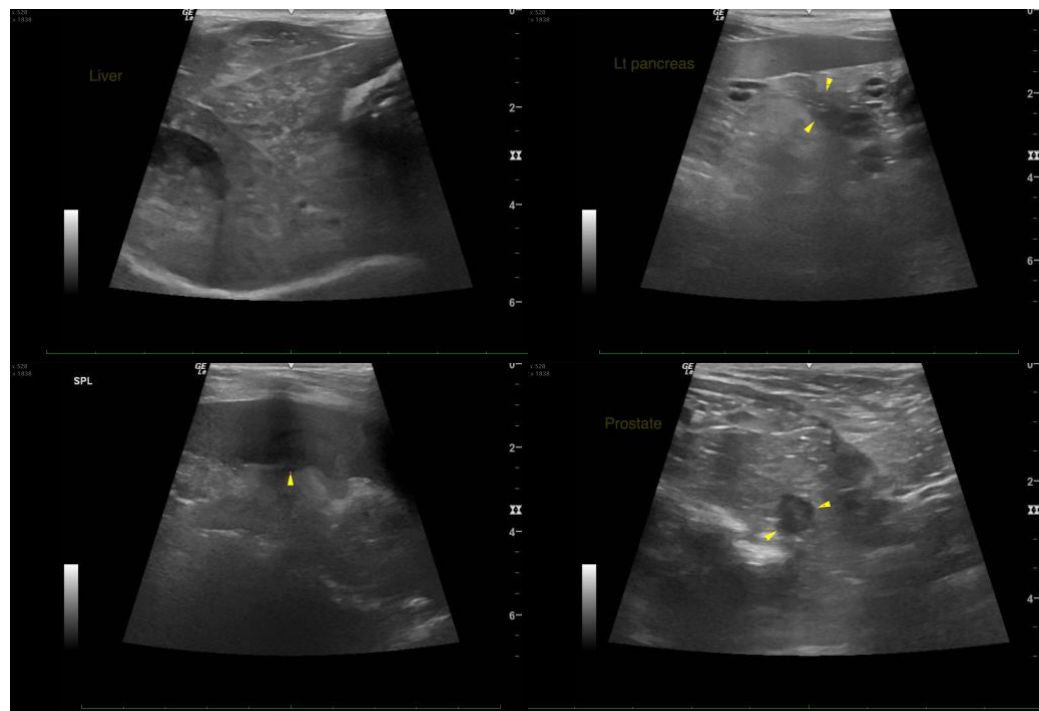
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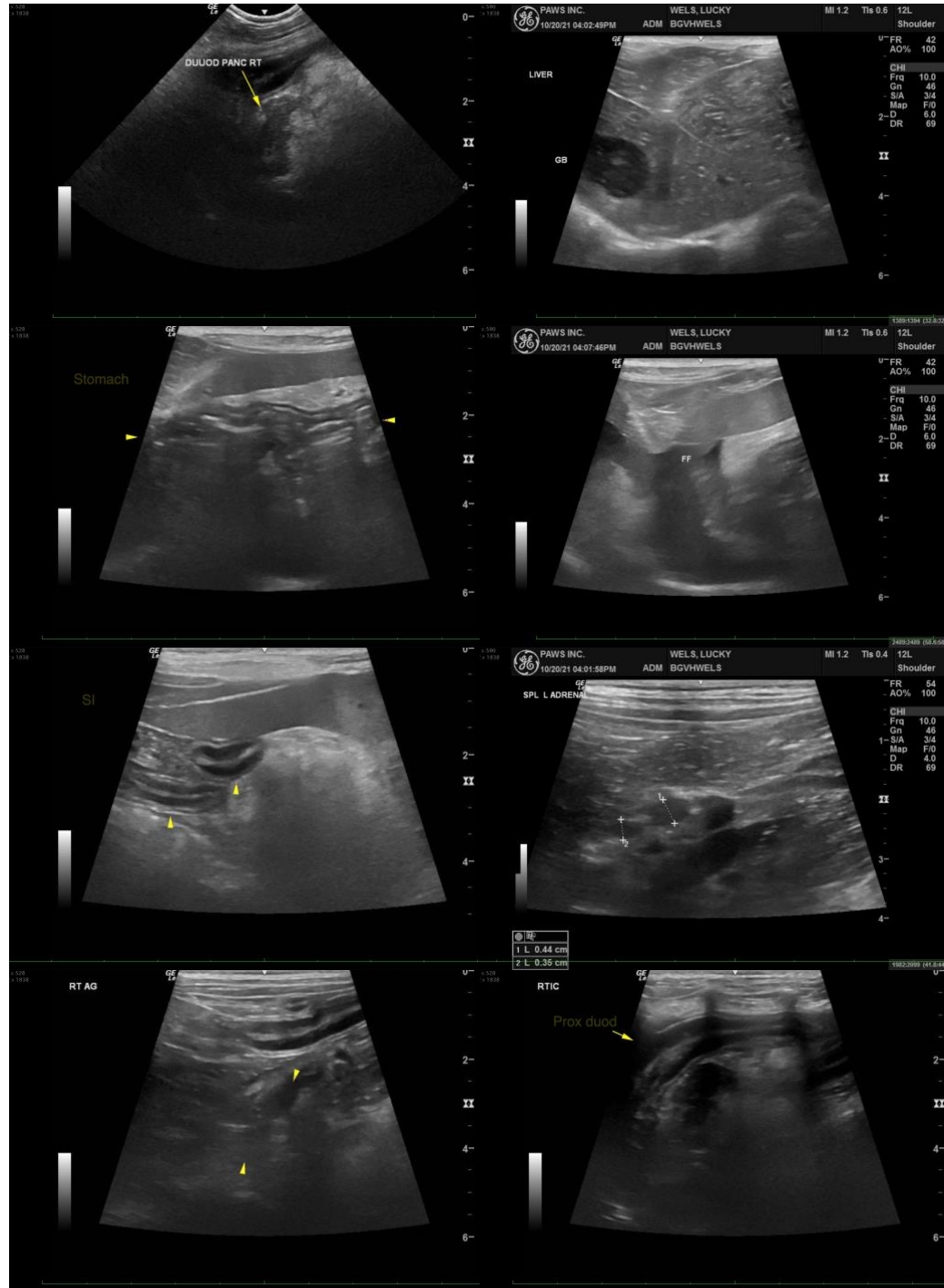
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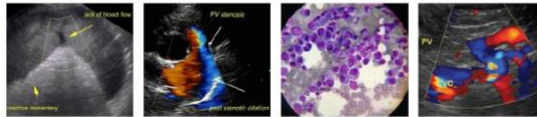
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT 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.

Lucky Wels

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

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