



PATIENT

Darla Halterman

SPECIES

Canine

BREED

Bloodhound

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

84 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

12441

DATE

9/8/20

PRESENTING CLINICAL SIGNS

History: Jaundice, elevated WBC. Recent blood transfusions, IMHA. R/O Infectious vs other. Current meds: Pred 20mg bid, Metro 500mg, Enro, Metoclopramide, Sucralfate, Ondansetron, Famotidine. Abnormal PE/Chem/CBC/UA Results: Elevated WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended in the region of the apex. The wall is slightly thickened and irregular. The wall tapers to a more normal thickness as it extends toward the urinary bladder neck. In addition, a small to moderate amount of suspended echogenic debris is observed within the lumen. Gravity-dependent mineralized sand +/- tiny calculi are also present within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.55 cm in length); normal shape and architecture with 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 size (8.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss 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 length (0.30 cm at cranial pole) (0.44 cm at caudal pole) (2.26 cm in length) with a slightly flattened contour. 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 length (0.37 cm at cranial pole) (0.40 cm at caudal pole) (2.59 cm in length) with a slightly flattened contour. 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 (2.32 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 slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. An approximately 5 cm isoechoic swelling is observed mid-liver at the caudal aspect. The remaining parenchyma is also homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric lumen is distended with ingesta and shadowing material. 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 dilated with gas and chyme. 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. No obstructive disease is noted.

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Pancreas

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The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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84 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Moderate to severe pancreatitis with regional peritonitis.
- The hepatic swelling may represent a rounded liver lobe. Alternatively, an emerging neoplastic process may be present.

Secondary Findings:

- Gallbladder sludge.
- The flattened adrenal glands bilaterally may be secondary to iatrogenic hypoadrenocorticism (due to cortical steroid therapy) or may be a normal variant for this patient.
- Minor age-related renal pathology.
- Mineralized urinary bladder sand +/- tiny calculi.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, if not already performed.
- A recheck ultrasound of the hepatic swelling is recommended in 3-4 weeks to assess for progression.

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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.

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

Andrea.nicastro@sonopath.com