

**DATE PRESENTING CLINICAL SIGNS**

10/3/22

PC: vomiting (Saturday mid-morning), diarrhea, lethargy- clinical signs started yesterday. Runs outside unsupervised. Initial exam: Very depressed, tacky/ severely dehydrated, 4/6 heart murmur, Abdomen very painful. Parvo snap negative; Glucose low. Admitted to hospital 10/2 10:30 am; Risk for decline and death. Discussed ddx, risk for needing sx/ AUS – O understood.

PATIENT

Nugget Martin

Current Medications: Dextrose, B12 injection, Ampicillin/sulbactam, Protonix, Buprenorphine, Vitamin K, Denamarin, Benadryl.

SPECIES

Canine

Lab Results: PCV/TP: 43/6. Glucose: LOW --> 63 --> 128 --> 174 --> 167. CBC/CHEM/LYTES: HCT wnl, WBC 22k, Neu 12k, Bands, HIGH EOS, Glucose low, Crea 1.4, BUN 43, Phos 13.9; ALT 9,747; ALKP 799; Tbili 2.1.

BREED

Labrador Retriever

Lepto snap: Negative

PT and PTT are significantly prolonged.

Radiographs: Heart- not obviously enlarged; Lungs clear; Stomach distended with gas and fluid; Bunched intestines by pancreas/ duodenum

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Female, intact

AGE

6/16/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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

WEIGHT

19.1 lbs.

The left kidney is normal size (5.96 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. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (6.14 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. Renal vasculature is normal.

HOSPITAL NAME

Animal Emergency Hospital

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.48 cm at caudal pole) (2.54 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.

REFERRING VET

Dr. Kalwa

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.76 cm at caudal pole) (2.23 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.

INVOICE

14041

Spleen

The spleen is subjectively normal in size 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. At the cranial ventral aspect, a 5.33 x 2.96 cm irregular, hypoechoic mottled lesion is visualized. The mesentery surrounding the lesion is hyperechoic and trace free fluid is

observed in this region. The remaining hepatic parenchyma is homogeneous and isoechoic relative to the spleen. Vascular is otherwise normal. The portal vein: caudal vena cava ratio is approximately 1:1. Intrahepatic biliary tracts are normal. 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.

Gastrointestinal

The gastric lumen is distended with echogenic 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 not dilated. 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

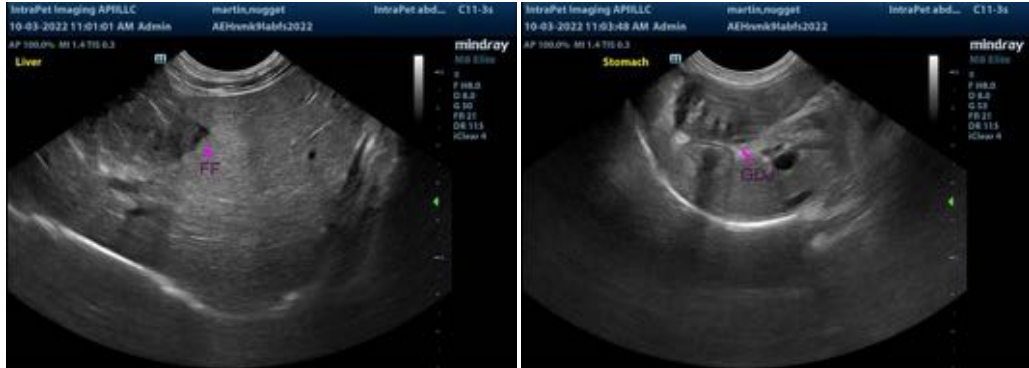
ULTRASONOGRAPHIC FINDINGS

- The echogenic lesion at the cranioventral aspect of the liver may represent a blood clot, hematoma, inflammatory focus, other. Adjacent peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the presence of a coagulopathy, consider administration of fresh frozen plasma.
- Symptomatic care including broad spectrum antibiotics, fluid therapy, antiemetics and gastric protectants is recommended.
- Further diagnostics could include the following:
 1. Additional testing for Leptospirosis (i.e., blood and urine PCR, convalescent serology in 2 weeks).
 2. Urinalysis with a urine culture and sensitivity.
 3. cPLI to further assess for pancreatitis.
 4. Echocardiogram to further investigate the murmur.
- A recheck ultrasound is recommended in 7-10 days to reassess the lesion cranioventral to the liver.





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.

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