



PATIENT

Stxtic Concepcion

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Intact

AGE

8 Months

WEIGHT

39.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Loducca

INVOICE

12000kk

DATE

10/30/21

PRESENTING CLINICAL SIGNS

History: Patient ate plastic and cloth.

Abnormal PE/Chem/CBC/UA Results: White count is 40,000 with a neutrophilia. Spec CPL Is normal. Chemistry is otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 cm, are normal.

The left kidney is normal size (5.16 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.

The right kidney is normal size (6.59 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.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.41 cm at caudal pole) (2.07 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

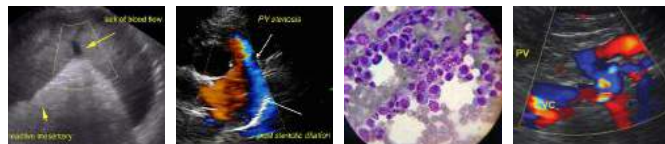
The spleen is normal in size (1.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. 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.

Gastrointestinal

The gastric lumen is minimally fluid-distended. The gastric wall is thickened (up to 1.15 cm in the region of the fundus) with a normal layering pattern. The pyloric outflow tract appears patent. A segment of small intestine appears plicated and mildly thickened with adhered mesentery. The remaining small intestine is normal in thickness with a normal layering pattern and is not dilated. The colonic wall is normal.



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Pancreas

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There is suspected pancreatic inflammation. However, the region is partially obscured by reactive mesentery and bowel.

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Free Abdomen

Canine

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

BREED

Pitbull Mix

ULTRASONOGRAPHIC FINDINGS

- Segment of plicated bowel with regional peritonitis. There is concern for the possibility of an intestinal foreign body. However, this cannot be confirmed as no foreign body is definitively visualized.
- Primary pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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8 Months

1. An abdominal exploratory can be considered to further assess for foreign body/obstruction/peritonitis.
2. Three-view thoracic radiographs are recommended prior to anesthesia to assess for aspiration pneumonia.
3. If a more conservative approach is desired, consider supportive care for acute gastroenteritis with a recheck ultrasound in 12-24 hours.

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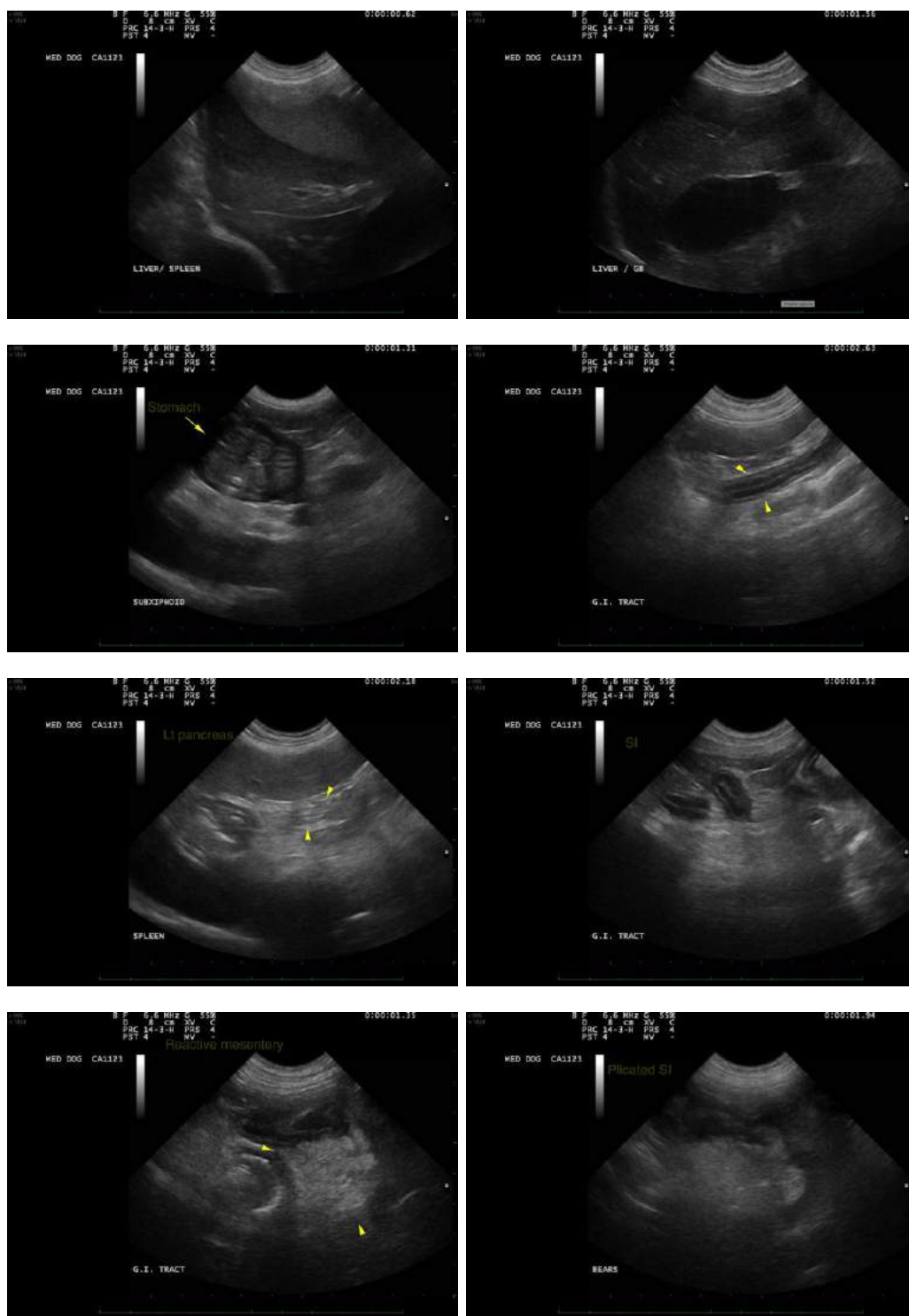
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com

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