


PATIENT PRESENTING CLINICAL SIGNS

Pinky Carrasquillo
Rivera

History: referred from vet express for bloody diarrhea and vomiting Tuesday 10/25 - vomited once. clear. Wednesday - started with bloody diarrhea. started with anorexia. Thursday PM vomited again, green colored. today am vomited another time green too. has continued to have bloody diarrhea. Anorexia since Wednesday. lethargic vaccines UTD current heartgard. no fleas /ticks now but has had in past. no recent fumigations. last week got into trash bag and could've eaten things inside, she got sick afterwards. taken to vet express today - cbc mild leukocytosis. chem elevated amylase. fecal neg. Already injected cerenia in vet express.

SPECIES

Canine

BREED

Chihuahua

Abnormal PE/Chem/CBC/UA Results: PE - qar. MM pink. missing teeth. H/L wnl. LN wnl. 5% dehydrated. no obvious abdominal pain. LN wnl. temp normal. mld leukocytosis, Pinky has had 3 more bouts of diarrhea, some with blood. vomited again today 4am. so far cbc, chem, abd. rads, fecal NOS currently on cerenia, protonix, metronidazole, diigel, propectalin, panacur, vit b 12 onec eating well, like a champ. bar. temp normal. no abd. pain r/o pancreatitis, ibd, neoplasia, less likely infectious Plan recommend continue meds as above add baytril 100mg/ml 0.15 cc iv sid strongly recommend ab.d US with hospit until tomorrow.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE

13 years

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. The region of the trigone is normal.

WEIGHT

3.1 kg

The left kidney is normal size (2.41 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal size (2.60 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

IMAGING PERFORMED BY

Marlon Carrillo

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.43 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.

HOSPITAL NAME

Animal Emerg Clin -
San Juan

The right adrenal gland is normal size (0.35 cm at cranial pole) (0.33 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.

REFERRING VET

Dr. Alma Alicea

Spleen

The spleen is normal in size (0.56 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.

INVOICE

11931

DATE

10.31.22

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 mildly distended with fluid. A small amount of soft, shadowing material is observed near the pyloric antrum. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with 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.

Pancreas

The pancreas is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

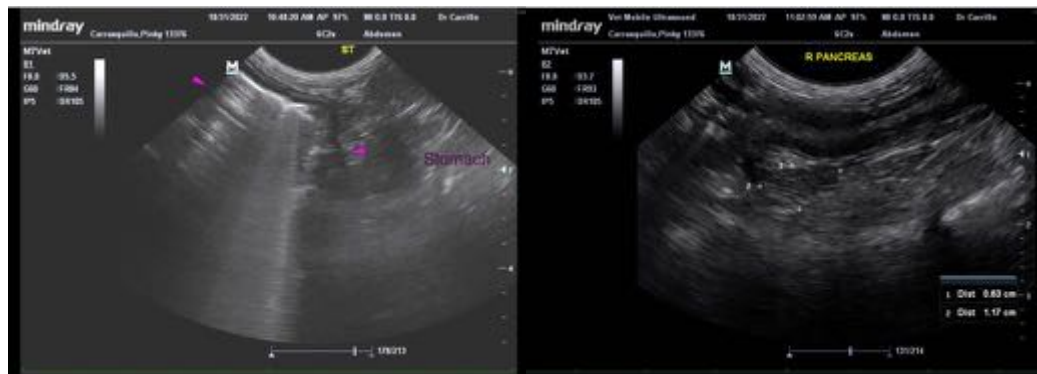
- The soft, shadowing material within the gastric lumen may represent normal ingesta, retained chyme, and/or foreign material. It appears nonobstructive at this time.

Secondary Findings

- Bilateral, nonobstructive nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute hemorrhagic gastroenteritis is recommended. If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a repeat abdominal ultrasound +/- a more advanced GI work-up (i.e., resting cortisol level, GI panel (send to Texas A&M), +/- GI biopsies) may be warranted.







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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