



PATIENT

Lavyender Hamilton

SPECIES

Canine

BREED

Weimaraner

SEX

Female, intact

AGE

16 weeks

WEIGHT

21.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Womack

INVOICE

14236

DATE

1/16/22

PRESENTING CLINICAL SIGNS

History: originally presented on 11/12 for fever of unknown origin. CBC/Chem WNL for young puppy. Fever resolved and P went home with amoxi/clav, metronidazole and panacur for giardia. P presented again on the 14th for continued lethargy and inappetence. P has been eating a small amount of wet food in hospital, but continues to be lethargic. thoracic and abdominal radiographs WNL. P is currently receiving amoxi/clav, metro, panacur and doxyxyclyne (as well as mometavet for an ear infection). current problem list: lethargy, hyporexia.
Abnormal PE/Chem/CBC/UA Results: CBC: WBC 16.1, HCT 36, neutrophilia and monocytosis (12558, 1449) Chem: ALP 159 (5-131), phosphorus 6.8 (2.5-6)

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.84 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 (6.54 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 caudal pole of the left adrenal gland is visualized and is normal in size (0.35 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.51 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.

Spleen

The spleen is normal in size (1.56 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 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.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.93 cm in length.

Other

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The uterine body is visible and is normal in size (0.50 cm in width). No obvious pathology is observed.

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21.5 lbs.

ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- The trace ascites may be a normal variant for the patient's age or may be secondary to increased vascular permeability (i.e., vasculitis), low oncotic pressure or increased hydrostatic pressure.

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*An obvious cause for the patient's fever is not identified in this study. Considerations include infectious/inflammatory disease, autoimmune disease, occult neoplasia (less likely), other. The patient's lethargy and hyporexia may be secondary to side effects from the current medications or may be related to the underlying cause of the fever.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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To further investigate for causes of fever, consider the following:

1. Urine culture and sensitivity, preferably on a pre-antibiotic sample
2. Echocardiogram to assess for valvular endocarditis
3. Infectious disease testing (i.e., tick borne)
4. Thorough orthopedic and neurologic examinations to assess for polyarthrititis, meningitis, discospondylitis, other.

REFERRING VET

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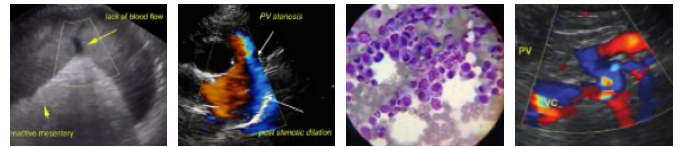
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Also consider weaning the patient off its current medication to determine if the patient's current clinical signs are associated with side effects from the drugs.

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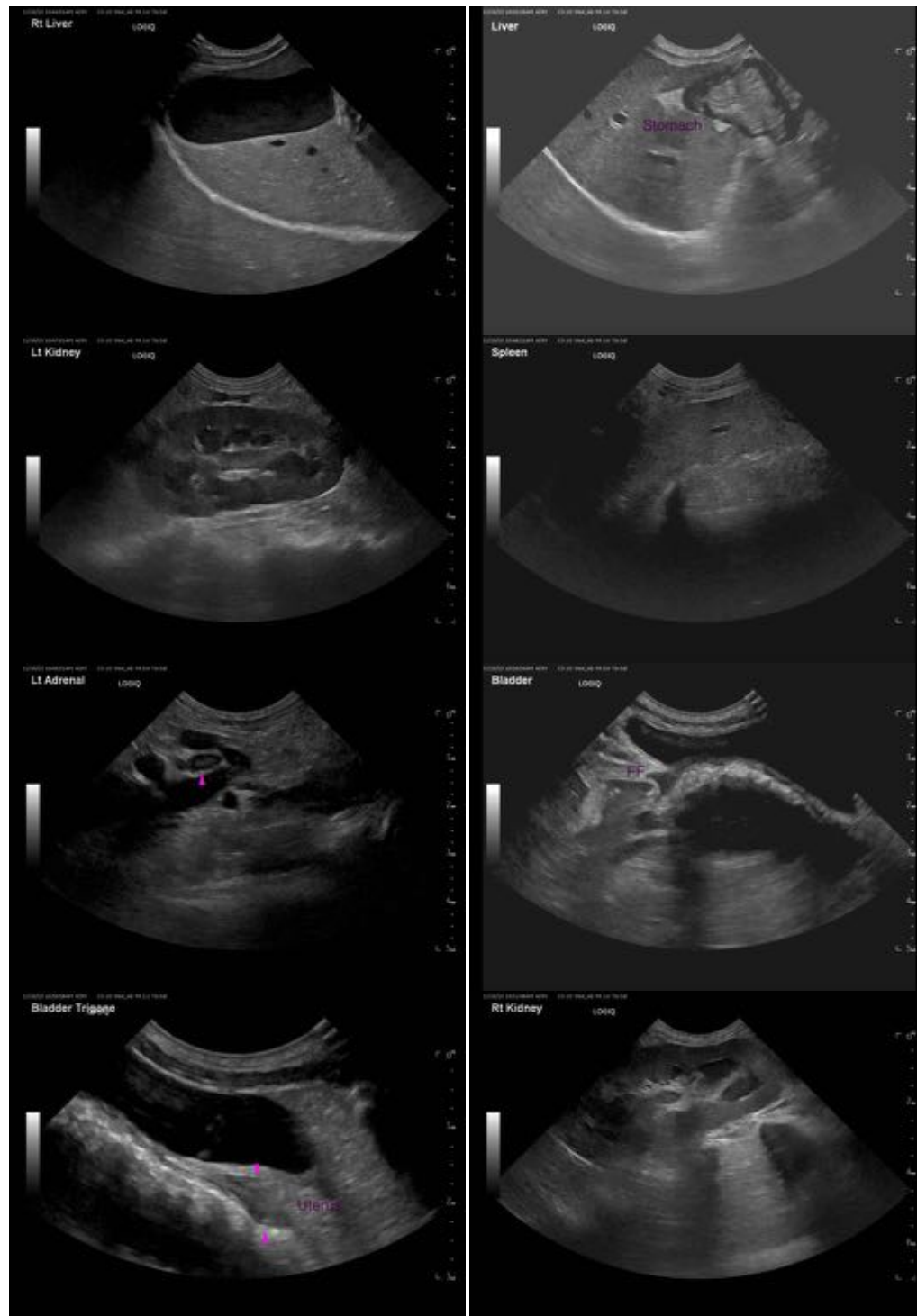
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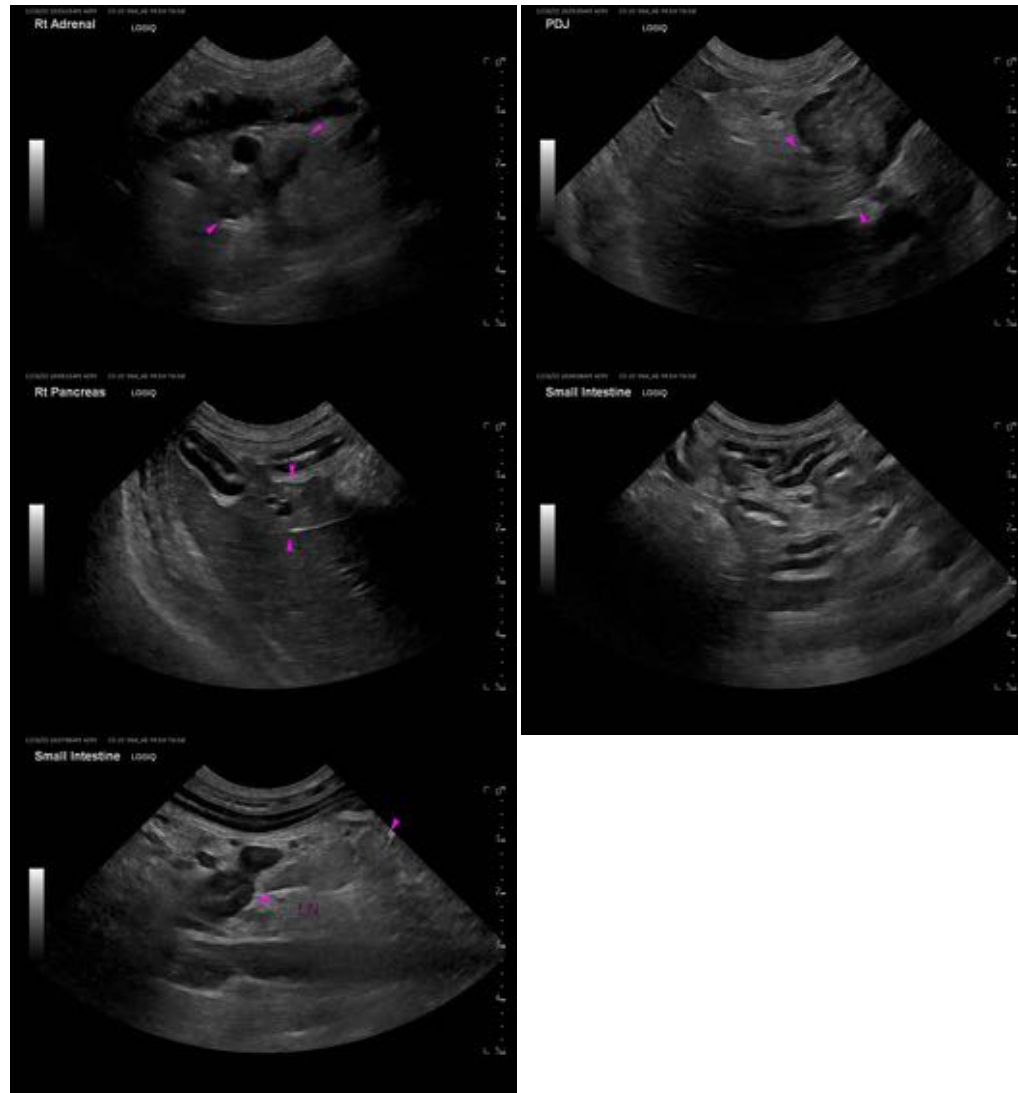
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com