



**PATIENT**

Harley Neate

**PRESENTING CLINICAL SIGNS**

History: 12 days ago bit on abdomen by GSD now has 3 swellings on abdomen. Bruising and redness have greatly improved

Abnormal PE/Chem/CBC/UA Results: r/o hernia vs. seroma vs. other

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Mixed breed

*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. A scant amount of suspended echogenic debris is observed within the lumen. 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.

**SEX**

Female, spayed

The left kidney is normal size (4.97 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 hydronephrosis. Renal vasculature is normal.

**AGE**

12 Yrs.

The right kidney is normal size (5.75 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

23.6 lbs.

*Adrenal Glands*

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.67 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.99 cm at cranial pole) (0.57 cm at caudal pole) (2.01 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.

**IMAGING PERFORMED BY**

Dr. Dana Nause

*Spleen*

The spleen is normal in size (1.40 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.

**HOSPITAL NAME**

Fredon AH

*Liver*

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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 small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**REFERRING VET**

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**INVOICE**

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**DATE**

11/29/21



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***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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. In the caudal abdomen, in the region of inflamed mesentery, the small intestinal wall is thickened/abnormal. The remaining segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

***Pancreas***

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***

In the caudoventral abdomen, just cranial to the urinary bladder, an area of ill-defined reactive mesentery as well as trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Focal peritonitis in the caudoventral abdomen is present, likely secondary to previous dog bite. The abnormal bowel in this region may be due to puncture from dog bite and/or inflammation secondary to peritonitis.

**Secondary Findings:**

- Minor age-related renal and pancreatic changes.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- An abdominal exploratory is recommended to flush the abdomen and assess bowel for puncture wounds. A resection and anastomosis may be necessary if bowel integrity is disrupted. Consider referral to a board-certified surgeon due to the potential for perioperative complications.
- Three-view thoracic radiographs and baseline labwork including a CBC chemistry panel and urinalysis is recommended prior to anesthesia.
- Broad spectrum antibiotic therapy and supportive care is also recommended.



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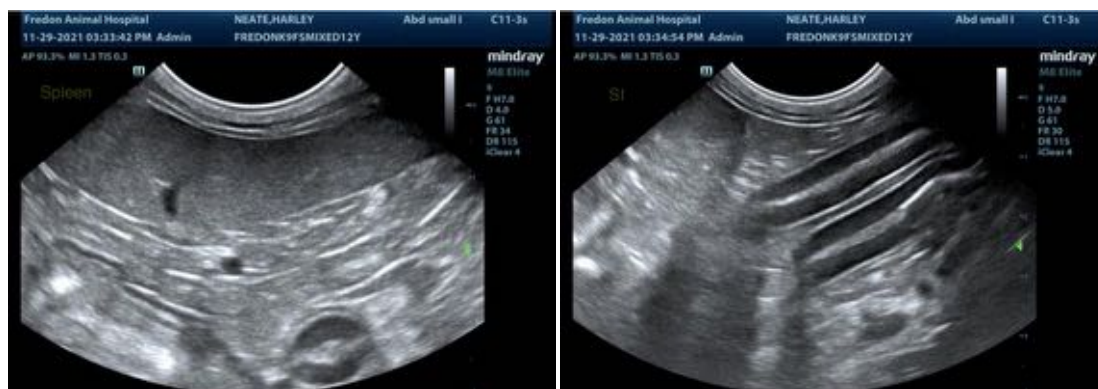
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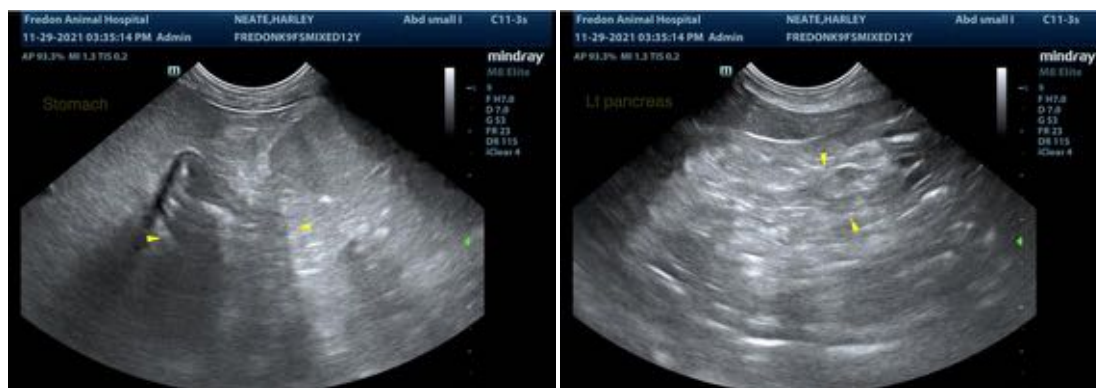
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

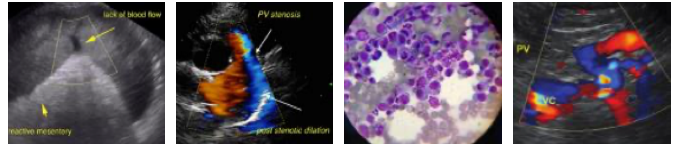
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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



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Andrea.nicastro@sonopath.com

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