



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Siebold Clinical Exam Findings: Acute vomiting and BW derangements - r/o gastric ulceration vs pancreatitis vs sensitivity to pred vs other

**SPECIES** Persistent oral ulceration - open

Canine Dr. Forcier saw p on Friday for ulcerative stomatitis and sent home with following

Rx Clavamox 62.5mg 1t PO BID.

Rx Prednisone 5mg 1.5t PO QD x 3d, 1t PO qd x3d, 1/2t PO QD x3d.

Rx Gabapentin [50mg/ml] Give 0.6ml PO BID.

**BREED** Rx Sucralfate 1gm. Give 1/2t PO BID x3d  
Maltipoo Hx epilepsy - managed on Kepra

Abnormal lab-work values/Diagnostic Results: Fast Scan - no obvious free fluid

**SEX**

Spayed Female In-house Full Bloodwork:

CBC

WBC 31k

**AGE**

Neu 27k with bands

Mono 1.75k

04/01/2011

PLT 609k

MPV 13.3

Chemistry

**WEIGHT**

ALT 207

ALP 580

9.7 kg

Glob 5.5

TP 9.2

GLU 176

**INTERPRETED BY**

AMYL >2500

LIPA 5265

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

CI 103

GLU 176

NOTE: BW was unremarkable this past Friday

Current Medications: Prednisone, Clavamox, Gabapentin, Kepra, Cerenia IV; Unasyn IV

**IMAGING PERFORMED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. A small to moderate amount of aggregated, echogenic, suspended 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.

**HOSPITAL NAME**

Southside AH

The left kidney is normal size (3.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**REFERRING VET**

Kevin Moser

**INVOICE**

The right kidney is normal size (4.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

11926

**DATE**

11.30.22



<b>PATIENT</b>	<b>Adrenal Glands</b> The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.71 cm at caudal pole) (1.94 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.
Gracie Siebold	
<b>SPECIES</b>	<b>The right adrenal gland is normal size (0.61 cm at cranial pole) (0.46 cm at caudal pole) (0.49 cm in length). A 0.43 cm hyperechoic nodule/area is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.</b>
Canine	
<b>BREED</b>	<b>Spleen</b> The spleen is normal in size (1.31 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.
Maltipoo	
<b>SEX</b>	<b>Liver</b> The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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.
Spayed Female	
<b>AGE</b>	<b>The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.</b>
04/01/2011	
<b>WEIGHT</b>	<b>Gastrointestinal</b> The gastric lumen is moderately to severely fluid-distended and hypomotile. Echogenic debris and small nonobstructive shadowing material is also observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly fluid-distended. The proximal duodenal wall is subjectively thickened, with retention of the normal layering pattern. In the remaining small intestinal segments, the lumen is empty, and the walls are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.
9.7 kg	
<b>INTERPRETED BY</b>	<b>Pancreas</b> The pancreas is diffusely enlarged, particularly the right limb. The peripheral margins are irregular. The parenchyma is hypoechoic and edematous. The pancreatic duct is not overtly dilated. The mesentery surrounding the pancreas is hyperechoic to saponified. Peripancreatic effusion is present.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
<b>IMAGING PERFORMED BY</b>	<b>Free Abdomen</b> The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
<b>HOSPITAL NAME</b>	<b>Other</b> A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
Southside AH	
<b>REFERRING VET</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Kevin Moser	<b>Primary Findings</b>
<b>INVOICE</b>	
11926	<ul style="list-style-type: none"> <li>Moderate to severe, acute pancreatitis with adjacent peritonitis. There is no obvious evidence of pancreatic abscessation at this time.</li> </ul>
<b>DATE</b>	
11.30.22	<ul style="list-style-type: none"> <li>Gastric ileus, likely secondary to pancreatitis</li> </ul>



**PATIENT**

Gracie Siebold

**Secondary Findings**

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

04/01/2011

**WEIGHT**

9.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

Kevin Moser

**INVOICE**

11926

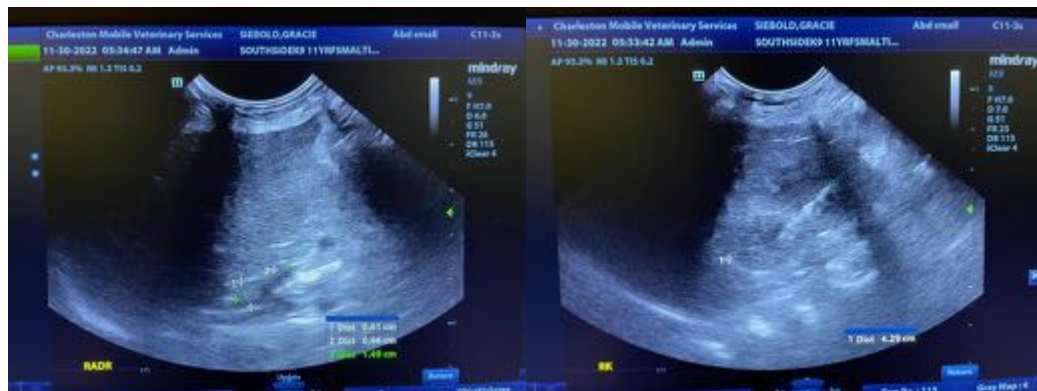
**DATE**

11.30.22

- The hepatic changes are most consistent with vacuolar hepatopathy. However, an inflammatory process or other hepatopathy cannot be completely excluded. Correlation with the patient's liver values is recommended.
- Bilateral chronic age-related renal changes
- The left adrenal changes are most consistent with hyperplastic change. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an emerging tumor.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly given that severe pancreatitis can result in pleural effusion and other pulmonary effects.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. If available, hyperbaric oxygen therapy may be beneficial in reducing pancreatic inflammation. Also consider initiation of trickle feeding as soon as the patient will tolerate it as this will help to maintain enterocyte health.
- Serial sonographic monitoring (i.e., daily) of the pancreas is recommended to assess for the development of abscessation, which can occur in severe cases. Close monitoring of the patient's organ function is also recommended.





**PATIENT**

Gracie Siebold

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

04/01/2011

**WEIGHT**

9.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

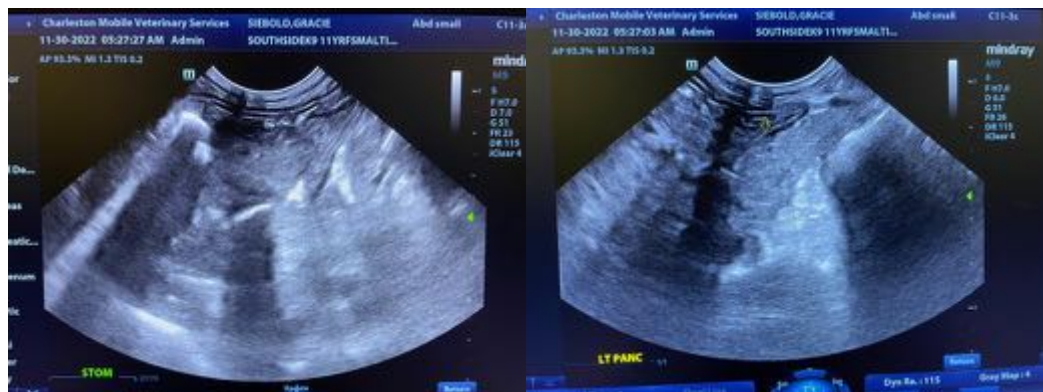
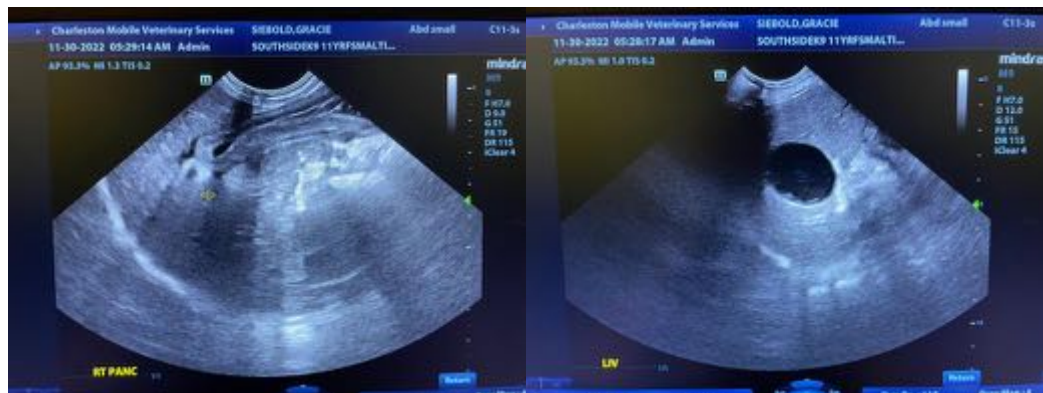
Kevin Moser

**INVOICE**

11926

**DATE**

11.30.22





**PATIENT**

Gracie Siebold

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Spayed Female

**AGE**

04/01/2011

**WEIGHT**

9.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

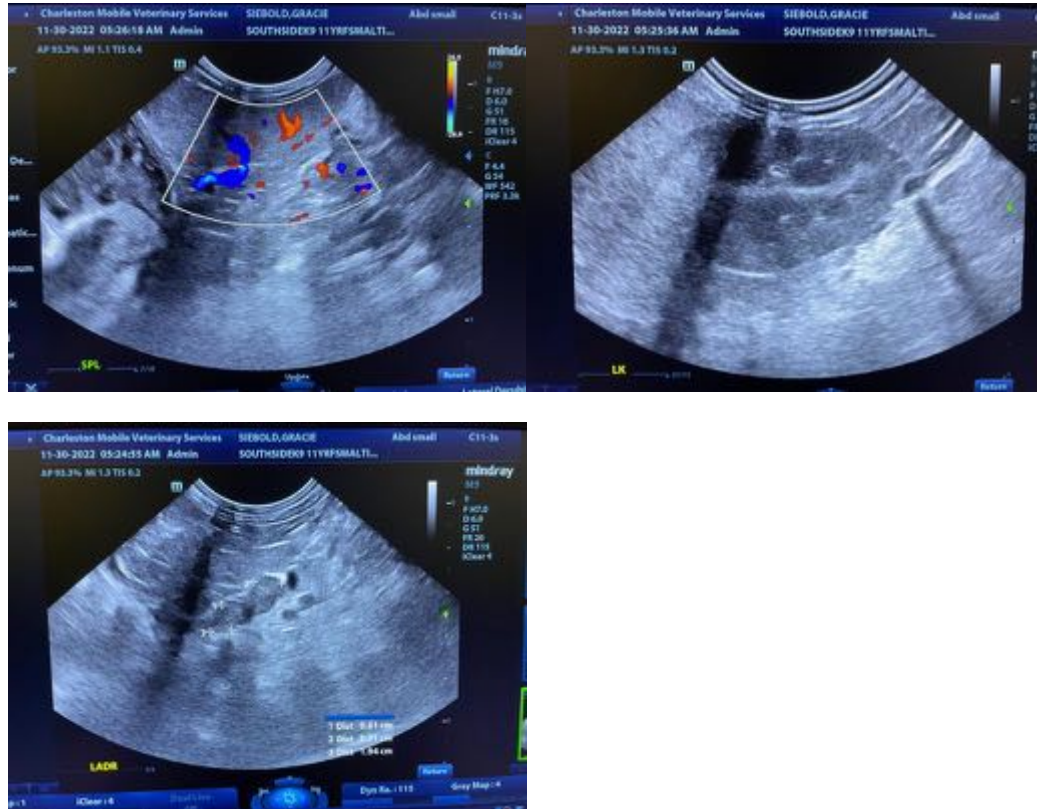
Kevin Moser

**INVOICE**

11926

**DATE**

11.30.22



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](mailto:info@SonoPath.com)