



PATIENT

Jade Bryant

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

2/22/2017

WEIGHT

6.96 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Schow

INVOICE

22325

DATE

12-1-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presents for lethargy, hyporexia, diarrhea.
Grade II/VI heart murmur, moderate femoral pulses

Abnormal lab-work values: CHEM: CREA 0.3 mg/dL, BUN 4mg/dL, PHOS 2.4mg/dL, CALCIUM 7.4mg/dL, Na 3.0 mmol/L, K 3.0 mmol/L, Chloride 108 mmol/L, TP 4.3 g/dL, ALB 1.6 g/dL
CBC: RBC 4.59 M/uL, HCT 27.6%, HGB 9.9 g/dL, MCV 60.1 fL, RETIC 128.1 K/uL, RETIC-HGB 19.3 pg, PLT 730 K/uL, PLTCRT 0.69%

Current Medications: Entyce, Ondansetron, Unasyn, KCL CRI, Cerenia
Radiographic Findings: NA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.79 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.53 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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 right adrenal gland is normal in size (1.18 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and 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 (0.71 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is moderately distended. The wall is normal to borderline thickened. A large amount of aggregated, echogenic, suspended/aggregated sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is moderately distended with gas and a small amount of ingesta. The gastric wall is borderline thickened (up to 0.41 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not overtly dilated. The small intestinal wall is normal to mildly thickened (up to 0.41 cm). In at least one segment, there is questionable loss of the normal layering pattern. In other segments, there is slight disruption in the normal 1:3 muscularis: mucosal ratio. The ileoceocolic junction and colonic wall are normal. There is also evidence of mucosal speckling in several segments. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb and base are enlarged, hypoechoic, and edematous in appearance. The parenchyma is subtly mottled in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Lymph Nodes

A 1.76 x 0.36 cm medial iliac lymph node is visualized. A least one prominent mesenteric lymph node is also seen (measuring 1.76 x 0.54 cm).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes, particularly the segment with the questionable loss of layering could be consistent with emerging neoplasia (i.e., lymphoma). Alternatively, an inflammatory process is possible.
- The gallbladder changes are consistent with a fully-formed mucocele.
- The pancreatic changes are consistent with moderate pancreatitis. Rule-outs include acute vs chronic pancreatitis.
- Trace ascites

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate/manage the gallbladder and bowel changes, consider an abdominal exploratory with a cholecystectomy, along with liver and GI biopsies. Three-view thoracic radiographs and clotting times should be performed prior to anesthesia. In the meantime, symptomatic care for pancreatitis/gastroenteritis is recommended. A GI panel including serum cobalamin and folate, TLI, PLI and resting



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cortisol level, along with a fecal evaluation for ova and Giardia are also recommended, if not already performed.

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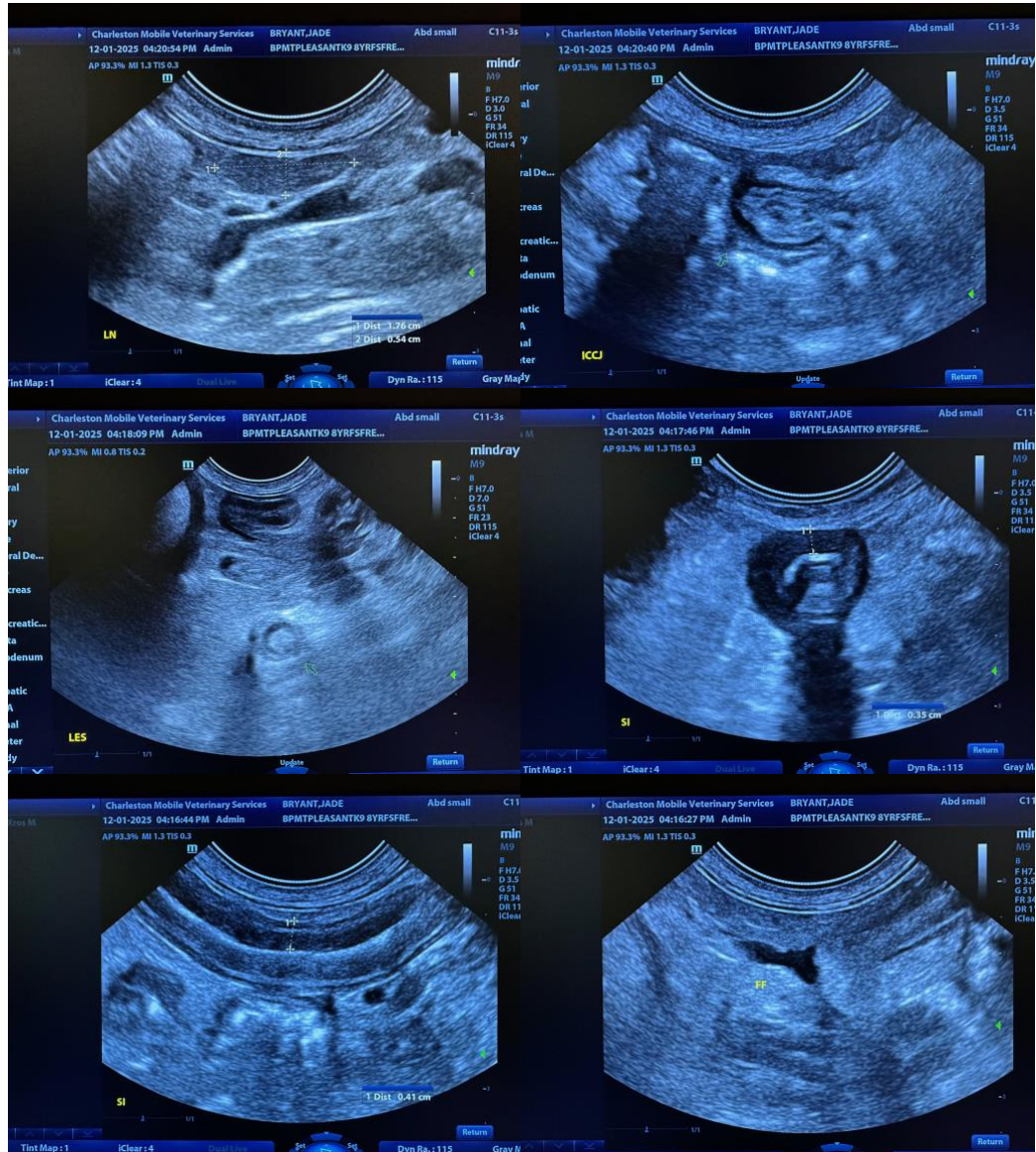
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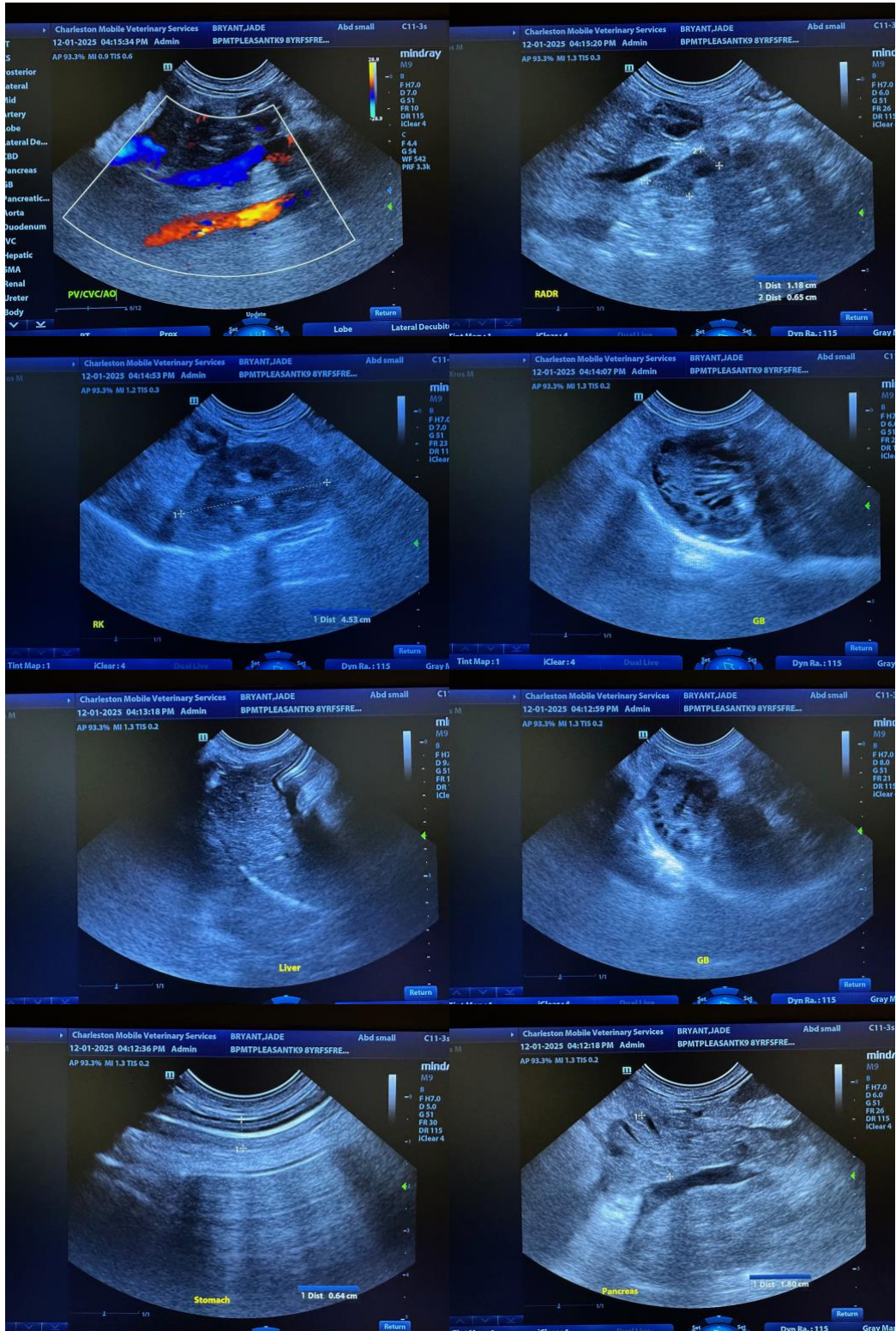
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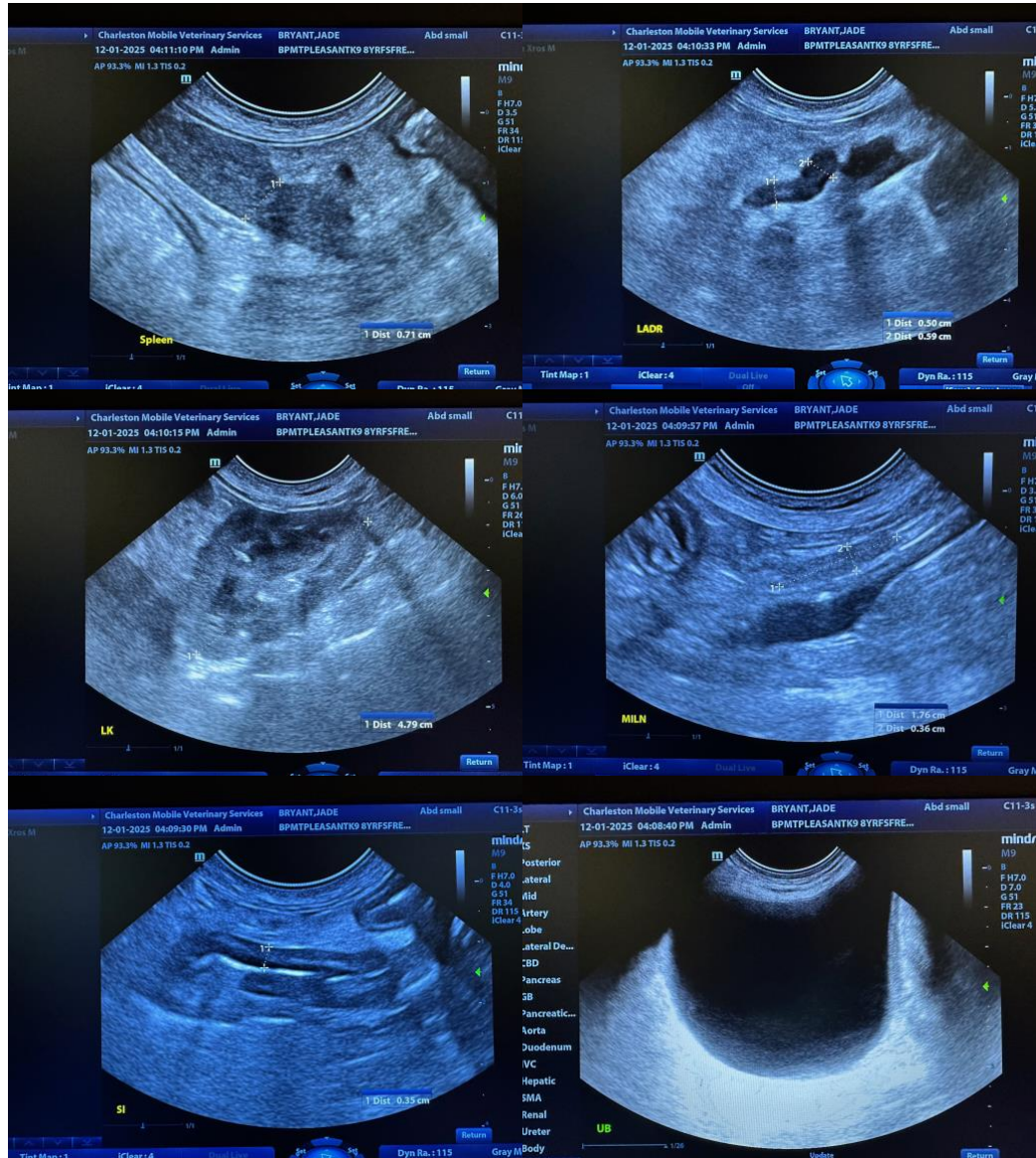
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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