



PATIENT

Honey Morrison

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

3 Years

WEIGHT

18 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Lynden AC

REFERRING VET

Dr. Babcock

INVOICE

10030

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: Rescued from the Dominican a few years ago as an adult. Blind from head trauma. Has been on Prednisone ongoing for some IBD/GI type issues. Recently started diarrhea, then vomiting and now not eating.

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. A scant amount of echogenic debris is suspended 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 2.00 cm, are normal.

The left kidney presented is normal in size (5.30 cm in length); with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing and diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.50 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.35 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.

The right adrenal gland is normal size (0.90 cm at cranial pole) (0.47 cm at caudal pole) (1.18 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.

Spleen

The spleen is normal in size (1.51 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. A moderate amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Several centimeters of proximal duodenum are thickened (up to 0.61 cm), with possible loss of the normal layering pattern. One to two focal areas of the jejunum are also thickened (up to 0.69 cm), with suspected loss of the normal layering pattern. In the remaining segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The small intestinal lumen is segmentally dilated with chyme (mild). The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas, particularly the left limb, is enlarged with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

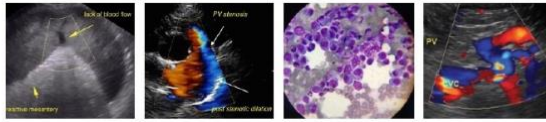
- The multifocal bowel wall thickenings are concerning for possible infiltrative neoplasia, (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be completely excluded.
- The pancreatic changes are suggestive of chronic active pancreatitis, with regional peritonitis.

Secondary Findings

- Bilateral nephropathy with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If a definitive diagnosis is desired, consider an abdominal exploratory with gastrointestinal biopsies, with particular attention to the thickened/abnormal segments. If a more conservative approach is desired, consider empirical treatment for pancreatitis/inflammatory bowel disease flareup, with a recheck ultrasound in 7-10 days to reevaluate the pancreas and bowel segments. A malabsorption panel including serum cobalamin and folate TLI and PLI, as well as a fecal evaluation for ova and Giardia are also recommended.



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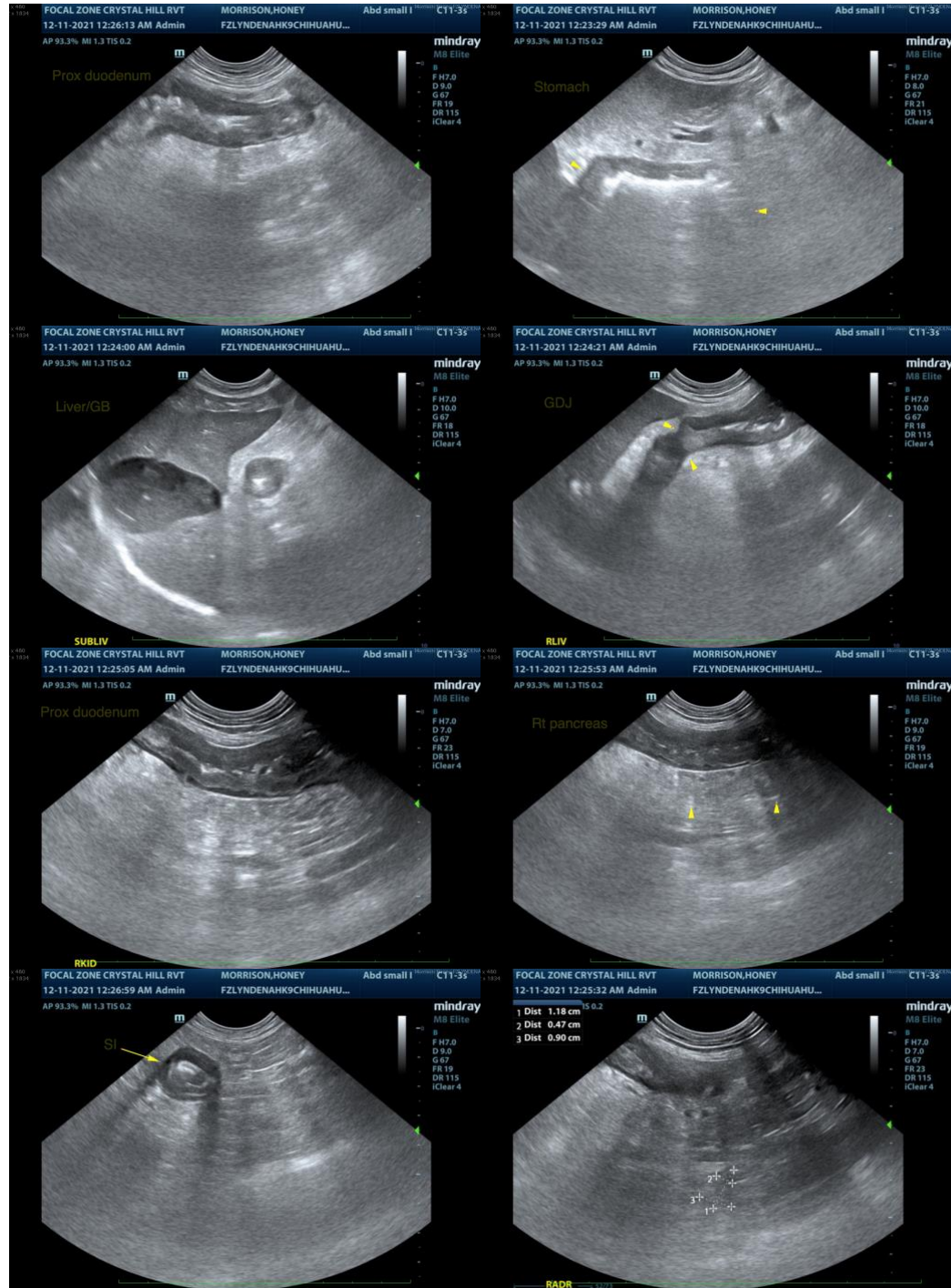
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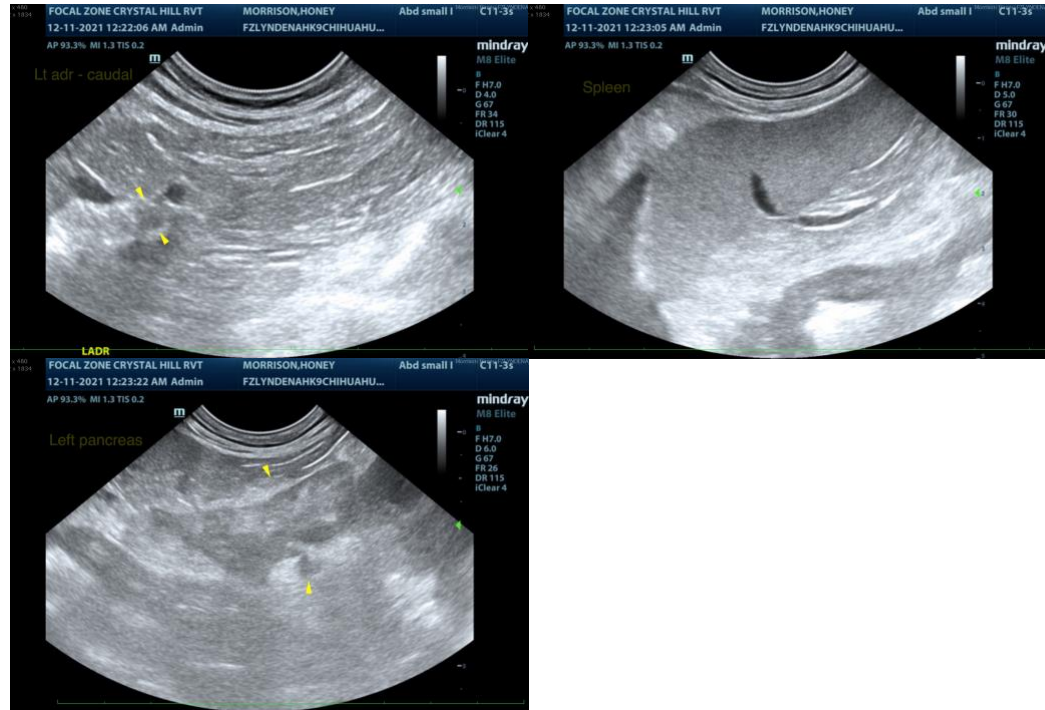
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he information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

andrea_nicastro2@hotmail.com