

PATIENT

Vera Steele

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

10 years

WEIGHT

35 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

Trinity Island VC

REFERRING VET

Dr. Kristi Oldham

INVOICE

11865

DATE

12.16.22

PRESENTING CLINICAL SIGNS

History: Has recently been off her food. Low-grade fever (103.1). Seems nauseous. More lethargic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (8.77 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (8.63 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.58 cm at caudal pole) (3.58 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.

The right adrenal gland is normal size (0.87 cm at cranial pole) (0.82 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 enlarged (4.02 cm in width at the level of the hilus) with a swollen peripheral contour. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

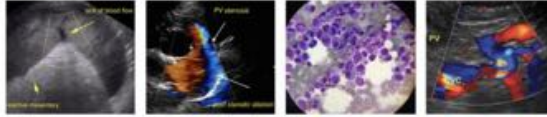
Liver

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 anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally to mildly distended with ingesta and irregular shadowing material. 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. There is no evidence of an obstructive pattern.



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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

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

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Primary Findings

- The splenomegaly may represent a normal greyhound spleen or may be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or infiltrative neoplasia (i.e., round cell tumor).

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Secondary Findings

- The shadowing material within the gastric lumen may represent foreign material (i.e., grass). It appears nonobstructive at the time of this study

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Internal Medicine)

- If an aggressive approach is desired, consider a fine needle aspirate of the spleen, if clotting status is appropriate. A 25-gauge needle should be used. Given the history of a fever, other diagnostic considerations include the following:

- Comprehensive tick panel (Send to NC State Vector-borne Disease Lab)
- cPLI to assess for mild pancreatitis
- Echocardiogram to assess for valvular endocarditis
- +/- further fever of an unknown origin work-up

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- If a more conservative approach is desired, symptomatic care for the patient's GI signs is recommended. If clinical signs do not improve with medical management, consider more advanced diagnostics.

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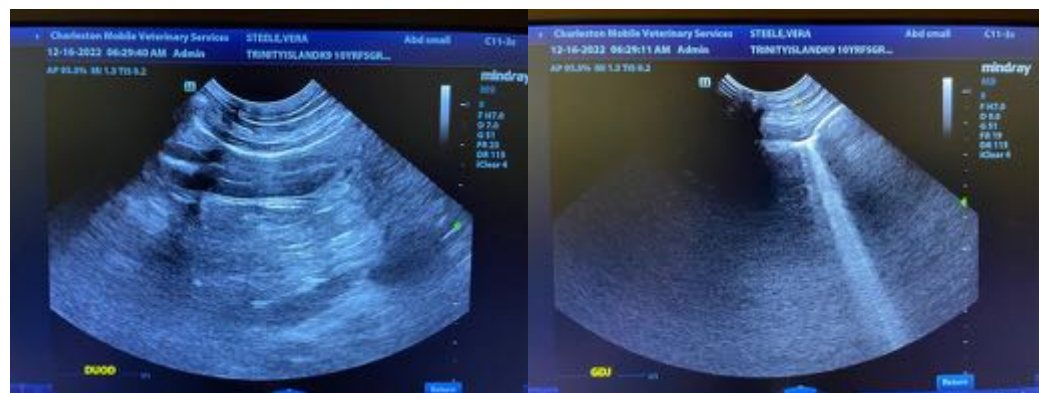
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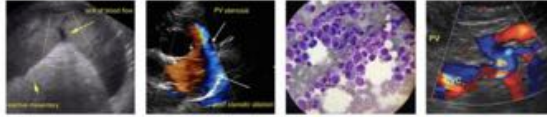
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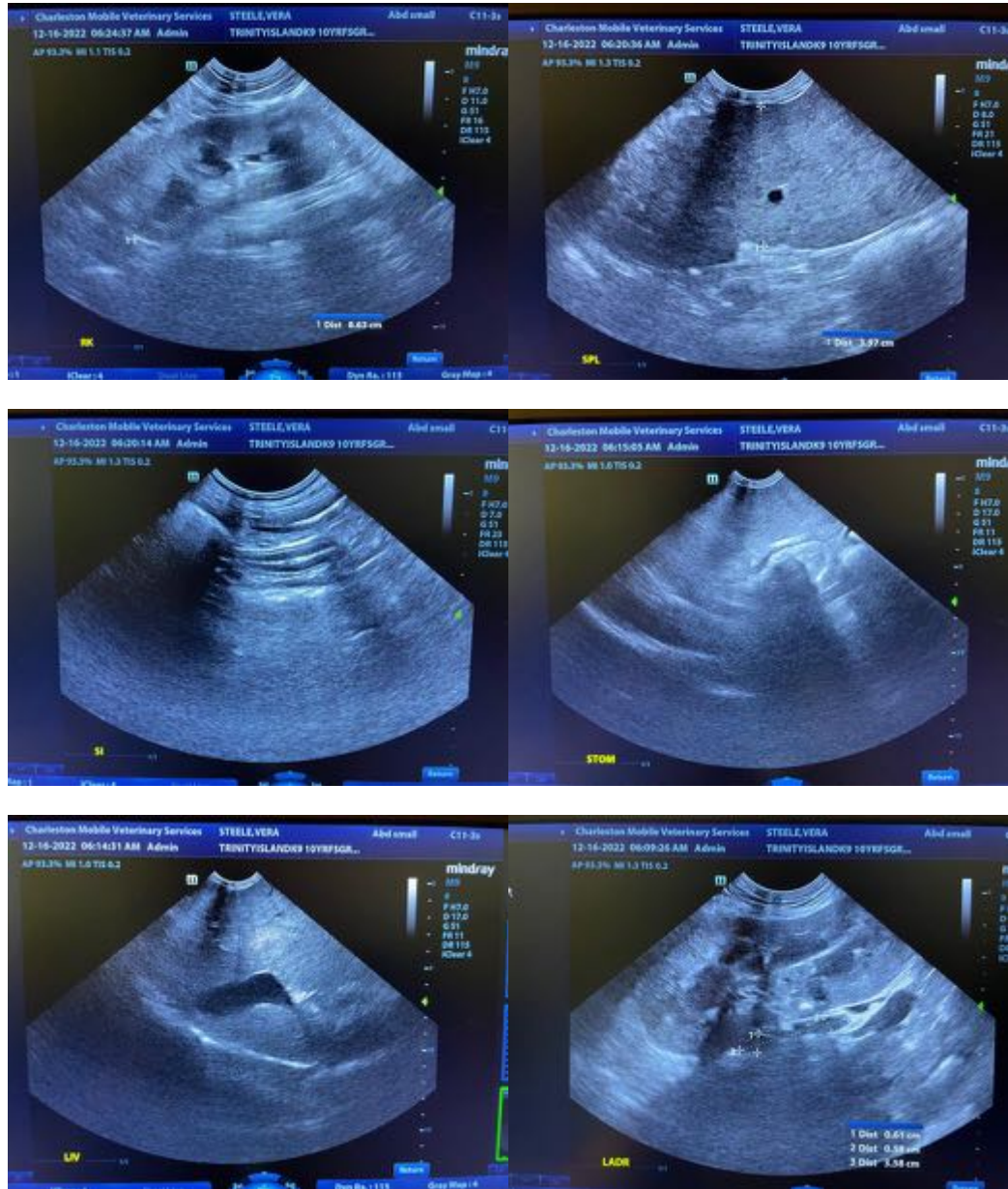
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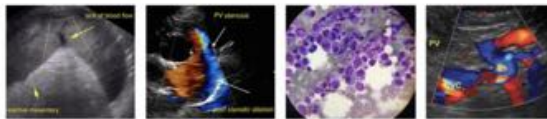
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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