



PATIENT

Arya Delanuez

SPECIES

Canine

BREED

Belgian Malinois

SEX

Female

AGE

6 Yrs. 1 month

WEIGHT

79.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

12739

DATE

PRESENTING CLINICAL SIGNS

History: P presents for occasional vomiting. Vomiting has resolved, eating well, seems to be back to her normal self

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: distended abdomen with palpable fluid Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Hooks Diagnostic Testing Needed: Ab US - large amt free fluid in abdomen Ab Tap - orange fluid, TP 3.4 Spun abdominal fluid down for cytology....red sediment, fluid very icteric Cytology from abdominal fluid CBC/Chem/Lytes/CPL Neutrophilia 20,530 - r/o infectious, inflammatory ,stress Alk Phos 1898 - r/o pancreatitis (CPL Normal, Lipase WNL), cushings (not symptomatic), cholestasis Tbili 1.0 - serum slightly icteric - r/o Liver, cholestasis, cholangitis, cholangiohepatitis Chol 93 - r/o Liver dz/failure, anorexia K+ 6.3 - r/o sec to hemolysis (serum hemolyzed), addisons CPL - normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 with anechoic urine. 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.

The left kidney is normal size (6.71 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.

The right kidney is normal size (7.60 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is not definitively visualized.

Spleen

The spleen is subjectively normal in size (2.06 cm in width at the level of the hilus) with slightly irregular peripheral contours. Portions of the parenchyma are mottled, bordering on a "moth-eaten" appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic and homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. No images were provided for the gallbladder.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. No obstructive disease is noted.

Pancreas

Portions of the pancreas are obscured by the abdominal fluid. In the visualized portions, no obvious pathology is observed.

Free Abdomen

A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia or extramedullary hematopoiesis. Cytology or histopathology would be necessary to get a definitive diagnosis.
- The hepatic changes could also be consistent with infiltrative neoplasia (i.e., lymphoma), inflammatory/immune-mediated disease or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspirates of the liver and spleen (if clotting status is appropriate). 25-gauge needles should be used. Submission of the abdominal fluid to a clinical pathologist for cytologic evaluation is also recommended if not already performed. If cytology results are inconclusive, a surgical liver biopsy with aerobic and anaerobic bile cultures may be warranted. Also consider pre- and post-prandial serum bile acids. Sonographic imaging of the gall bladder is also recommended.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. An echocardiogram may also be warranted, depending on thoracic radiograph results.



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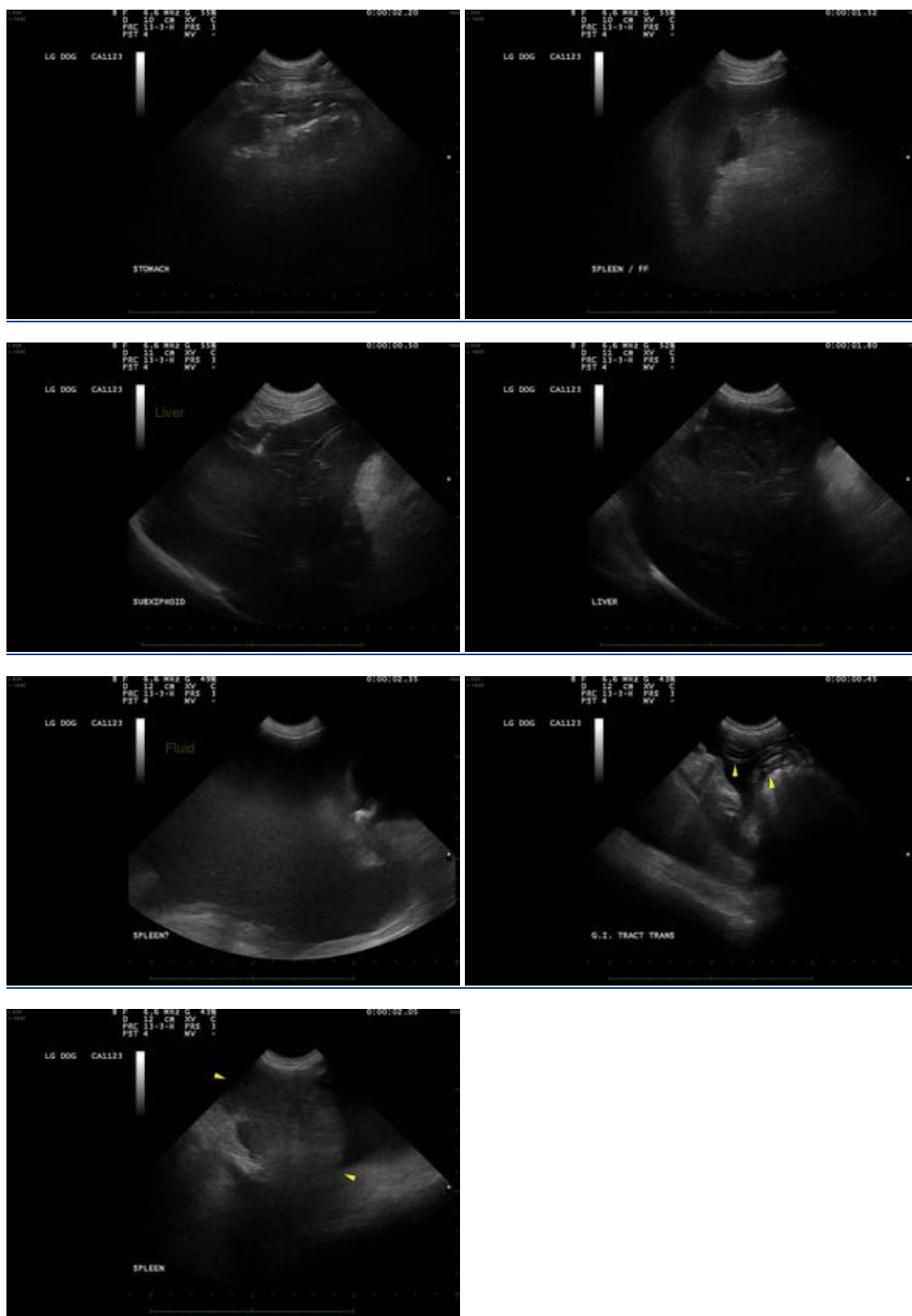
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The information and recommendations provided are based on the images presented by the



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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.

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Andrea.nicastro@sonopath.com

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