



PATIENT

Vida Neiman

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

2 years, 5 mos

WEIGHT

19.7 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

MP Blue Pearl ER

REFERRING VET

Kristen Walter

INVOICE

11952

DATE

12.3.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Temp of 106 on presentation
- dull mentation
- hyperthermic to the touch
- muddy mucus membranes
- mild pain on firm abdominal palpation
- tachycardia

Abnormal lab-work values:

- panleukopenia (WBC 2.62, NEU 1.42, LYM 1.01, MONO 0.14)
- mild thrombocytopenia (rule out clumping) 98K
- PCV 73%, HCT 76.9
- BG (on glucometer): 62
- panhypoproteinemia (TP 4.2, ALB 2.1, GLOB 2.0)
- UA: cocci present
- Current Medications: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. A small amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (7.11 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 (7.56 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 (0.45 cm at cranial pole) (0.67 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.

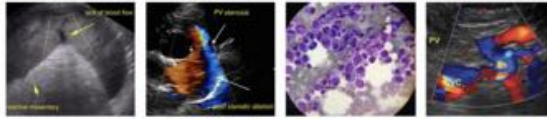
The region of the right adrenal gland is evaluated. No obvious pathology is seen in this region. The patient would need additional sedation/pain medication for further evaluation of this region.

Spleen

The spleen is normal in size (1.35 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.



PATIENT	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.
Vida Neiman	
SPECIES	The gall bladder wall is mildly thickened and hypoechoic with a “double-walled” effect. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
Canine	
BREED	Gastrointestinal What is thought to be gastric lumen is gas-distended. The gastric wall appears to be normal in thickness with a normal layering pattern. The small intestinal segments are subjectively thickened and fluid-distended, with plication evident in the left cranial to midabdomen. There is a questionable small intestinal foreign body in the cranial abdomen. The colonic wall is normal. Shadowing material is observed throughout the colonic lumen.
Labradoodle	
SEX	Pancreas The pancreas is somewhat obscured by the diffuse bowel pathology and free fluid. In the visualized portions, no obvious abnormalities are seen.
Spayed Female	
AGE	Free Abdomen A moderate amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.33 cm in length.
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WEIGHT	Other A brief echocardiogram reveals diffuse cardiac wall thickening, consistent with hypovolemia. An arrhythmia is visualized. There is no obvious evidence of pericardial or pleural effusion. No cardiac masses are seen.
19.7 kg	
INTERPRETED BY	There is questionable free air within the abdominal cavity. An ultrasound-guided fine-needle aspirate of the free abdominal fluid was obtained at the end of this study without incident. The fluid is dark, red, and opaque in appearance.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> Suspected small intestinal obstruction with possible bowel rupture/septic abdomen. However, it is difficult to determine if the shadowing material is all within the colon or if some is present within the small intestinal lumen, due to the shadowing artifact throughout the abdomen.
MP Blue Pearl ER	Primary Findings
REFERRING VET	<ul style="list-style-type: none"> The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. The gall bladder wall changes could be consistent with hypoalbuminemia, cholecystitis, anaphylaxis, increased hydrostatic pressure, other.
Kristen Walter	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
11952	<ul style="list-style-type: none"> Cytology evaluation of the abdominal fluid is recommended. An abdominal exploratory should strongly be considered, particularly if the abdominal fluid is supportive of septic effusion.
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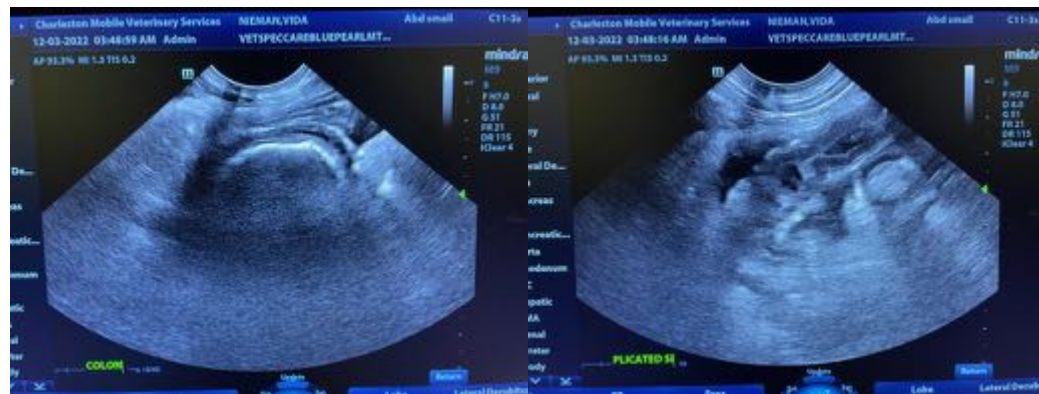
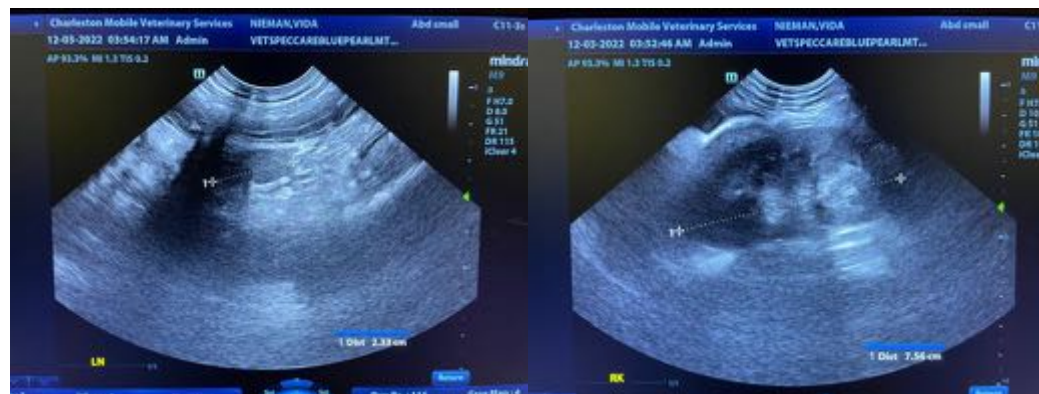
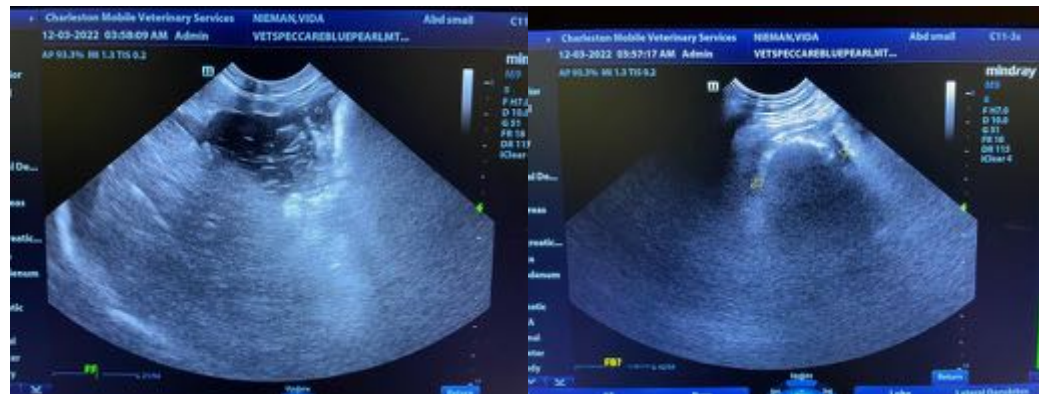
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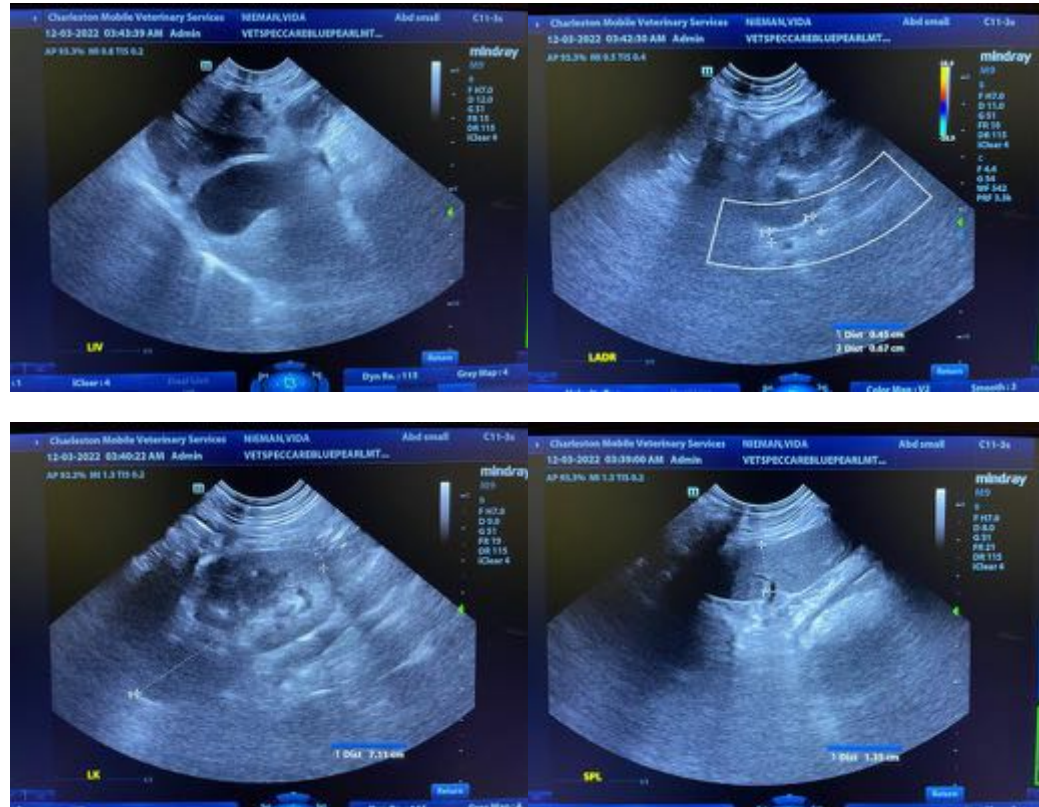
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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