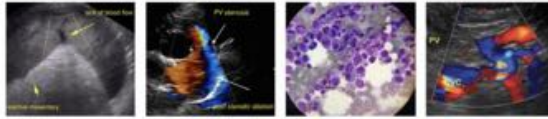




PATIENT	PRESENTING CLINICAL SIGNS
Oliver Albers	Clinical Exam Findings: MM/CRT: Pale to icteric, tacky, CRT < 2 sec Hydration: Dehydrated Attitude: QAR
SPECIES	Weight: 5.8kg Pain score: 2/4 BCS: 5/9
Canine	
BREED	Eyes: No ocular discharge, eyes clear OU Ears: Clean AU
Havanese	Oral: Mild dental tartar/gingivitis. No oral lesions noted Integumentary: Clean haircoat. No external wounds or ectoparasites noted Musculoskeletal: diffusely weak ambulatory/weight bearing all limbs Circulatory: No murmurs/arrhythmias, pulses strong/synchronous Respiratory: Lungs clear bilaterally
SEX	Digestive: Abdomen tense and painful, no palpable masses or abnormalities Rectal Exam: Soft brown stool. No blood or mucous noted
Neutered Male	Genitourinary: Normal externally Neural System: Normal cursory neuro exam; no ataxia noted, cranial and spinal nerves intact, normal mentation Lymph Nodes: Normal peripherally
AGE	
12/04/2017	
WEIGHT	Abnormal lab-work values: CBC: elevated HCT (65.3), elevated RETIC (118.5), elevated WBC (22.96), elevated NEU (19.48), elevated MONO (2.06), decreased EOS (0.04) CHEM17: elevated CREA (2.5), elevated PHOS (13.4), elevated ALT (2550), elevated ALKP (947), elevated GGT (19), elevated TBIL (7.4), elevated AMYL (>2500), elevated LIPA (4650), decreased Na (138), decreased Cl (102) PT/PTT: THTR/THTR
5.8 kg	
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Plan: - Hospitalization level 3 - IVF: Plasmalyte + 2.5% Dextrose at 20ml/hr - Fentanyl CRI at 2ml/hr (Fentanyl directions below) - Cerenia (1mg/kg): 0.58ml IV q 24 hrs - Protonix (1mg/kg): 1.45ml IV q 12 hrs - Ampicillin/sulbactam (30mg/kg): 5.8ml IV q 8 hrs - Enrofloxacin (10mg/kg): 2.55ml IV diluted 1:10 given slowly q 24 hrs - FFP 60ml - Start at 15ml/hr for 15 mins, as long as no transfusion reaction then increase to 25ml/hr for 15 mins, as long as no transfusion reaction increase to 30ml/hr until complete (~2hrs) - Recheck BG q 2 hrs - Alert eDVM if <80 or >260 - Recheck lactate q 2 hrs until 2 or less then d/c - Recheck BP q 4 hrs - Alert eDVM if <80 or > 200 - Recheck PT/PTT 4 hours post FFP transfusion - Recheck CHEM10 at 7am - NPO
IMAGING PERFORMED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
HOSPITAL NAME	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MP Blue Pearl ER	Urinary System The urinary bladder is contracted. A Foley catheter is visible within bladder lumen. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed.
REFERRING VET	The region of the prostate is not visualized due to its pelvic location.
Ashley Adam	The left kidney is normal size (4.31 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.
INVOICE	
11955	The right kidney is normal size (3.89 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. A 0.69 cm cortical cyst is observed at the caudal aspect. There is no evidence of
DATE	
12.5.22	



PATIENT

pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Oliver Albers

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.38 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.

SPECIES

Canine

BREED

Havanese

The right adrenal gland is normal size (0.60 cm at cranial pole) (0.52 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.

SEX

Neutered Male

Spleen

The spleen is normal in size (0.89 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.

AGE

12/04/2017

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.

WEIGHT

5.8 kg

The gall bladder is difficult to visualize. It appears somewhat contracted. There appears to be a loss of wall integrity. A moderate amount of suspended, echogenic sludge is observed. The cystic and common bile ducts are normal/not seen.

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Internal Medicine)

Gastrointestinal

The gastric lumen is not distended. 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 segmentally fluid-distended (mild). The proximal duodenum wall is slightly plicated. In the remainder of the small intestine, the wall is normal to borderline thickened 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 pancreas is diffusely enlarged and edematous, with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

HOSPITAL NAME

MP Blue Pearl ER

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A 1.18 cm lymph node is observed in the right cranial quadrant.

REFERRING VET

Ashley Adam

Other

A brief echocardiogram reveals subjectively thickened cardiac walls, consistent with hypovolemia.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected gall bladder rupture.
- Moderate to severe acute pancreatitis



PATIENT

Oliver Albers

SPECIES

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REFERRING VET

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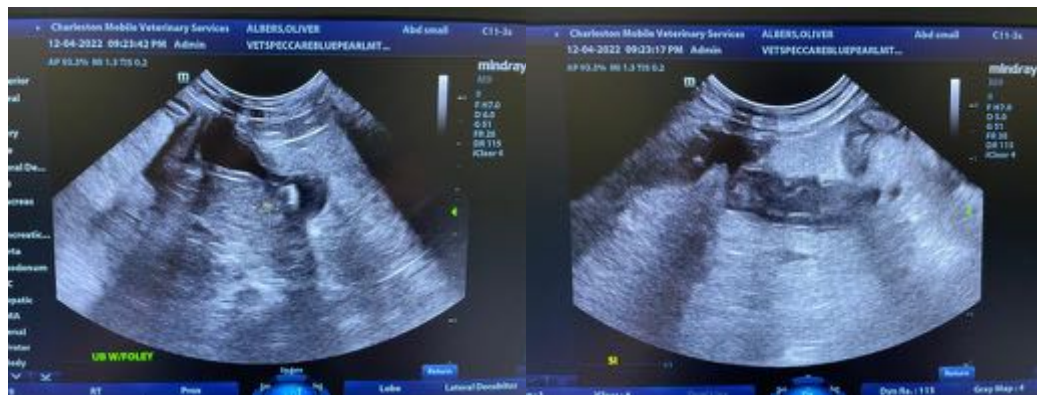
- The diffuse abdominal changes are most consistent with peritonitis, likely secondary to gall bladder rupture and pancreatitis.

Secondary Findings

- The cardiac changes are suggestive of hypovolemia.
- The prominent lymph node in the right cranial quadrant is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider an abdominal exploratory to remove the gall bladder if the patient stabilizes.
- Supportive care for acute pancreatitis is also recommended, including fluid therapy, antiemetics, gastric protectants, pain medication, +/- fresh frozen plasma. Hyperbaric oxygen therapy may also be beneficial in reducing pancreatic inflammation. Consider placement of a jejunostomy tube at the time of surgery to help with nutritional support post-operatively.





PATIENT

Oliver Albers

SPECIES

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BREED

Havanese

SEX

Neutered Male

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REFERRING VET

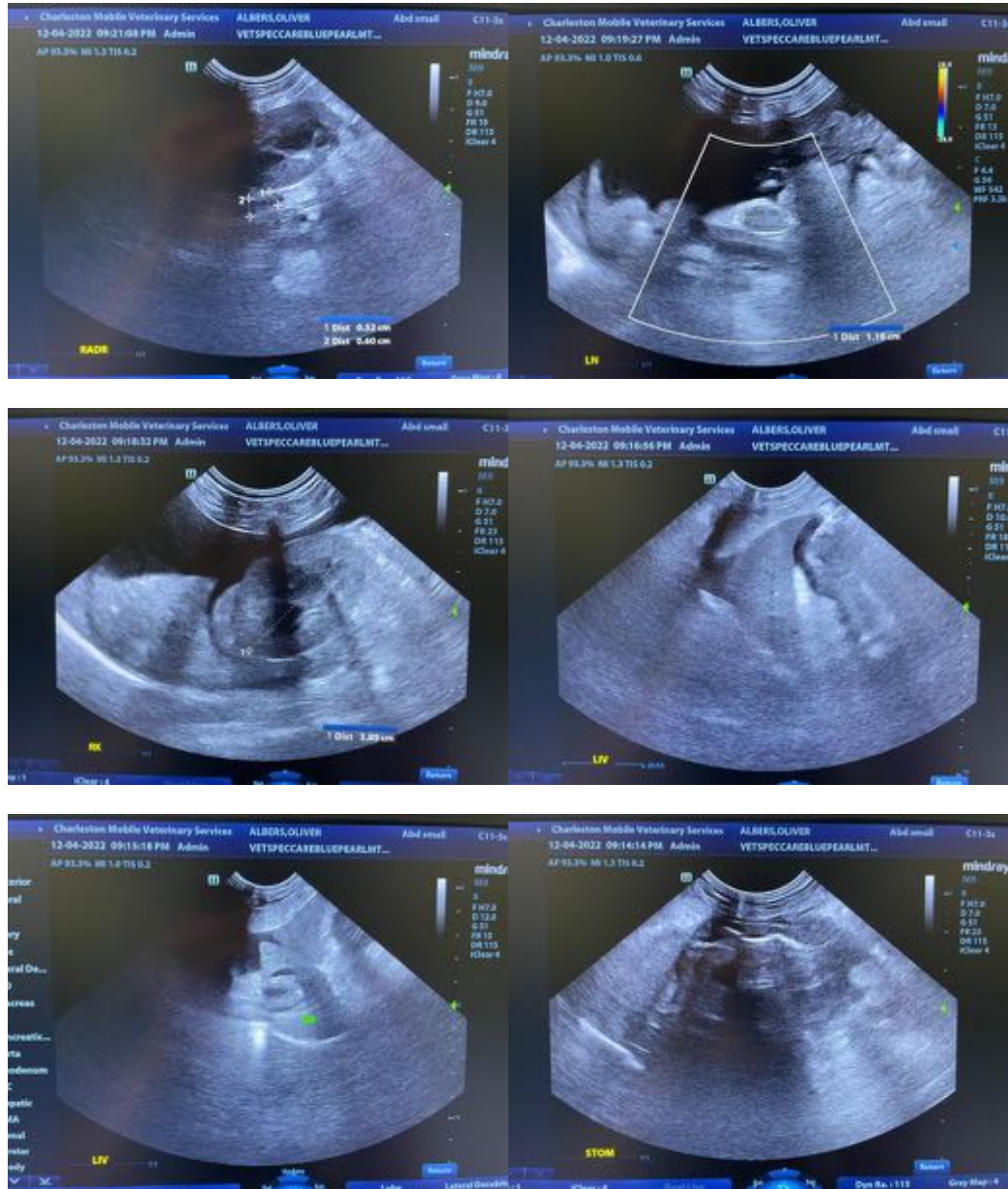
Ashley Adam

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PATIENT

Oliver Albers

SPECIES

Canine

BREED

Havanese

SEX

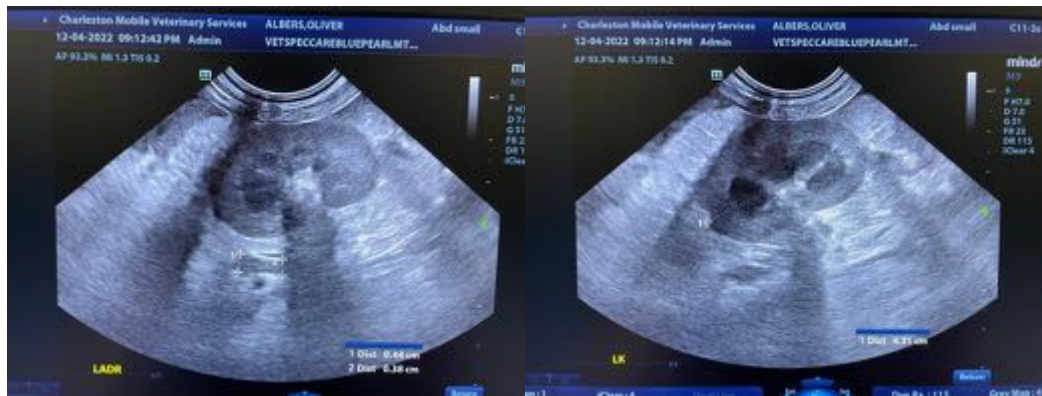
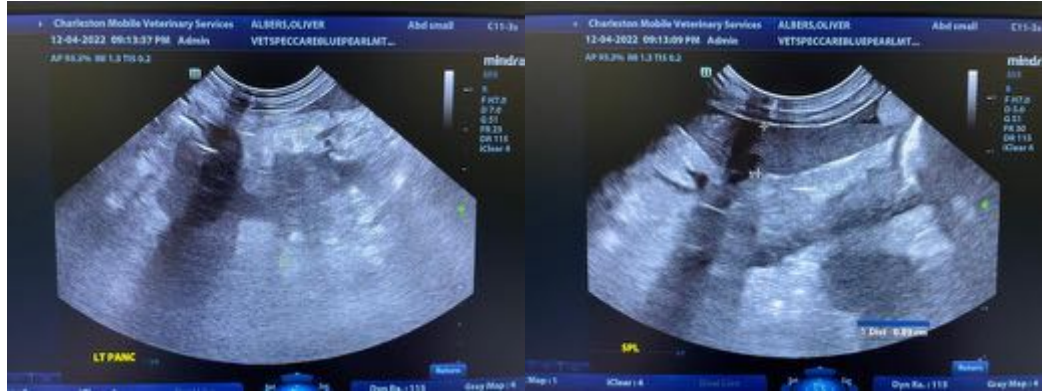
Neutered Male

AGE

12/04/2017

WEIGHT

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HOSPITAL NAME

MP Blue Pearl ER

REFERRING VET

Ashley Adam

INVOICE

11955

DATE

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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