

PATIENT PRESENTING CLINICAL SIGNS

Bailey Michel

SPECIES

Canine

BREED

Mastiff

History: Episodes of vomiting at night (one to three episodes per night) from 12/03-05, with no improvement with the addition of a small meal late at night. Vomit is small in volume and white/foamy with small amounts of bile. Vomiting ceased with the addition of 1L LRS SQ (single dose) and 120mg maropitant PO q24 hours starting on 12/06. Appetite and activity levels were very slightly decreased from 12/03-06, were significantly decreased on 12/07, and returned to normal levels by 12/08. No diarrhea was noticed at any point, and no known dietary indiscretion or foreign body ingestion. History of food allergies (well controlled with hydrolyzed diet), urinary tract infections/enuresis (well controlled with 112mg Proin q24 hours in the evening), and benign mammary hyperplasia. Abnormal PE/Chem/CBC/UA Results: 12/06 - CBC/chemistry panel/T4/heartworm/lyme/ehrlichia/anaplasma - no significant findings, cPli - normal 12/07 - Thoracic/abdominal radiographs - no significant findings

SEX

Female Spayed

AGE

8 Years

WEIGHT

103 Lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (6.63 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.92 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 (0.67 cm at cranial pole) (0.65 cm at caudal pole) (3.84 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) (0.46 cm at caudal pole) (3.20 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 (1.49 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.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

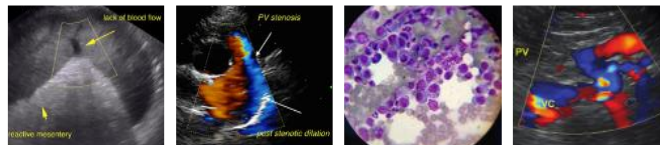
Dr. Narske

INVOICE

10019

DATE

12/9/21



PATIENT

Bailey Michel

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.

SPECIES

Canine

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

BREED

Mastiff

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.

SEX

Female Spayed

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two mesenteric lymph nodes are visible, but not overtly enlarged.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

103 Lbs.

Primary Findings

- Small intestinal wall pattern is consistent with inflammatory bowel disease, with lower potential for emerging lymphoma.

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Internal Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- GI Panel including serum cobalamin and folate TLI and PLI
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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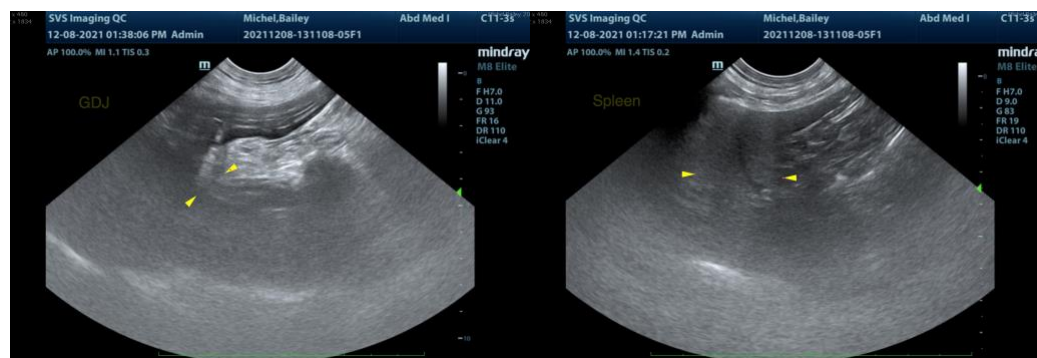
Dr. Narske

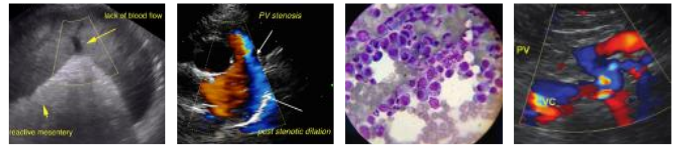
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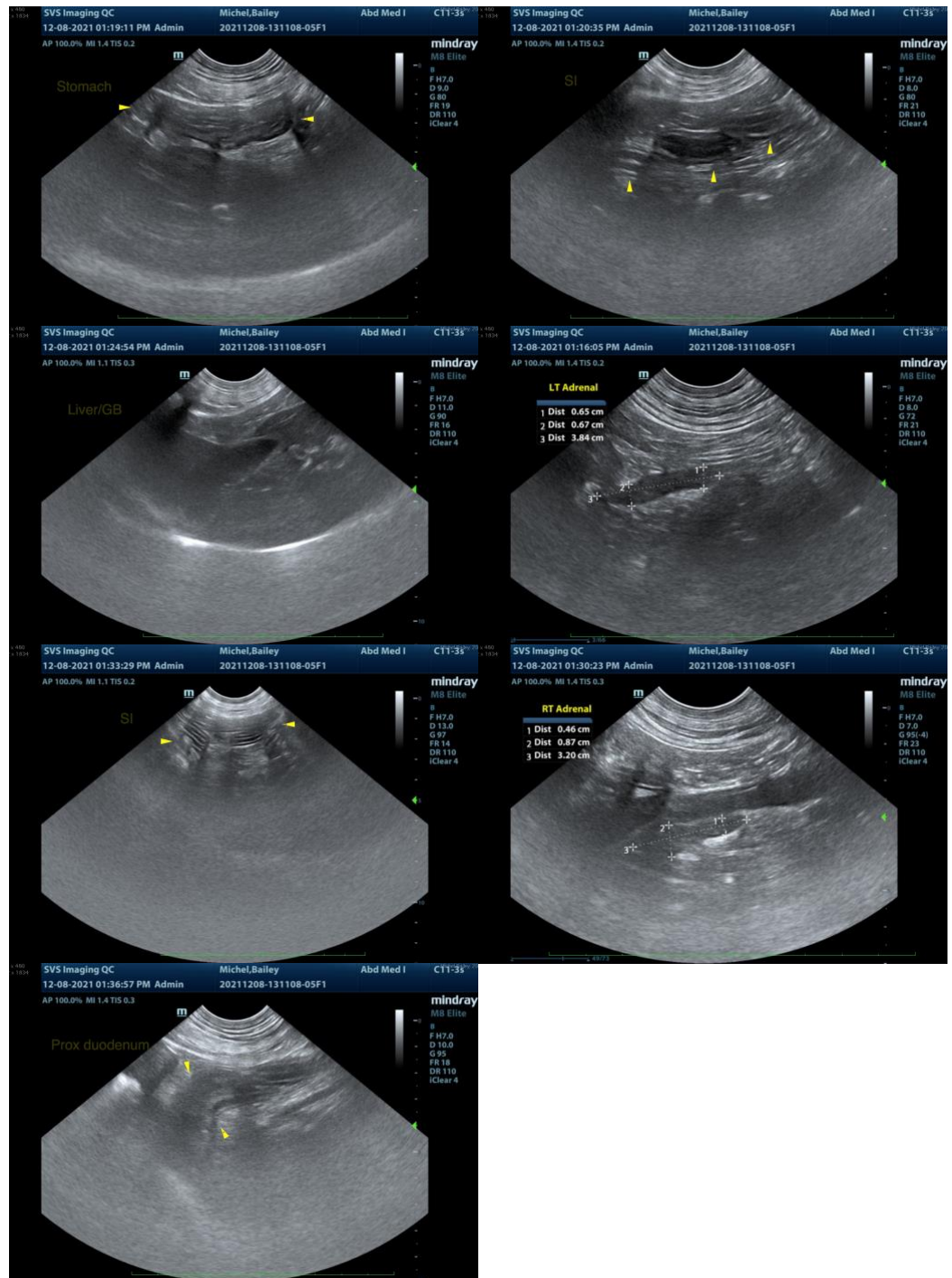
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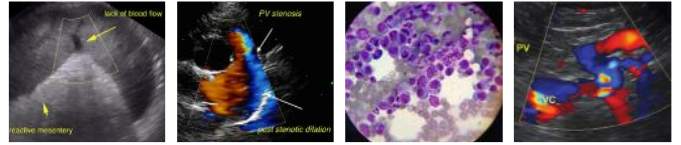
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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