



PATIENT PRESENTING CLINICAL SIGNS

Bean Bell History: Presented at our hospital for very lethargic starting today, NE since Saturday evening, V+ bile 2x overnight, and bloody diarrhea once today.

SPECIES Previous Health Concerns: Ate raisin bran- here 2019 for similar signs in 2020; has bloody diarrhea q /month- usually bland diet fixes things

Canine Current Medications: None

Abnormal PE/Chem/CBC/UA Results

Cardiovascular: muffled; no obvious m/a (FAST scan- no pericardial effusion noted) ; femoral pulses weak

BREED Respiratory: increased BV sounds

Lab X Abdominal: soft/ tender/ gassy and doughy

Rad- no obvious chest lesions of concern; abd-no obvious mass/ fb/ signs of obstruction; fluid filled bowel; stomach very empty

SEX BW- CBC- stress leukogram- normal wbc count

EPOC- K+ 3.0(L) iCa+ 1.09

Spayed Female Chem GGT 19(H)

AGE

13 years

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.

WEIGHT

20 kg

INTERPRETED BY

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

The left kidney is normal size (5.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Erin Wicks

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.56 cm at caudal pole) (2.64 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.

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The right adrenal gland is normal size (2.08 cm at cranial pole) (0.77 cm at caudal pole) (2.91 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.

REFERRING VET

Dr. Miller

Spleen

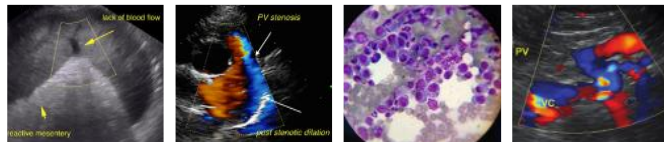
The spleen is normal to slightly prominent in size (2.39 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with a few ill-defined hypoechoic areas, the largest measuring 1.49 cm in length. Splenic vasculature is normal with no evidence of thrombosis.

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PATIENT *Liver*

Bean Bell

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.

SPECIES

Canine

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.

BREED

Lab X

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 colonic wall is normal. There is no evidence of an obstructive pattern.

SEX

Spayed Female

AGE

13 years

Pancreas

The left limb and body are prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct not overtly dilated.

WEIGHT

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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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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal changes can be considered with inflammatory bowel disease or may be a normal variant for this patient.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

**An obvious cause for the patient's clinical signs is not identified in this study. Differentials include primary intestinal disease (i.e., food allergy, inflammatory bowel disease, intestinal dysbiosis, infectious/parasitic), low-grade pancreatitis, metabolic issue, other.

Secondary Findings

- The splenic parenchymal changes trend toward the benign (i.e, lymphoid hyperplasia or extramedullary hematopoiesis, with a lower possibility of emerging neoplasia.
- Minor bilateral degenerative renal changes

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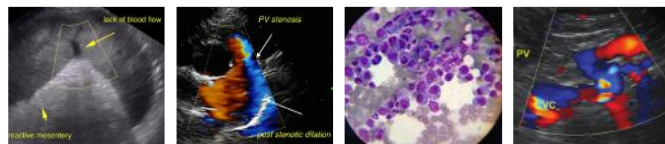
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:



- | | |
|----------------|--|
| PATIENT | 1. Serum cobalamin, folate, PLI and TLI |
| Bean Bell | 2. A fecal evaluation for ova/Giardia |
| SPECIES | 3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks. |
| Canine | 4. A 6-week limited antigen diet trial to assess for food allergies. |
| BREED | 5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth. |
| Lab X | 6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended. |
| SEX | |
| Spayed Female | 7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. |
| AGE | 8. Three-view thoracic radiographs should be performed prior to any anesthetic event. |
| 13 years | |

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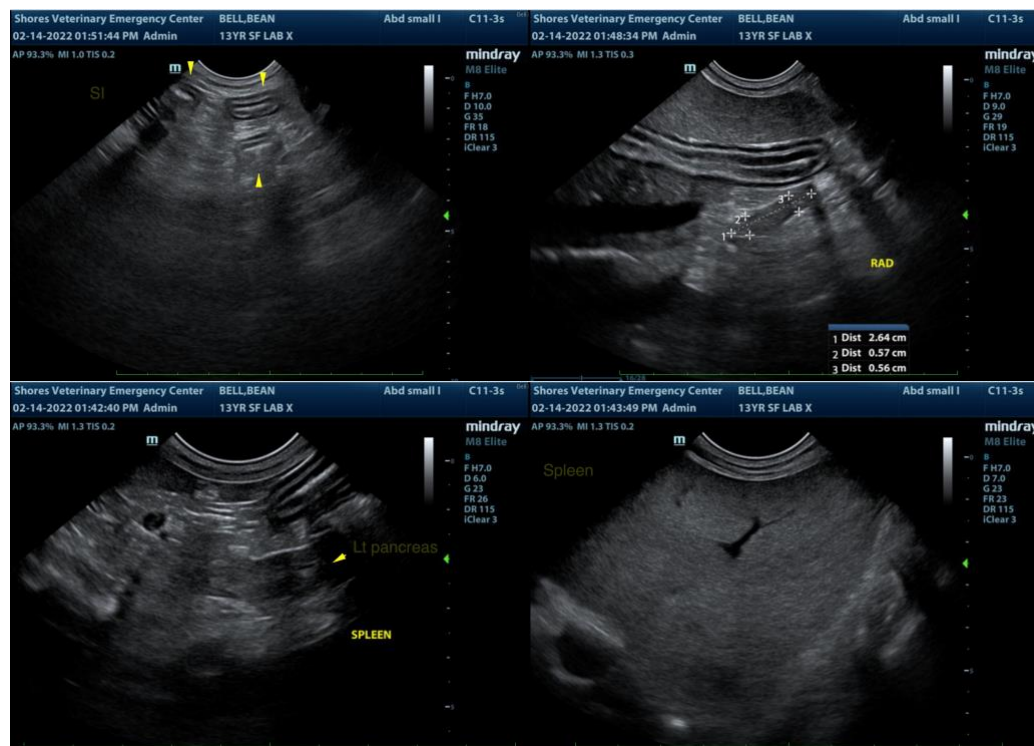
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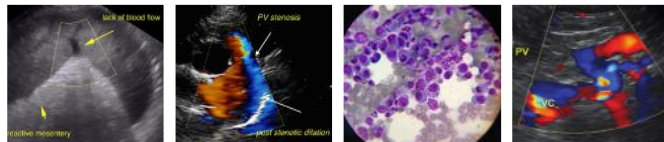
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PATIENT

Bean Bell

SPECIES

Canine

BREED

Lab X

SEX

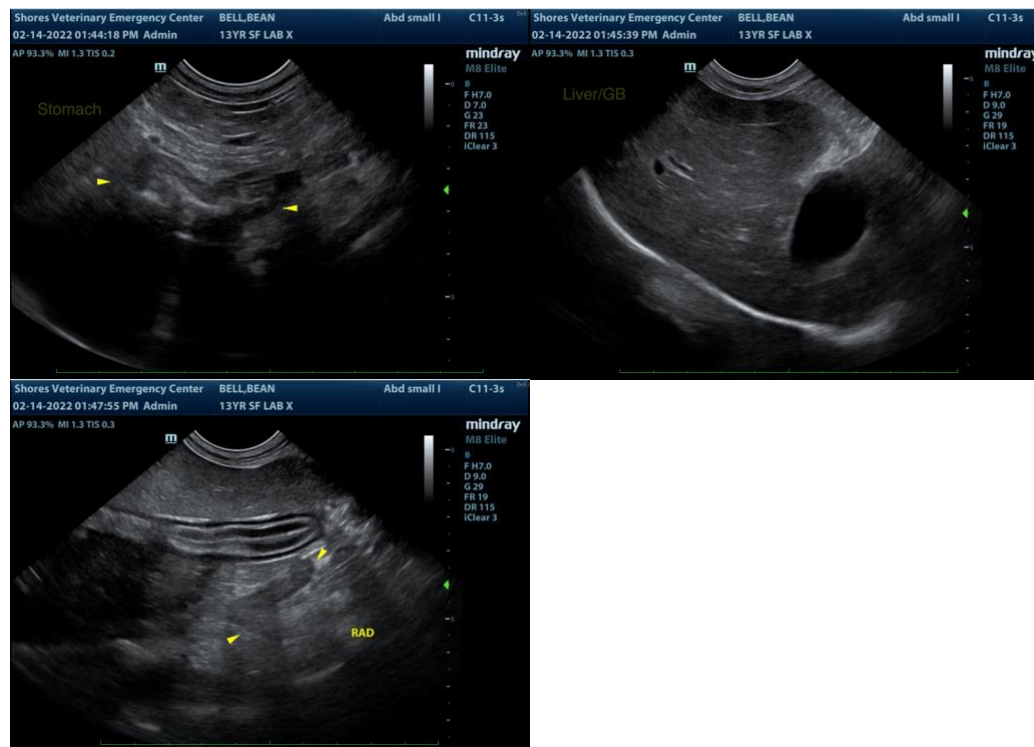
Spayed Female

AGE

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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.

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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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