



PATIENT

Gracie Jones

PRESENTING CLINICAL SIGNS

History: Gracie Jones presented on 2/14/22 with diarrhea with blood in it. She was diagnosed with hematochezia, diarrhea, decreased appetite, flatulence, and high hematocrit/PCV. On 2/16/22, she presented with vomiting.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: -RBC: 9.4 -HCT: 61.2 -HGB: 22.3 -RETIC: 115.6 Chem: -PHOS: 2.3 cPL: normal

BREED

Pit Bull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

6 years

The left kidney presented normal size (6.04 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

WEIGHT

67.2 lbs

The right kidney presented normal size (6.82 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.48 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.

IMAGING PERFORMED BY

Dr. Hannah Fearing

The right adrenal gland is normal size (0.70 cm at caudal pole) (2.89 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.

HOSPITAL NAME

Lanier AH

Spleen

The spleen is normal in size (2.19 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.

REFERRING VET

Dr. Mavis McCormick-
Rantze

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.

INVOICE

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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.

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Gastrointestinal

The gastric lumen contains air and possible shadowing material. 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. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

The abdominal lymph nodes are normal/not visible. A 1.74 cm sublumbar lymph node is visible. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Questionable shadowing material within the gastric lumen
- The small intestinal wall changes could be consistent with an inflammatory process or may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider abdominal radiographs to further assess for foreign material in the stomach.
- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Consider a fecal PCR infectious disease panel
- Supportive care for acute hemorrhagic gastroenteritis is recommended. If clinical signs do not improve within 24-72 hours of supportive care, a more advanced GI workup (i.e., resting cortisol level, GI panel, etc., may be warranted.



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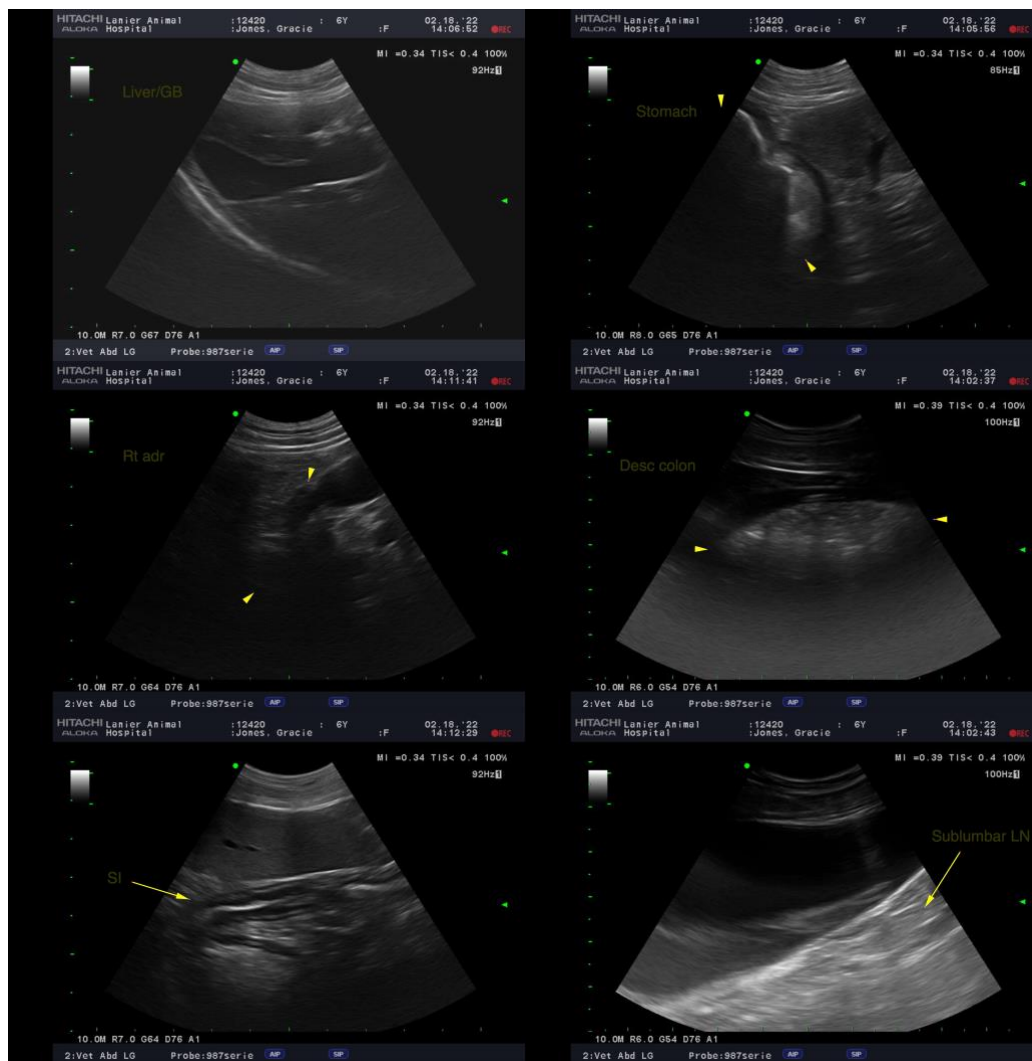
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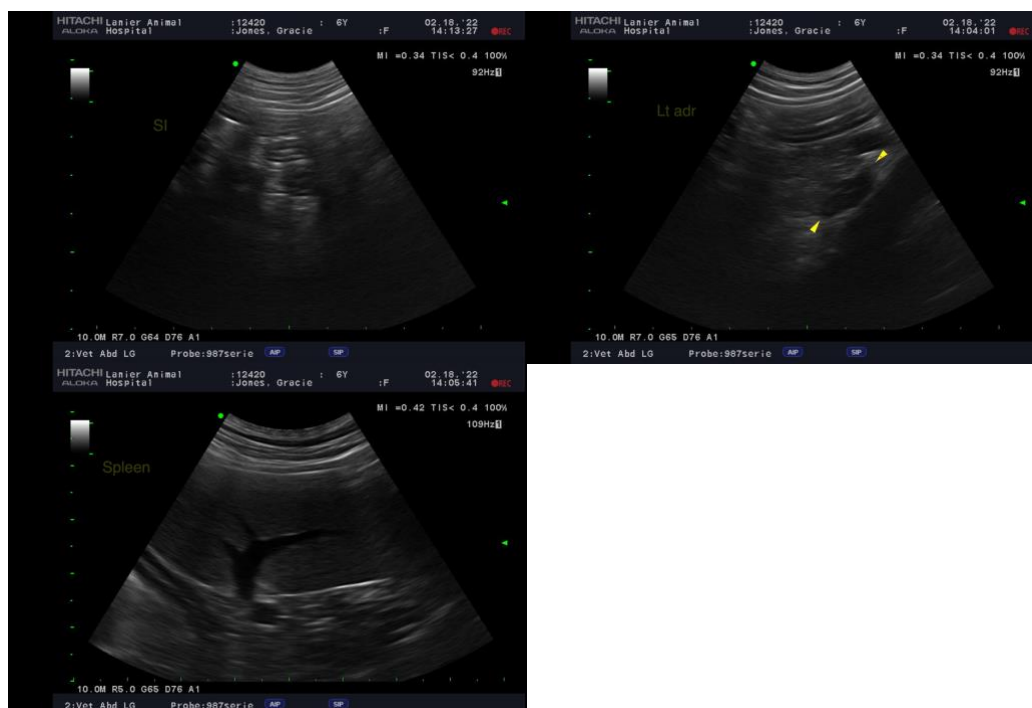
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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