

PATIENT PRESENTING CLINICAL SIGNS

Penelope Rioux-Wood

SPECIES

Canine

BREED

Great Dane X

SEX

Female Spayed

AGE

5

WEIGHT

44 kg

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Grand River VH

REFERRING VET

Robinson

INVOICE

22500

DATE

2-2-26

- 24-hour history of shaking, lethargy, and inappetence. At that time, she was drooling but had not vomited.
 - Her clinical signs have progressed despite initial treatment
 - Has not eaten voluntarily since Monday and has lost five pounds since her visit on Tuesday
 - Vomiting began yesterday, and she had one episode of diarrhea this morning. The owner has been administering small amounts of chicken broth and water via syringe, and the pet is urinating about once daily.
 - The owner also notes that Penelope sounds congested when breathing or sleeping and occasionally makes a cough-like sound.
 - Current Medications: Administered a Dexamethasone injection in-clinic for its anti-inflammatory effects. Administered a Cerenia tablet in-clinic for nausea. A Fentanyl patch was applied for pain management.
- Abnormal PE/Chem/CBC/UA Results: ****CBC**** A significant monocytosis (high monocyte count) was noted. The red blood cell count and hemoglobin are within normal limits.

****Chemistry Panel**** The results are largely unremarkable. The chloride level is slightly low. A previously elevated ALT is now normal, but the alkaline phosphatase (ALKP) is now elevated. Radiographic Findings No evidence of foreign body or obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (8.08 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal-in-size with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

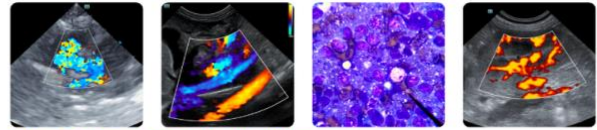
Spleen

The spleen is normal in size (1.57 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas-distended. The small intestinal wall thickness is normal 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.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

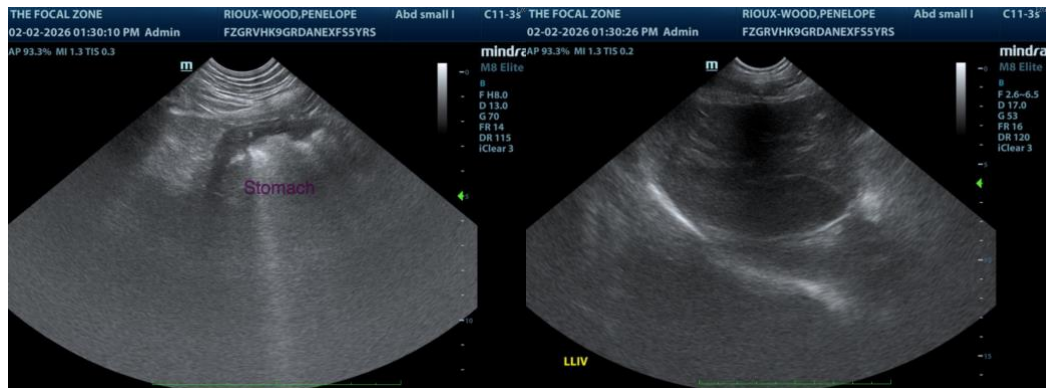
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

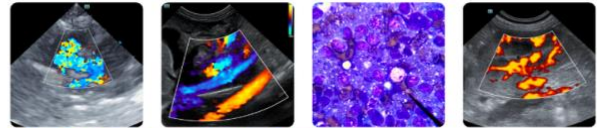
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen. An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Supportive care for acute gastroenteritis is recommended. If clinical signs persist despite medical management, further GI work-up (i.e., GI panel +/- GI biopsies) may be indicated.





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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)
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