



PATIENT

Toby Armony

SPECIES

Canine

BREED

Cavalier King Charles spaniel

SEX

Male, neutered

AGE

5 Yrs.

WEIGHT

25.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Charlie Rodriguez

INVOICE

12953

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: Sent u/s report yesterday. He seems a little more BAR. No vomiting since starting fluids, cerenia, famotidine, yesterday. No diarrhea. Did not eat. O does not think he is doing well.
Abnormal PE/Chem/CBC/UA Results: Attaching bw from yesterday. ALP mildly elevated, some nucleated rbc, no pancreatitis, mild toxic neutrophils, and elevated cortisol. Very concentrated urine. Spoke with another internist who just suspects gastritis.

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.

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.18 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 hydronephrosis.

The right kidney is normal size (5.11 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.44 cm at caudal pole) (1.72 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 (xxx cm at cranial pole) (xxx cm at caudal pole) (xxx 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 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. The gall bladder lumen is moderately



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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 gastric lumen is mildly fluid distended and hypomotile. The gastric wall is borderline thickened (up to 0.50 cm) with retention of the normal layering pattern. The small intestinal lumen is segmentally fluid distended and hypomotile. The small intestinal wall is normal to borderline thickened (up to 0.51 cm). A few segments are mildly hyperperistaltic. Discreet masses are not identified. The colonic wall is normal. The colonic lumen is moderate to severely distended with liquid appearing fecal material. No obstructive disease is noted.

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Pancreas

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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.

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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

Bowel changes most consistent with acute gastroenteritis. Possible causes include dietary indiscretion, infectious/parasitic, food intolerance/allergy, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute gastroenteritis is recommended.
- Consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
- Consider a fecal PCR infectious disease panel.
- Also consider empirical treatment with Metronidazole or Tylosin due to the likelihood of the development of diarrhea.
- A malabsorption panel can also be considered to assess for underlying pancreatitis and maldigestion/malabsorption, particularly if the patient has a history of gastrointestinal signs.

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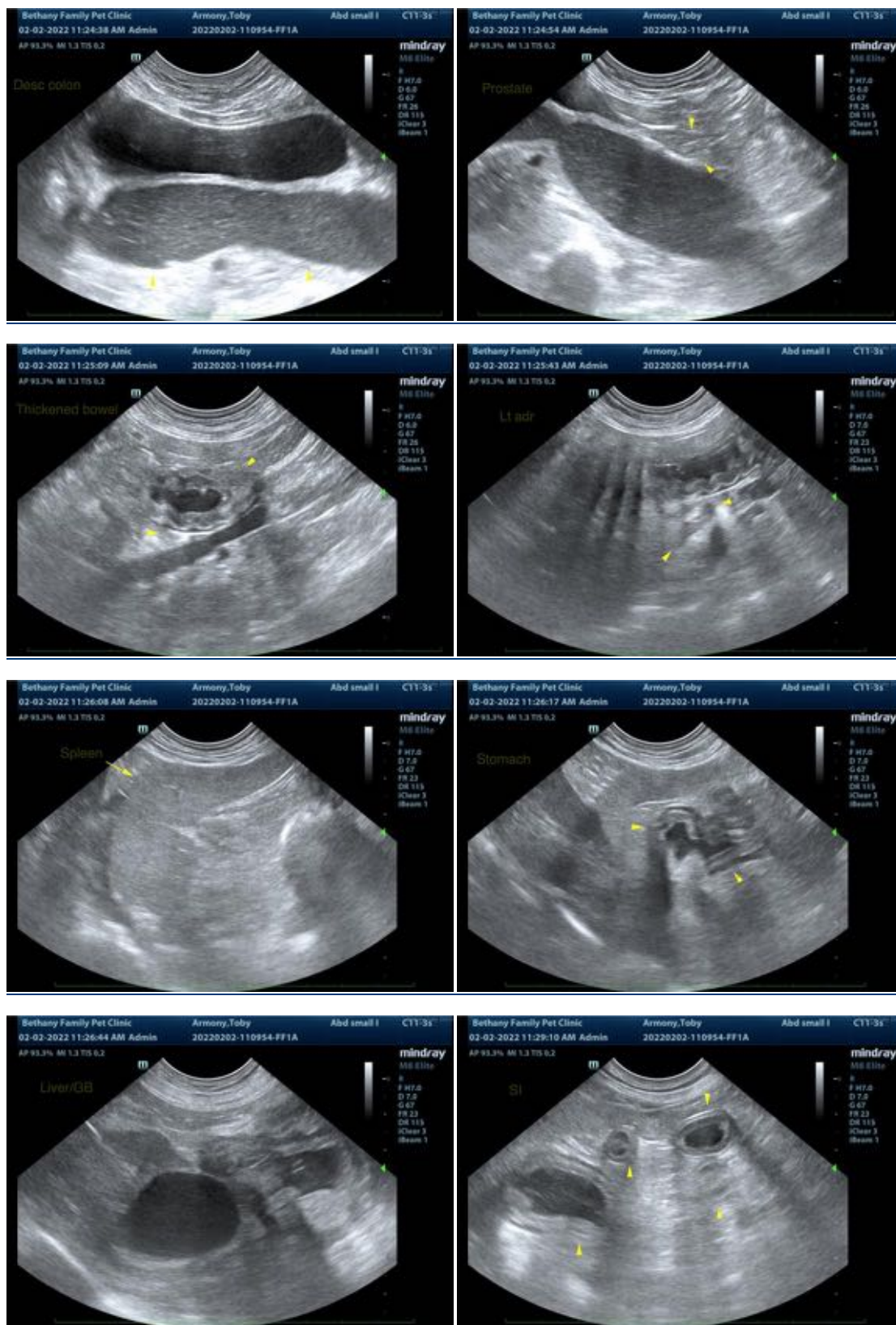
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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