



PATIENT

Lulu Stoddard

SPECIES

Canine

BREED

Aussie Mix

SEX

Spayed Female

AGE

2.5 years

WEIGHT

13.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Callihan/Pacific
Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile
Vet

REFERRING VET

Dr. Kelley/Nooksack

INVOICE

10282

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with autoimmune hemolytic anemia on 12/30/2021 in ER, with hemolytic serum and urine but normal HCT; has been on antibiotics and prednisone, and had an episode of collapse with high fever on 1/18 and presented again to ER; Pt seems to be doing better;

Abnormal PE/Chem/CBC/UA Results: 1/7 HCT 39% WBC 19K 1/17 -Still mild elev t.bili 2.7 -ALKP 1497 (23-212) -ALT 396 (10-125) -GGT 32 (0-11) -HCT 51% -WBC 31K (lymphocytosis, monocytosis, sl decr plt) 1/18 Back to ER for high fever, > 105, had coughed and collapsed, appeared minimally responsive; pt much improved at ER, appeared like pneumonia, rads declined and discharged as outpatient 1/19/2022 w rDVM -stop amoxicillin, change to Clavamox (1 week) -pred 15 mg p.o. q12h -omeprazole -Zeniquin -Cerenia 1/28 /2022 -ALKP 1362 (23-212) -ALT 258 (10-125) -TP 5.6 (low normal; ref 5.2-8.2) w mild hypoglobulinemia 2.2 (ref 2.5-4.5) -HCT 43% -WBC 35K (mature neutrophilia, monocytosis) -Retic 166 (10-110) Rx: -omeprazole, Zeniquin, Amoxi -continue Pred 15 mg p.o. q12h

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 left kidney presented normal size (6.20 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. Trace pyelectasia is present (0.19 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.49 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. Trace pyelectasia is present (0.25 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

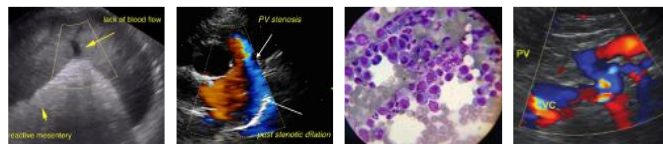
Adrenal Glands

The left adrenal gland is normal in length (0.29 cm at cranial pole) (0.31 cm at caudal pole) (2.38 cm in length); with a flattened contour; 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 in (0.38 cm at caudal pole) (3.03 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.



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Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent mineralized sand is observed within the lumen. The cystic and common bile ducts are normal.

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 small intestinal lumen is not dilated. 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. No obstructive or overt infiltrative disease is noted.

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.

ULTRASONOGRAPHIC FINDINGS

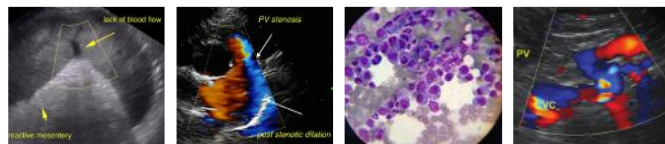
Primary Findings

- The hepatic changes are most consistent with iatrogenic steroid hepatopathy.
- The flattened adrenal glands are most likely secondary to chronic corticosteroid use.
- The bilateral trace pyelectasia may be secondary to fluid therapy, PUPD, and/or pyelonephritis. Correlation with the patient's history and urinalysis findings is recommended.

*An obvious cause for the patient's fever is not identified in this study

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the fever is still present, consider a urine culture and sensitivity to assess for occult pyelonephritis and three-view thoracic radiographs to assess for pneumonia.
- Also consider an echocardiogram to assess for valvular endocarditis as a possible cause for a fever and collapse. An ECG may also be warranted.



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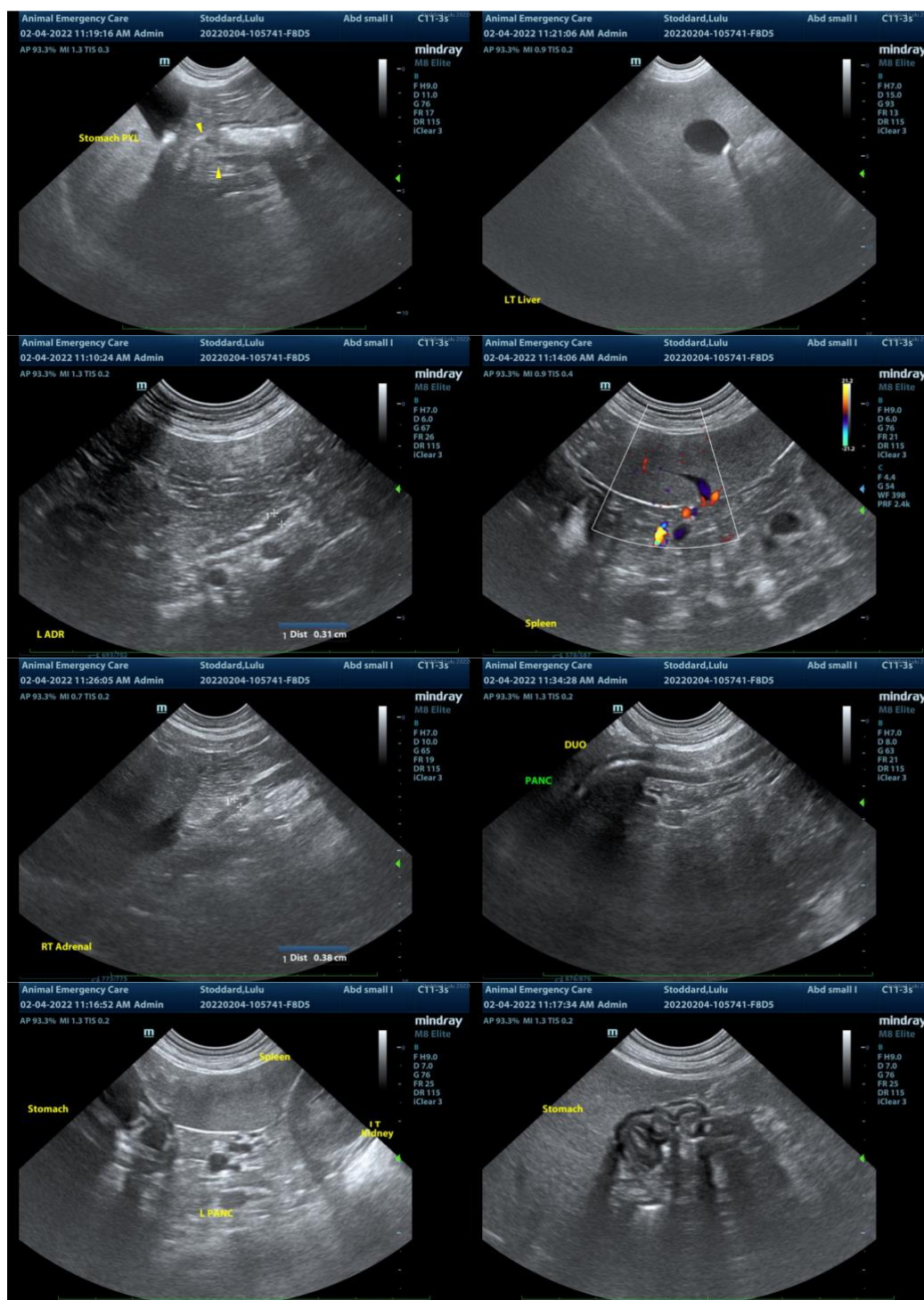
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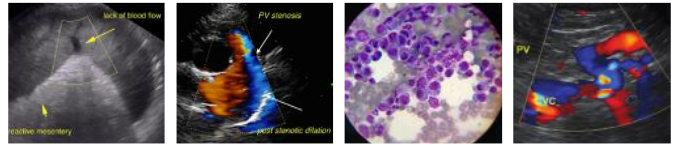
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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