



**PATIENT**

Daisy Hubbs

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Female, spayed

**AGE**

4.5 Yrs.

**WEIGHT**

73.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

12973

**DATE**

2/8/22

**PRESENTING CLINICAL SIGNS**

History: Presented to ER on 1/25/22 for shaking, lethargy and inappetance. In-house CBC/ Chem - PMNs 1.7k, Lymphs 0.3k, Plts 42k - else unremarkable. 4dx neg. Started on doxycycline and ondansetron, sent home. Recheck on 2/3/22 - activity improved but still picky appetite. Recheck CBC to Idexx - PMNs 1.3k, Lymphs 0.4k, Monos 0.1k, Plts 113k. Path review pending. Thoracic rads unremarkable.

**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 is normal size (7.06 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 (7.28 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.

*Adrenal Glands*

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.55 cm at caudal pole) (2.65 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 (0.54 cm at cranial pole) (0.47 cm at caudal pole) (3.28 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 (2.46 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. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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***Gastrointestinal***

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The gastric lumen is mildly distended with ingesta and soft shadowing material. 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 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.

**SEX**

***Free Abdomen***

Female, spayed

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.53 x 0.70 cm medial iliac lymph node is observed.

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**ULTRASONOGRAPHIC FINDINGS**

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- The prominent medial iliac lymph node is likely reactive.
- The gastric luminal contents may represent normal ingesta +/- foreign material (i.e., grass).

\*An obvious cause for the patient's neutropenia is not identified in this study. Considerations include infection, autoimmune disease, occult neoplasia, bone marrow disease, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations include the following:

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1. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended.  
<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>
2. Urine culture and sensitivity to assess for occult pyelonephritis
3. Echocardiogram to assess for valvular endocarditis
4. +/- bone marrow aspirate

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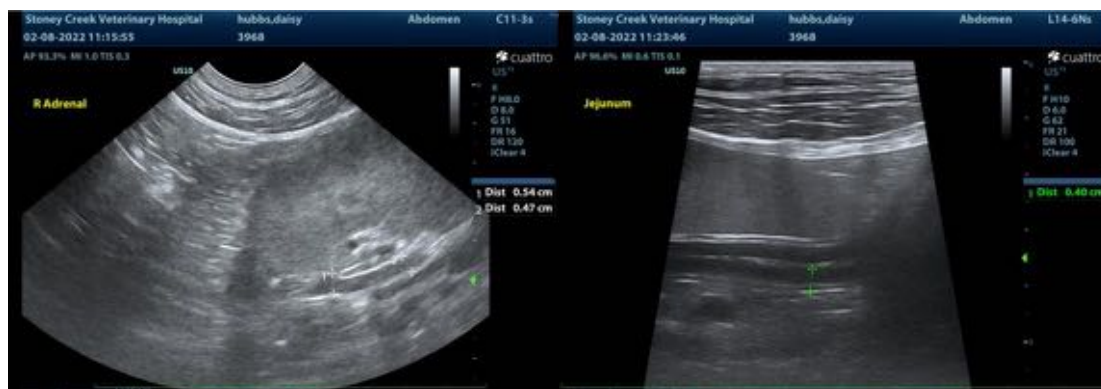
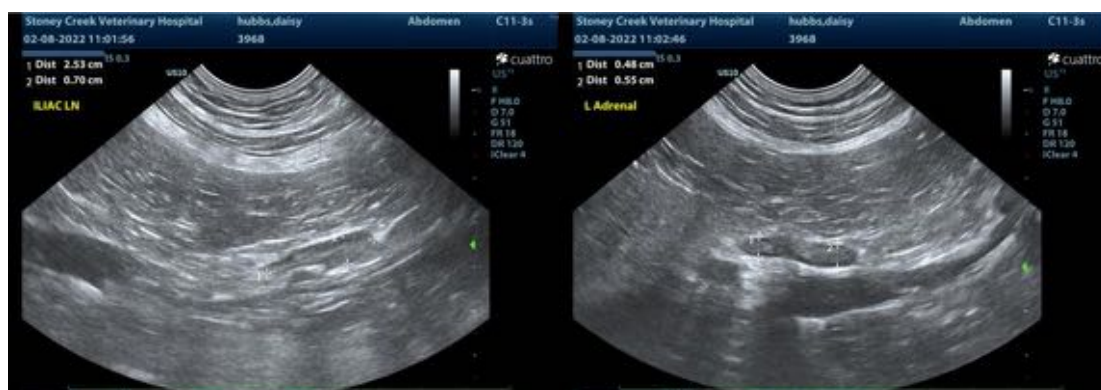
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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