



PATIENT

Grimsley Dellinger

SPECIES

Canine

BREED

Boykin Mix

SEX

Male

AGE

6

WEIGHT

40 lbs

INTERPRETED BY

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Park West VA

REFERRING VET

Dr Butler

INVOICE

22674

DATE

3-12-26

PRESENTING CLINICAL SIGNS

Patient presented a couple weeks ago. ADR. Hematocrit was low at that time. Anemia was nonregenerative. Normal platelets. Minimal spherocytosis. BUN 34. Albumin 2.2. Globulins mildly decreased. Patient was having melena at that time. No slide agglutination test performed initially. Treatment for IMHA was initiated with corticosteroids. Hematocrit has improved somewhat. The patient is still not feeling like himself. White count is increasing. Anemia has become regenerative. Still occasionally has dark stools. Most recent hematocrit 31%. Patient recently went to VEG and doxycycline and clopidogrel were initiated.

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 and the proximal urethra, visible to a depth of 5 cm, are normal.

The prostate is enlarged (3.45 cm in width) with smooth peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and mildly heterogenous in appearance. Th prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.25 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (6.38 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and 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 subjectively normal in length with a flattened contour (0.47 cm at cranial pole) (0.38 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.36 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 and isoechoic- to slightly hypoechoic relative to the spleen. 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are 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

There is no obvious evidence of free fluid.

Other

The testicles were subjectively normal-in-size and symmetrical, with homogenous parenchyma.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- The slightly flattened right adrenal gland may be secondary to corticosteroids administration with subsequent atrophy, hypoadrenocorticism, normal variation, other.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

*It is unclear whether this patient's clinical condition is associated with immune-mediated hemolytic anemia, a bleeding gastrointestinal ulcer, or other disease process (i.e., tick-borne). Given the patient's original bloodwork, a primary gastrointestinal bleed is of top concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An upper GI endoscopy with GI biopsies would be ideal to assess for gastric ulcers and a microscopic enteropathy. Regardless, initiation of empirical treatment for gastric ulceration is recommended (including sucralfate and proton pump inhibitor). Ideally, the corticosteroid dose should be tapered, as long as the patient's hematocrit does not worsen. If worsening anemia does occur, further work-up may be indicated.



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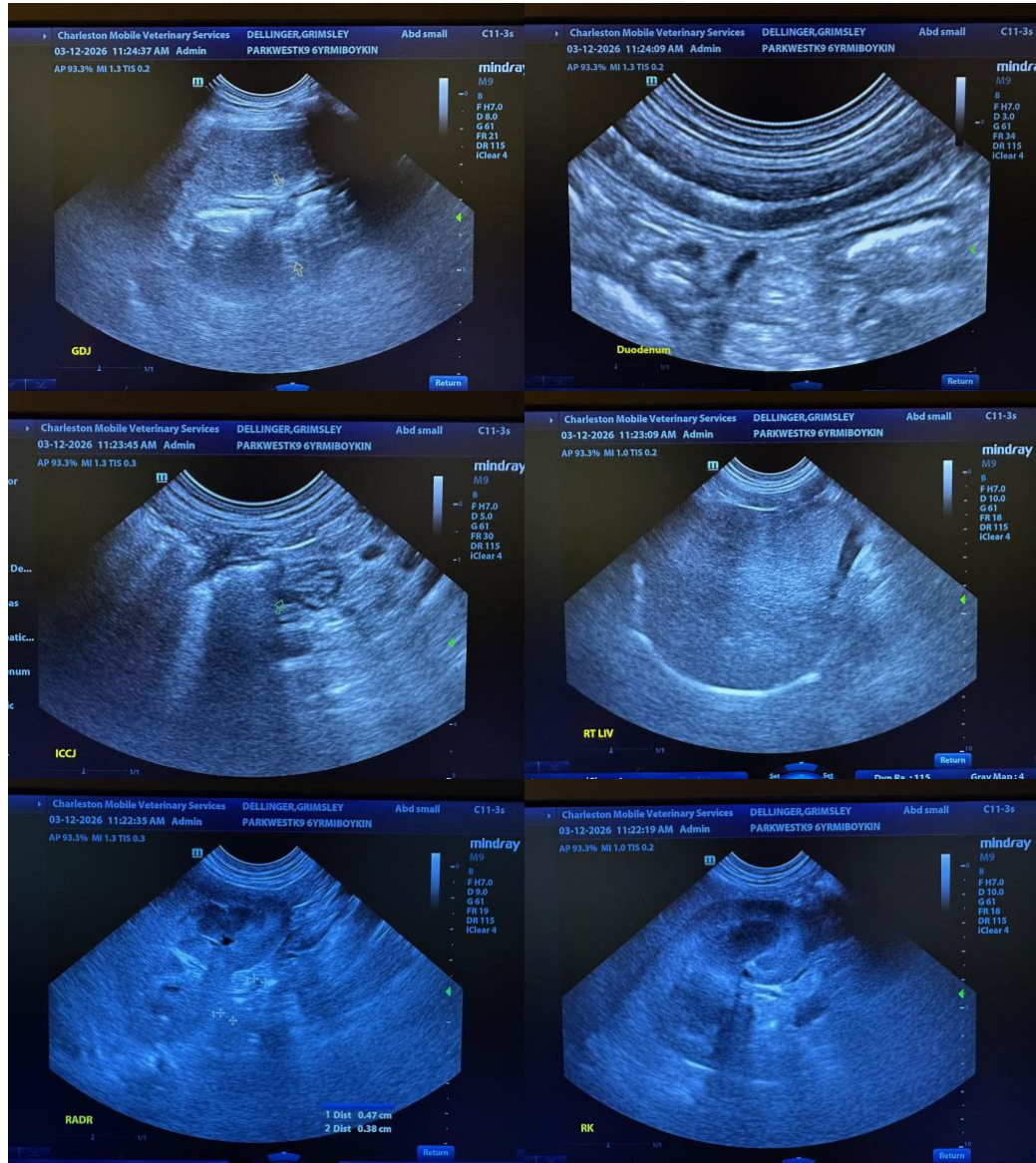
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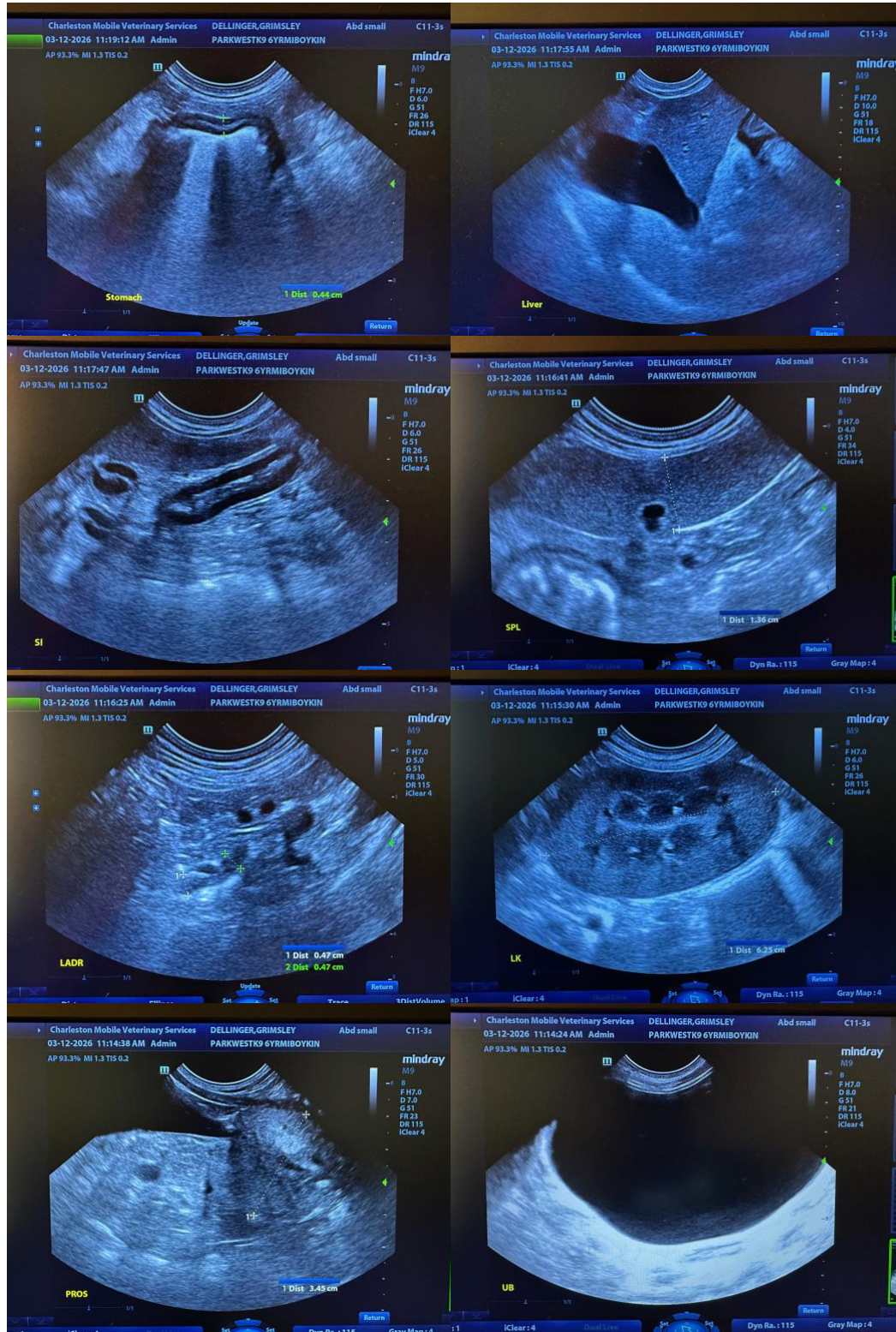
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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