



PATIENT

Penelope Marra

SPECIES

Canine

BREED

Border Collie mix

SEX

Female, spayed

AGE

1 Yr.

WEIGHT

42 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

13131

DATE

3/15/22

PRESENTING CLINICAL SIGNS

History: Presented today for vomiting again with continued decreased appetite. Stools are improving but still soft. Did eat small amount this morning. Spayed Jan 20th 2022. Currently on Pro-Pectalin gel, Metronidazole, and RC LF diet. There is a history of food change a couple of weeks ago. The patient occasionally eats cellophane wrapping on packaging. Also grooms longhaired cats. CBC normal, chemistry glucose 127, mild hypokalemia. Abdominal rads- large amount of gas/feces in colon. Ingesta present in stomach. Fecal- no parasites seen. Fecal direct- clostridium positive

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 (5.06 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. Renal vasculature is normal.

The right kidney is normal size (5.44 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.41 cm at caudal pole) (1.98 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 (0.38 cm at cranial pole) (0.36 cm at caudal pole) (1.56 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 (1.71 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 gall bladder 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 gastric lumen is mildly distended with ingesta, gas and hypoechoic shadowing bodies. 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 segmentally dilated with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction is normal. A 2.00 x 0.81 cm suspected focal thickening of the wall of the descending colon is visualized. The remaining colonic wall is normal. No obstructive 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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.13 cm in length.

ULTRASONOGRAPHIC FINDINGS

- The shadowing bodies within the gastric lumen may represent normal kibble or less likely, foreign material.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Suspected focal colonic wall thickening. Differentials include inflammatory focus, imaging artifact, emerging neoplasia, polyp, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute gastroenteritis is recommended. If patient's clinical signs do not improve within 24-72 hours of medical management, consider a more advanced GI workup (i.e., repeat abdominal imaging, GI panel (send to Texas A&M), resting cortisol level, +/- GI biopsies).
- Also consider repeat ultrasound of the colonic wall in 3-4 weeks to reassess the focal thickening.



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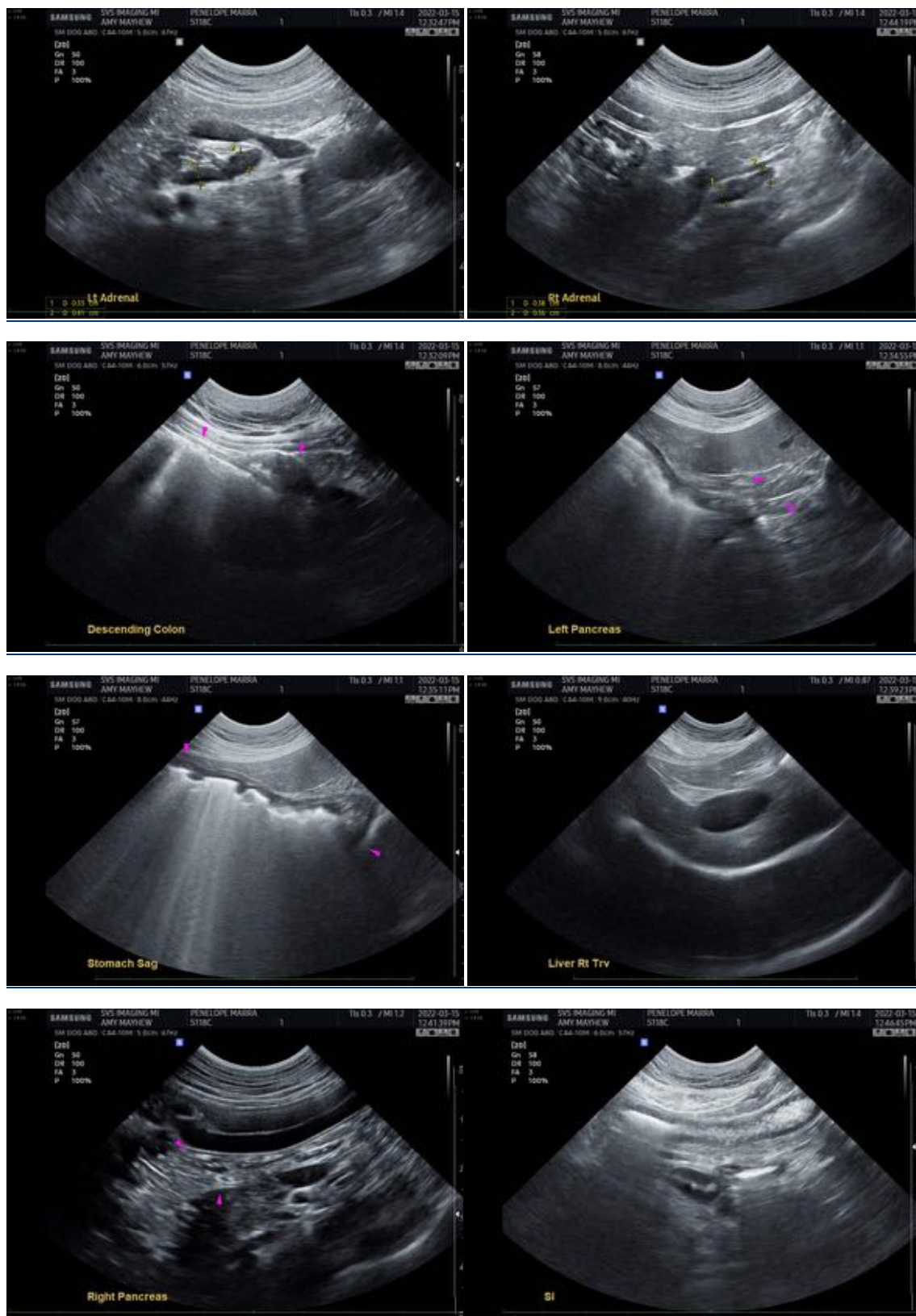
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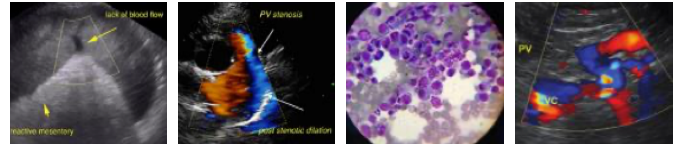
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com