



## PATIENT

Yolo Fry

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Lab Ret

## SEX

Spayed Female

## AGE

4 years

## WEIGHT

69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

## HOSPITAL NAME

Brighton Greens VH

## REFERRING VET

Dr. Robin Janeway

## INVOICE

10471

## DATE

3/2/22

History: Vomiting over the weekend. Blood panel in house yesterday Lympho 860, platelet count 20k, BUN 31, Phos 8.0, Creat 1.4 Snap CPL normal, 4dx- Lyme (+), neg x 3. Lyme (+) on 4dx has been documented in the record since last 10/20/2021, full blood panel at that time indicated 2+ protein on UA but UPC was 0.1 (WNL). Started prednisone 1mg/kg PO BID yesterday, sucralfate, famotidine, pt received sc fluids and cerenia. CBC with path review: Platelet count 83k, decreased estimate, path review pending.

## 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 (6.77 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 presented normal size (6.39 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 (0.38 cm at cranial pole) (0.40 cm at caudal pole) (2.29 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 in length (0.44 cm at caudal pole) (2.58 cm in length); with a slightly 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.

### Spleen

The spleen is normal in size (2.15 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.



**PATIENT**

**Yolo Fry** The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**SPECIES**

**Canine** ***Gastrointestinal***  
The gastric lumen is mildly to moderately fluid-distended and hypomotile. The lumen also contains gas and a small amount of shadowing material. The gastric wall is normal in thickness with a normal layering pattern. Several small intestinal segments are mildly fluid-distended and hypomotile. The other small intestinal segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

**BREED**

**Lab Ret**

**SEX**

**Spayed Female** ***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.

**AGE**

**4 years** ***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 4.93 cm in length. The node is normal in shape and echogenicity.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The gastric and small intestinal dilation is most consistent with ileus. A partial obstruction cannot be completely excluded, although there is no obvious evidence of foreign material in the small intestinal lumen.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**Secondary Findings**

- The flattened right adrenal gland may be a normal variant for this patient, or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- 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>
- Given the azotemia, a urinalysis is recommended to assess for evidence of isosthenuria.
- Continued supportive care for suspected immune-mediated thrombocytopenia is recommended while awaiting the above test results.



Portable Animal Veterinary Sonography, Inc.

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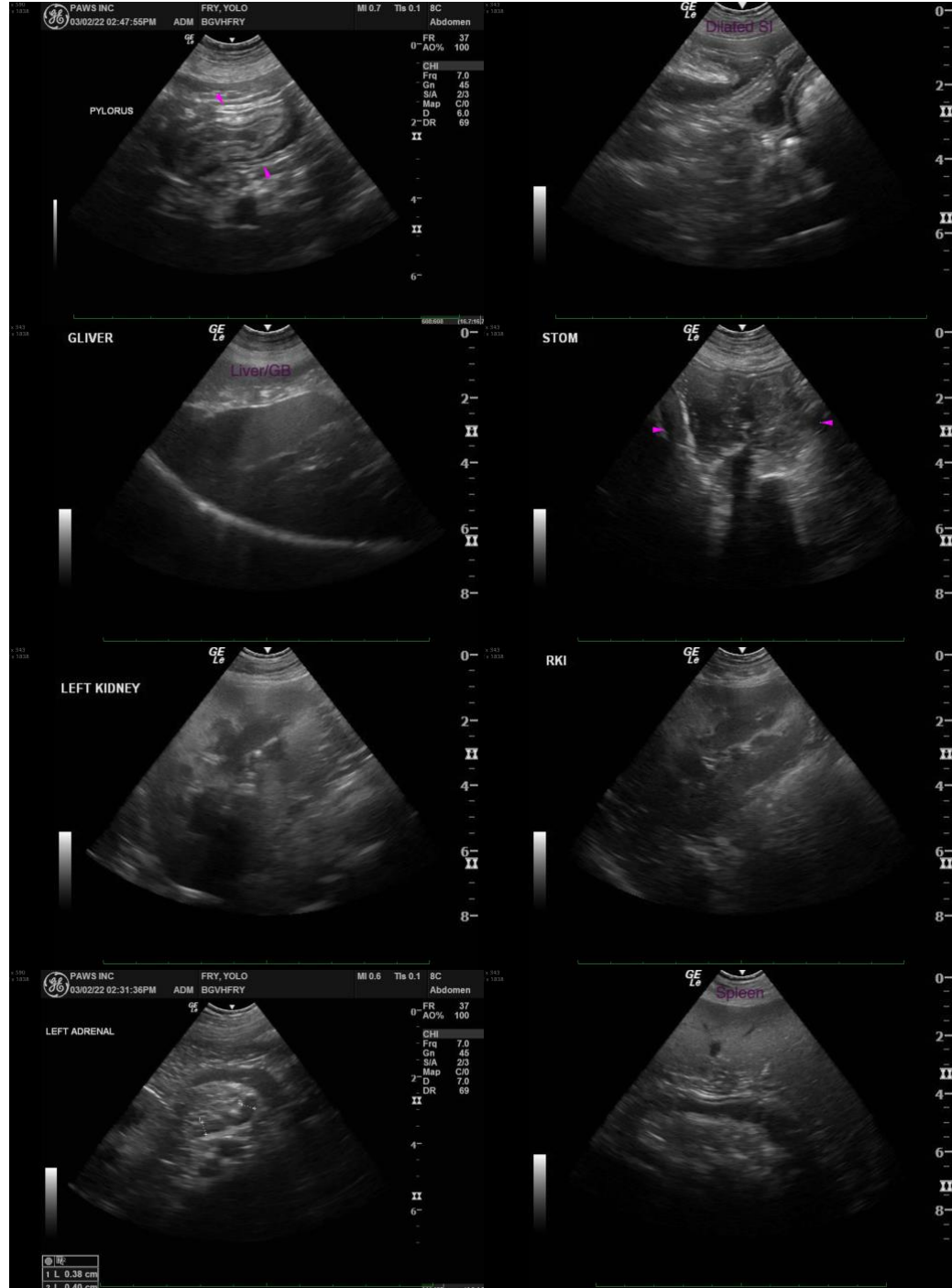
Dr. Robin Janeway

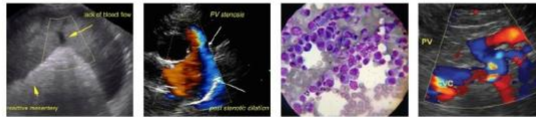
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**IMAGING PERFORMED BY**

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