



PATIENT

Roxie Peek

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: Long term off and on eating. Vomited last Thursday, mucous and blood. Physical Exam Findings General Appearance: Quiet, alert and responsive Hydration: Hydration appears normal Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge mild nuclear sclerosis OU Ears: Normal, no exudate observed, no redness present Oral Cavity: Tartar moderate Nose: normal Cardiovascular: Regular rhythm; no murmur detected Femoral pulses. Strong, equal, synchronous

BREED

Chihuahua

Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Painful upon palpation of abdomen, mild discomfort generalized Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation Integument: Skin appears normal; hair coat in good condition Lymph Nodes: Lymph nodes are all normal in size Urogenital: External genitalia appears normal; bladder palpates normally

SEX

Spayed Female

Neurologic: No apparent abnormalities Abnormal CBC Values High platelets Abnormal Chemistry Values Low cholesterol, slightly high Creatine Kinase, slightly high SDMA Abnormal UA Values Not done Radiograph Findings (Email if Available) Not done Reason for Ultrasound Vomiting and long periods of not eating

AGE

12 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

4.875 lbs

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.

INTERPRETED BY

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

The left kidney is normal in size (2.62 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

The right kidney is normal in size (2.81 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

FourPaws AC

Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.49 cm at caudal pole); 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.

REFERRING VET

Dr. Sue Lester

What is thought to be the caudal pole of the right adrenal gland is normal to slightly small in size (0.19 cm in width) with a normal shape. Surrounding vasculature appears normal.

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Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.53 cm irregular, hyperechoic nodule is visualized. Splenic vasculature is normal.

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Liver

SPECIES

Canine

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.

BREED

Chihuahua

The gall bladder lumen is moderately distended. The wall is normal to slightly thickened (up to 0.10 cm). A moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, some of which is adhered to the wall, some of which is partially dependent, and some of which is suspended. The cystic and common bile ducts are normal/not seen.

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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.

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Pancreas

WEIGHT

4.875 lbs

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 0.46 cm gastric lymph node is visualized.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder sludge pattern can be considered with cholestasis, an emerging mucocele, or secondary to fasting. The gall bladder wall changes could be consistent with benign age-related hyperplasia and/or cholecystitis.

Secondary Findings

- The prominent gastric lymph nodes are likely reactive.
- Bilateral minor age-related renal changes with dystrophic mineralization

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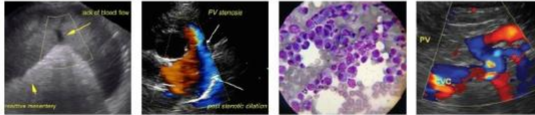
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**An obvious cause for the patient's clinical signs is not definitively identified in this study. Cholecystitis can cause waxing and waning gastrointestinal signs but is considered less common in a patient with normal liver values. Other possibilities include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, intestinal dysbiosis), low-grade pancreatitis, underlying metabolic issue, other.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Malabsorption panel including serum cobalamin, folate, TLI and PLI
- 6-week hypoallergenic diet trial
- Three-view thoracic radiographs to assess for occult esophageal disease.
- Ultimately, GI biopsies may be necessary to get a definitive diagnosis. An upper GI endoscopy would be useful in assessing for the presence of gastric ulcers, particularly in light of the recent hematemesis.
- Given the hematemesis, consider empirical treatment for gastric ulceration with a proton pump inhibitor and sucralfate.
- Empirical treatment for cholecystitis (i.e., amoxicillin-clavulanic acid, Ursodiol) can also be considered. If the patient's clinical signs do not improve within 7-10 days of initiating therapy, antibiotics should be discontinued but Ursodiol can be continued to help promote bile flow.
- Serial sonographic monitoring (i.e., every 6-8 weeks) of the gall bladder is recommended to assess progression to a fully-formed mucocele.



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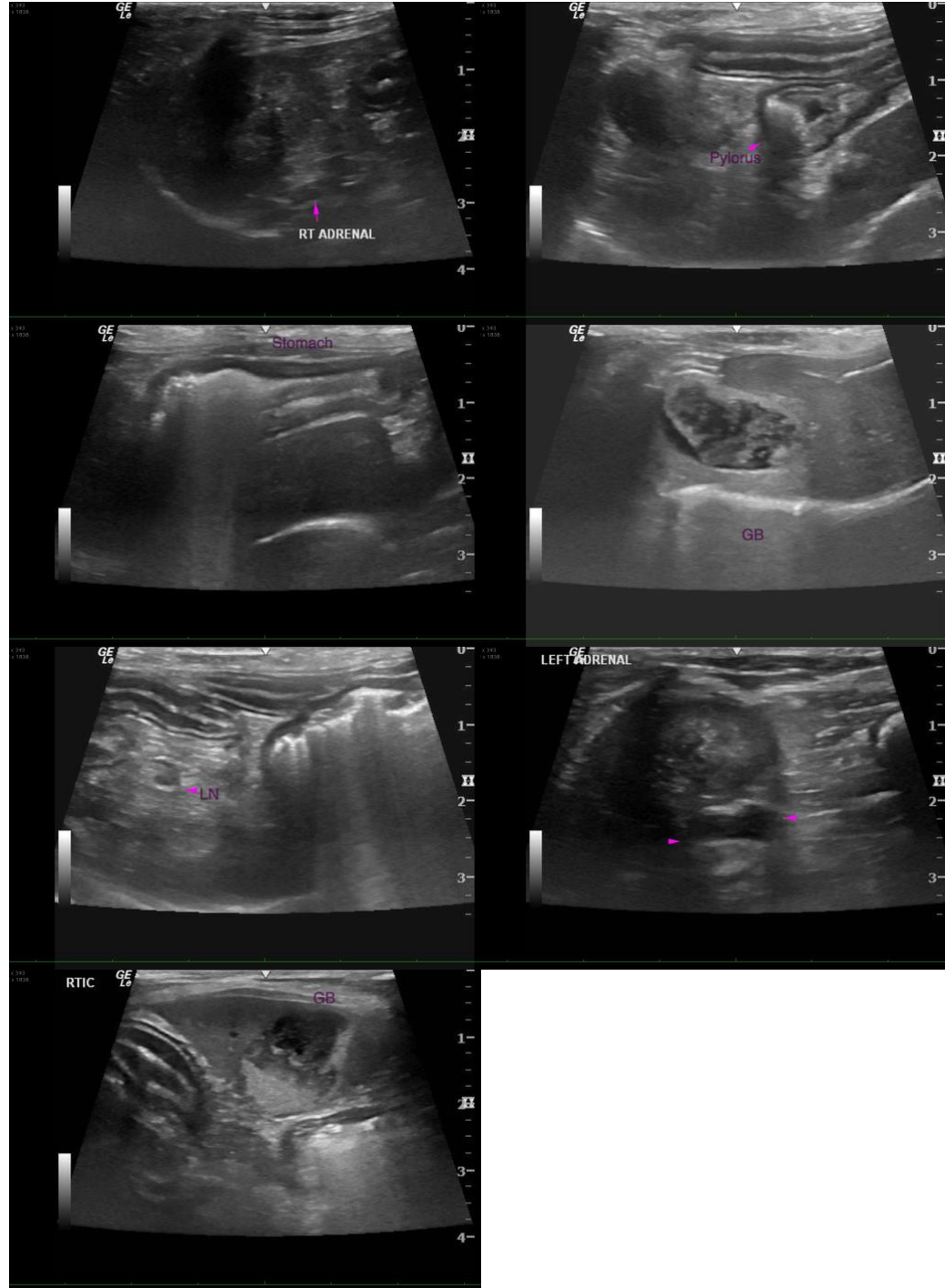
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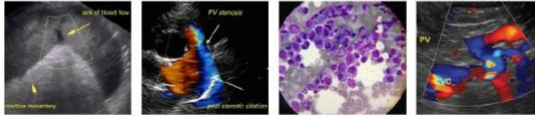
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Roxie Peek **Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**
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