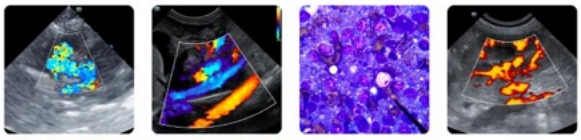



**DATE**

3/23/26

**PATIENT**

Midnight Deppen

**SPECIES**

Canine

**BREED**

Havanese mix

**SEX**

Male, neutered

**AGE**

3/6/2020

**WEIGHT**

18 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency Hospital

**REFERRING VET**

Dr. Shannahan

**INVOICE**

13623

## PRESENTING CLINICAL SIGNS

**Patient History:** Seen at Animal Care Center yesterday for vomiting and anorexia - Vomiting started Monday, continued through Wednesday (3 days) - Food-averse since then, now 5 days without eating - Vomiting was immediate after eating (food coming up in next room) - Previous treatment at Animal Care Center: - Cerenia injection - Sucralfate PO - Appetite stimulant prescribed (tried earlier today, no response) - Maropitant prescribed - Vomiting ceased after Cerenia and sucralfate - Currently drinking water normally - No observed diarrhea - History of occasional constipation - Has skipped 1-2 meals in past when boarded due to change in environment, but never 5 days - Possible change in household: client was away, daughter returned home from college for spring break - Possible access to items in daughter's room (candy mentioned as possibility) - Unrestricted access to house and fenced backyard - Receives daily glucosamine treat (not taking currently) – No observed coprophagia - Current on Heartgard and NexGard - Usual weight approximately 19 lbs.

**Current Medications:** Cerenia, Ondansetron, Entyce, Potassium Chloride, Acepromazine.
**Labwork Results:** Labwork: Concern for splenomegaly, initial mild ALT increase- resolved. Resting cortisol 4.0, 4DX negative
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** IV Ace.
**Stat Report:** Not requested.
**Imaging Performed by:** Rachel Brilhart, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and 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 3 cm, are normal.

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.47 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 (4.60 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.37 cm at cranial pole) (0.36 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 normal in size (0.52 cm at cranial pole) (0.44 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.

### *Spleen*

The spleen is normal in size (1.43 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *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 ileocecocolic 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*
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended (if not already performed).
2. Consider a GI panel including serum cobalamin, folate, TLI and PLI.
3. Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia, particularly in light of the patient's recent vomiting history.
4. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis if clinical signs persist. In the meantime, continued symptomatic care is recommended.


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deppen,midnight
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Liver
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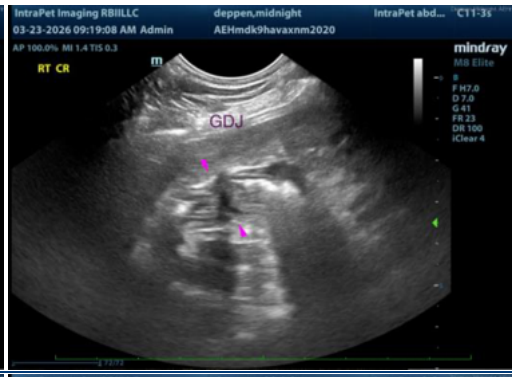
M8 Elite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3 Dist 2.17 cm
mindray
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mindray
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M8 Elite


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Spleen
mindray
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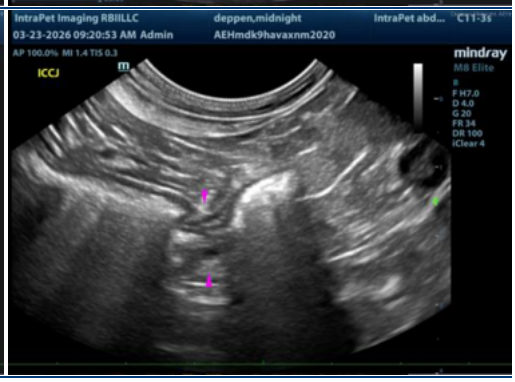
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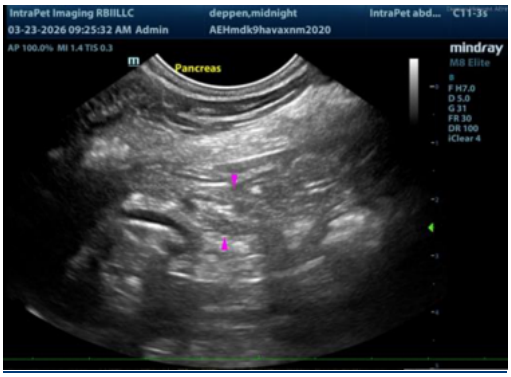
M8 Elite




**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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com