



PATIENT

Oscar Riling

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

9 years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Vet. Dental Care

REFERRING VET

Dr. Suzy Shannon

INVOICE

10609

DATE

3/25/22

PRESENTING CLINICAL SIGNS

NOTE: the images are labeled "Lorrie" Riling (pet owner), rather than "Oscar" (Pet).

Clinical Exam Findings: Presented to a local emergency clinic on 3/20/22 for a dog fight. Blood chemistry ALT 888, no cbc and limited chemistry panel performed. Per o, abdominal rads were no significant findings. The patient had laceration repairs performed. Patient presented to referral vet on 3/22/22 for decreased appetite and rdvm diagnosed a mandibular jaw fracture via skull rads. Preanesthetic bw performed at our clinic on 3/22/22 revealed Hct 31% and no evidence of regeneration, low hemoglobin and RBC, ALT improved and was 527. CBC sent to referral lab was consistent with these findings Today, patient presented for jaw fracture stabilization and Hct 37% with retics at 1.4% and ALT in 300's but mm pale and tacky. Discussed AUS and thoracic ultrasound to rule out any problems prior to anesthesia.

Abnormal Labwork Values(see above)
HR/RR/BP: 90bpm, 30bpm
Current Medications: carprofen, gabapentin, clavamox

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 mostly 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 prostate is normal in size (0.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

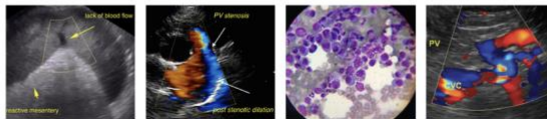
The left kidney presented normal size (3.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.21 cm in length); normal shape and architecture with 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 borderline enlarged (0.40 cm at cranial pole) (0.56 cm at caudal pole) (1.45 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 (0.61 cm at cranial pole) (0.44 cm at caudal pole) (1.29 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



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unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (1.04 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.

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Shih Tzu

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.

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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.

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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

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Two small areas in the left cranial quadrant contain small pockets of free fluid and reactive mesentery. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal peritonitis in the left cranial quadrant, suspected to be secondary to recent trauma. The free fluid may be due to hemorrhage, peritonitis, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given that the patient's bloodwork findings and clinical conditions are improving, it seems reasonable to proceed with the minor jaw repair. A recheck ultrasound is recommended in one week (or sooner, if problems arise). to evaluate for resolution of the peritonitis.



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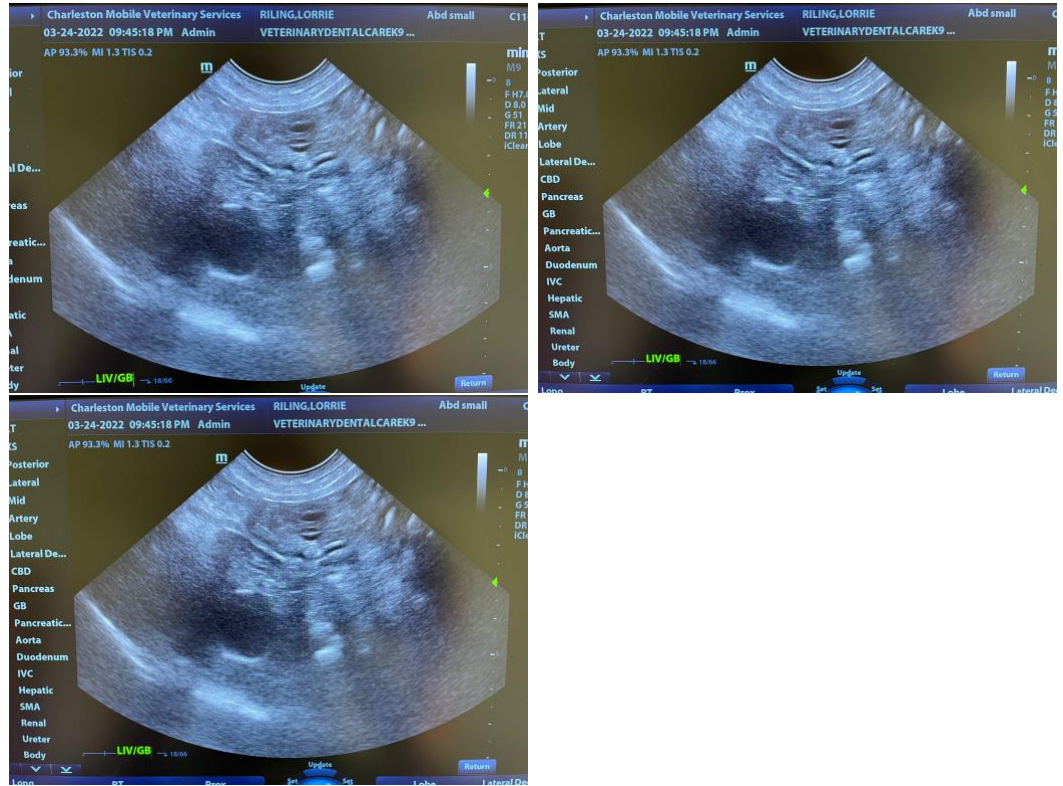
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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