Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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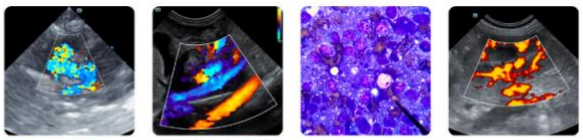

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Gracie Belle Chestnut

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Female Spayed

AGE

09/13/2018

WEIGHT

41.5 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr. Leslie Mucci

INVOICE

22788

DATE

4-1-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Lethargic, decreased appetite
abdomen was tense on palpation, which was attributed to anxiety rather than pain. No reactivity or whining was noted during palpation. Gas was palpable in the intestines. Mild resistance to extension of the left elbow noted on the emergency hospital report, but limbs felt normal on today's exam.

Abnormal lab-work values: Canine pancreatic lipase: 142 (0-200 U/L). Elevated total bilirubin 1.7. Elevated total Protein 8.3.
Current Medications: Gabapentin and Entyce

Radiographic Findings: Initial radiographs were taken. The thoracic spine, heart, and lungs appeared normal. The cervical spine showed mild ventral spondylosis between C2-C3, which is considered an incidental finding. The abdomen revealed an enlarged, rounded spleen (splenomegaly), an empty stomach, a large amount of stool in the colon, and increased gas in the small and large intestines, consistent with ileus. The liver appeared slightly small.

Repeat radiographs were taken after the patient ate and had a large bowel movement. These showed that the gas had moved from the small intestines to the large intestines, and the fecal material had been passed. The small intestines appeared more visible and normal. The spleen still appeared somewhat enlarged.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 4.0 cm, are normal.

The left kidney is normal in size (5.52 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.

The right kidney is normal in size (5.68 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 subjectively normal in length with a slightly flattened contour (0.44 cm at cranial pole) (0.40 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is subjectively normal in length with a slightly flattened contour (0.40 cm at cranial pole) (0.40 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.83 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

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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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 duodenal wall is normal in thickness with a normal layering pattern. There is evidence of some mucosal surface. The jejunal walls are 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
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism).
- The duodenal mucosal speckling could be consistent with enteritis or may be a normal variant for this patient. Correlation with the patient's clinical signs is recommended.

*The spleen is sonographically normal on today's study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, orthopedic and neurologic examinations are recommended.
- Given the bilaterally flattened adrenals, also consider a resting cortisol level to screen for hypoadrenocorticism.
- Depending on the results of the above diagnostics, as well as the patient's current condition, further work-up may be indicated.

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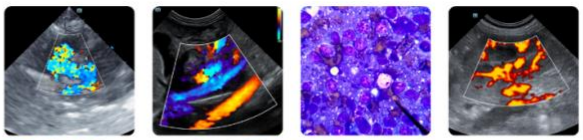

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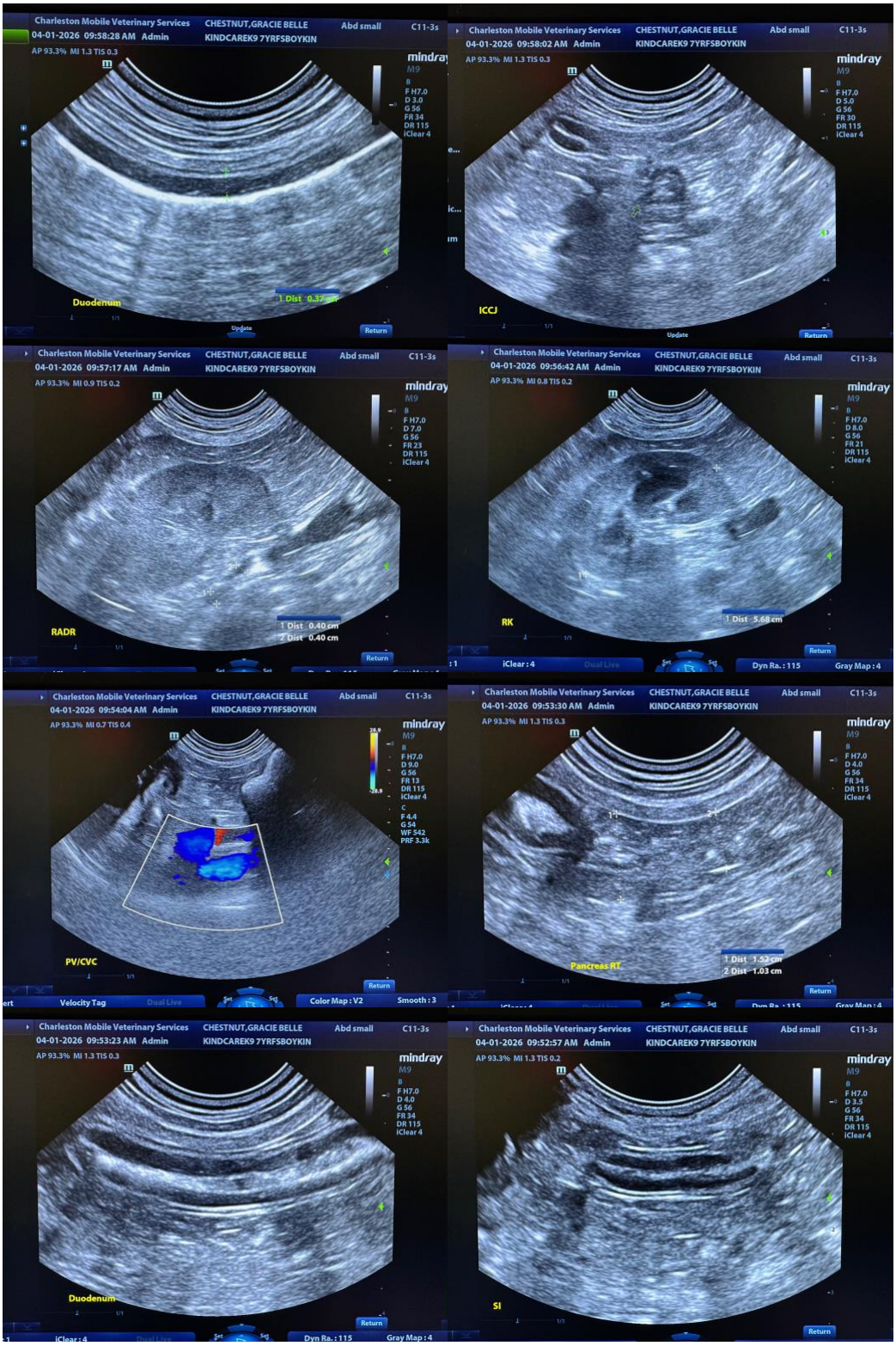

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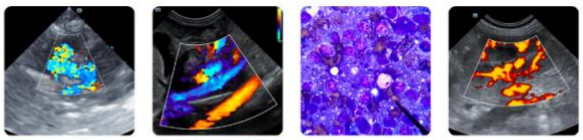

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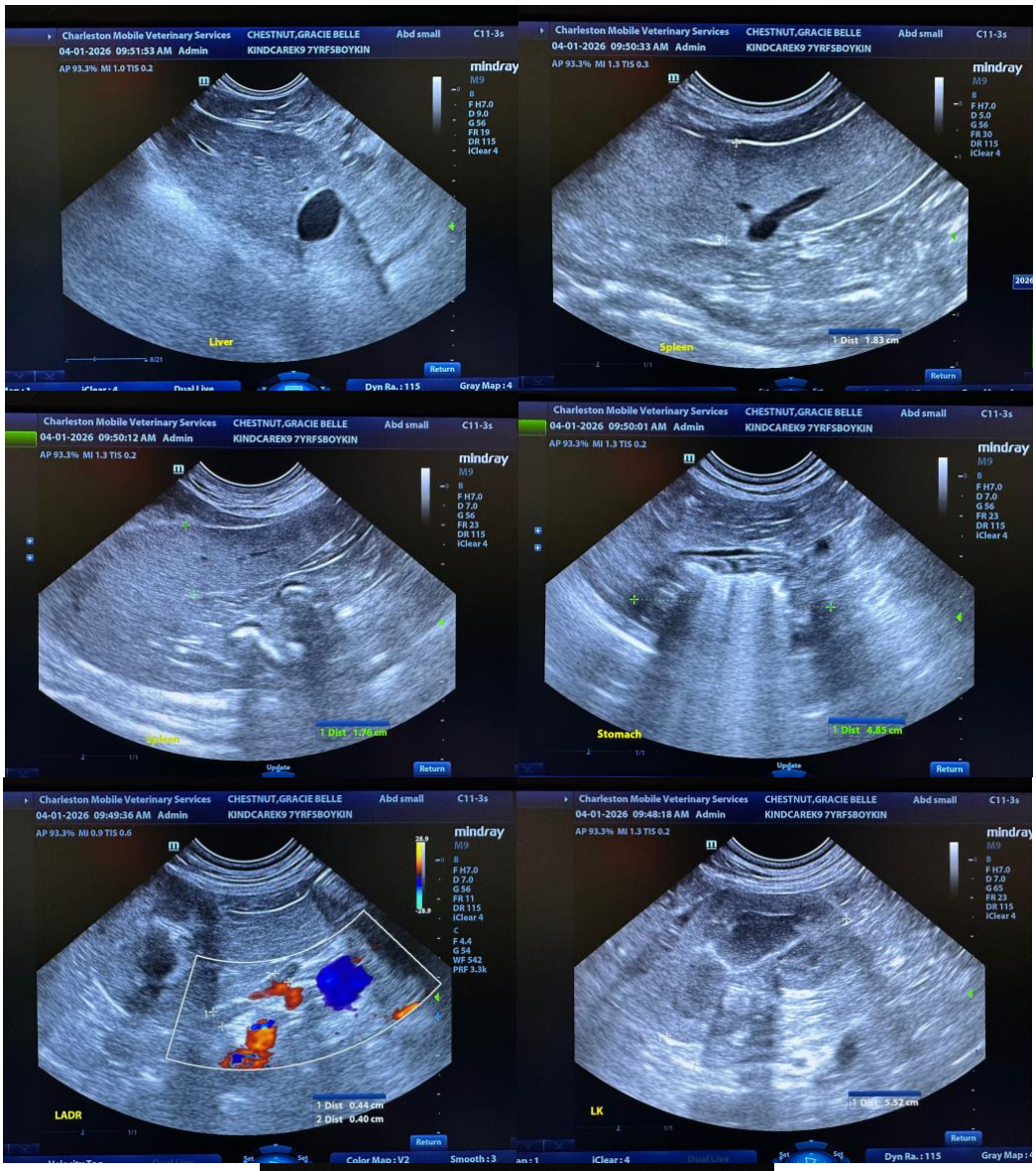

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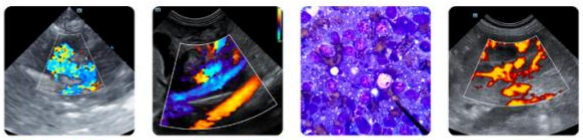

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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