

PATIENT

Mo Glyder

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12/23/2020

WEIGHT

56.2 lbs

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

Southside AH

REFERRING VET

Dr. Forcier

INVOICE

10795

DATE

4/22/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Reason for visit: P has not had a bm in 4-5 days. O notes that P is e/d normally. P has been on Metronidazole and stool softener; both were given last night. P is no longer on Vetprofen. The rash under the L arm pit seems to be getting worse.

Subjective: Owners feel, no BM in days.

BAR, Euhydrated Normal condition

MM: Pink, CRT: <2sec Normal condition

Body Condition Score Normal condition: BCS 5/9

Oral Health Normal condition: Dental Dz Grade 1/4.

Eyes Normal condition: Corneas clear, no scleritis or ocular discharge. PLR's are present and consensual.

Ears Normal condition: No erythema or abnormal exudate observed. TM's intact and healthy in appearance.

Cardiovascular Normal condition: Heart auscults normally, peripheral pulses strong and synchronous

Respiratory Normal condition: Lungs auscult normally with no crackles/wheezes.

Abdominal Normal condition: Abdomen palpates soft and non-painful with no organomegaly or masses.

Genitourinary Normal condition: External genitalia unremarkable.

Musculoskeletal Normal condition: Gait evaluation unremarkable. No pain upon long bone palpation, musculature symmetrical and adequate. ROM exercises are normal.

Integumentary Normal condition: L-Axilla - Abraded lesion. Clear exudate. Injury (in the axillary flap) surrounded by a papular rash, extending proximally across the tricep muscle and medially to the sternum.

Combed for ectoparasites - non seen, but coat removed was gritty/sandy.

Clean haircoat, skin appears normal.

Neurological Normal condition: Appropriate mentation, CNs intact, CPs norm. Limited exam.

Lymph Nodes Normal condition: Lymph nodes palpate small, soft, and symmetrical.

Rectal Normal condition: Anal Glands are unremarkable.

Rectal and distal colonic tissue WNL.

Fecal content is soft but also "gritty and sand like" in character.

Diagnostic Results

Comments: Two View Abd Radiographs - Fecal content has a granular appearance, diffuse throughout the colon. The colon does not appear to be overtly distended.

CBC - Neutrophilia (12.19k).

Fecal - NOS

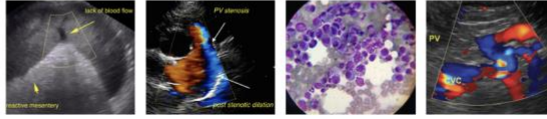
Impression Smear - Toxic Neutrophils, mucin strands and cocci like organisms.

Assessment: Mid-day update to owner - Mo may have had a bowel movement yesterday. Was looked after by owner's mom. The owners are currently landscaping the yard, and Mo may be ingesting grit while scavenging the yard, and fetching ball.

Current Medications: Cephalexin, Metronidazole

Fine Needle Aspirates: Client approved Sedation and FNA Consent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN



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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 is normal size (5.70 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.

The right kidney is normal size (6.95 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 (0.35 cm at cranial pole) (0.44 cm at caudal pole) (2.12 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 (1.09 cm at cranial pole) (0.65 cm at caudal pole) (2.26 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.

Spleen

The spleen is normal in size (0.79 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.

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/not seen.

Gastrointestinal

The gastric lumen in the region of the fundus is empty. The gastric lumen in the region of the pyloric antrum contains a small amount of shadowing material. 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 thickness is normal with a normal layering pattern and



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appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen is diffusely distended with hard, shadowing fecal material.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The shadowing material within the pyloric antrum may represent ingesta and/or foreign material (i.e., grass). The remainder of the abdomen is unremarkable except for a large amount of fecal material throughout the colonic lumen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued enemas, deobstipation, +/- a promotility agent (i.e., Cisapride) can be considered to help promote colonic motility/bowel movements. If the patient fails to produce stool over an extended period of time, primary motility disorder (i.e., megacolon) may be present. If this is the case, a thyroid level should be considered as hypothyroidism is sometimes associated with neuromuscular diseases. A colonoscopy is also a consideration to assess for strictures, small growths, etc.

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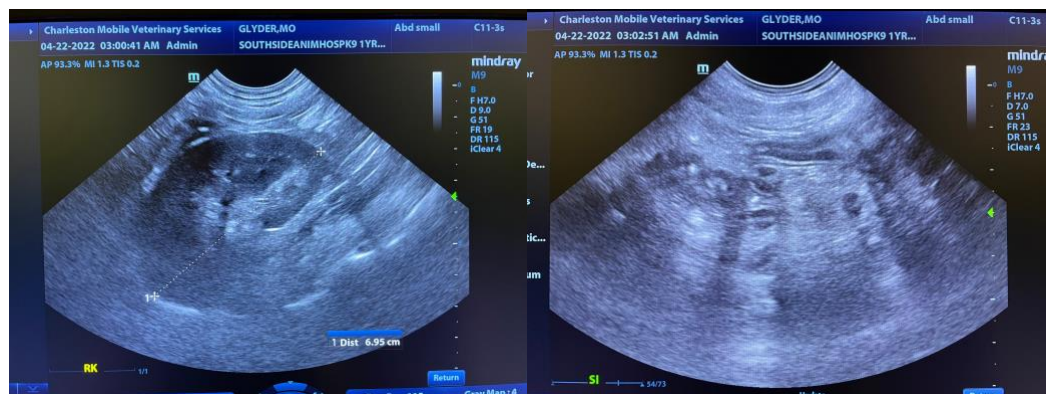
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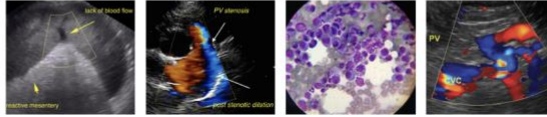
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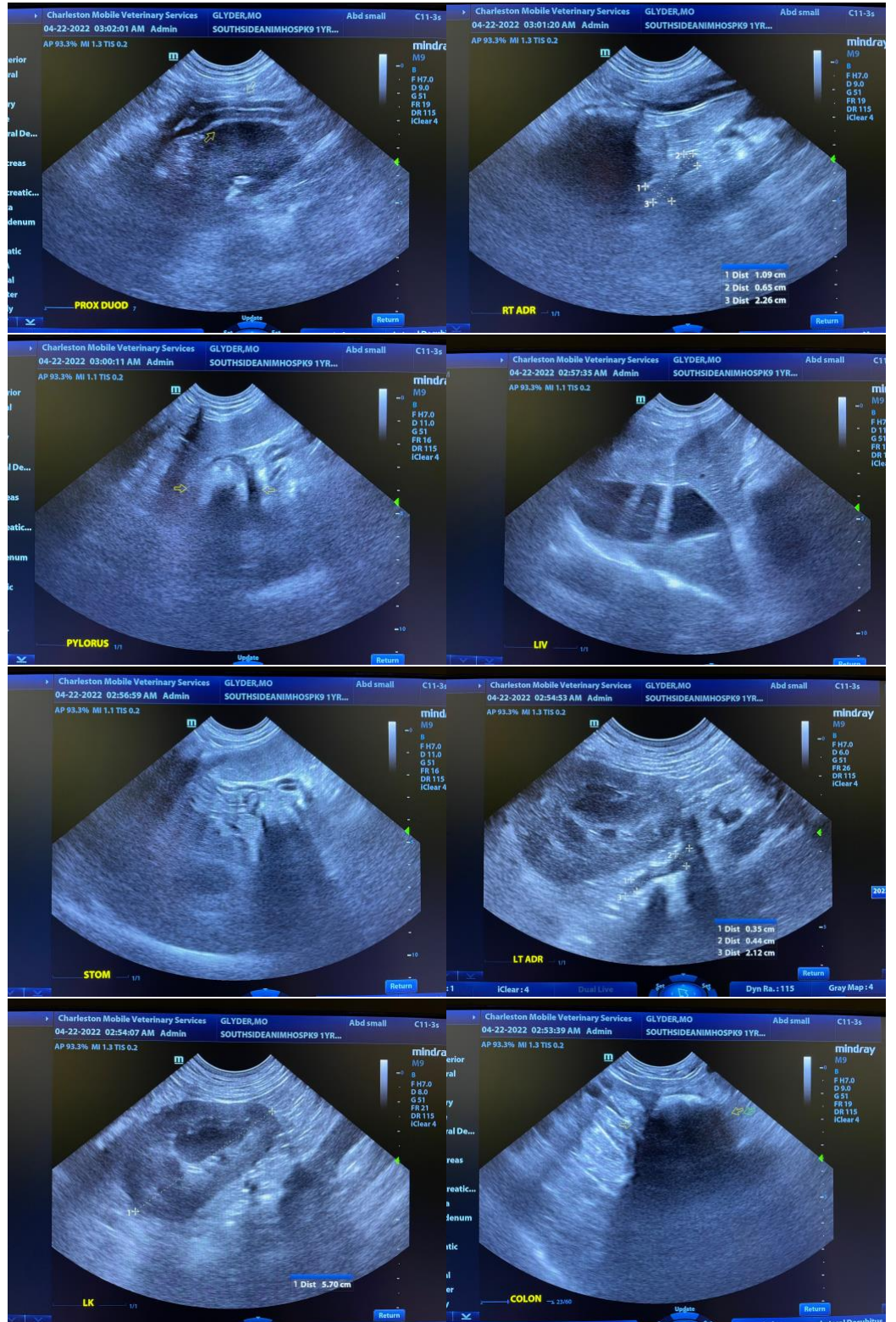
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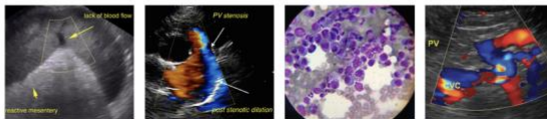
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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