

PATIENT PRESENTING CLINICAL SIGNS

Bella Smith Clinical Exam Findings: patient is not eating well. Has been losing weight (lost 4lbs between 3/27 and 4/18), lost more since 4/18. Vomiting and diarrhea (vomiting started Sunday, diarrhea for at least 2 weeks); Patient was prescribed both tapering dose of steroids (0.7mg/kg q12h x5d, then 0.4mg/kg q12h x5d, then 0.4mg/kg q24h x5d) as well as Carprofen (1.9mg/kg q12h PRN for lameness). Both of these medications were administered together.

SPECIES

Canine

BREED

Boxer Mix

SEX

Female Spayed

PE:
QAR
T: 97.6F
P: 180bpm
R: 40brpm
MM: injected, tacky, CRT 4sec
Weight: 46.6lbs (lost 8lbs since 4/18)

Abnormal lab-work values: GI panel performed 4/18/2023: Folate 6.5ug/L (7.7-24.4ug/L)

CBC 4/27/2023: HCT 68.9%. Neutrophils 12.12K

AGE

3/27/2015

Chemistry 4/27/2023
-CREA 2.4mg/dL (0.5-1.8)
-BUN 38mg/dL (7-27)
-Calcium >16.0mg/dL (7.9-12)
-Sodium 167mmol/L (144-160)
-Chloride 125mmol/L (109-122)
-Total Protein 9.9g/dL (5.2-8.2)
-Globulin 6.8 (2.5-4.5)
-ALT 266U/L (10-125)
-ALKP 616U/L (23-212)
-GGT 32U/L (0-11)

WEIGHT

46.6 lbs

INTERPRETED BY

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

EXAMINATION OF THE ABDOMEN

IMAGING PERFORMED BY

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Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

HOSPITAL NAME

Foxbank VH

The left kidney is normal in size (7.11 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 hydronephrosis. Renal vasculature is normal.

REFERRING VET

Ashley Parsons

The right kidney is normal in size (7.18 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.45 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.

DATE

4.27.23



PATIENT Bella Smith
The right adrenal gland is in normal size (1.32 cm at cranial pole) (0.59 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.

SPECIES *Spleen*
Canine
The spleen is normal in size (2.00 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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

SEX Female Spayed
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized debris +/- tiny choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

AGE 3/27/2015
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 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 colonic wall is normal. There is no evidence of an obstructive pattern.

WEIGHT 46.6 lbs
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. A 1.22 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

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Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

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Findings

- Minor dystrophic mineralization of the right kidney. The remainder of the abdomen is unremarkable. There is no obvious evidence of a neoplastic process in the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hypercalcemia, a rectal examination as well as three-view thoracic radiographs are recommended to assess for evidence of neoplasia. If the hypercalcemia persists and the above the above diagnostics are inconclusive, consider a PTH/PTHrP/ionized calcium (Michigan State).

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REFERRING VET

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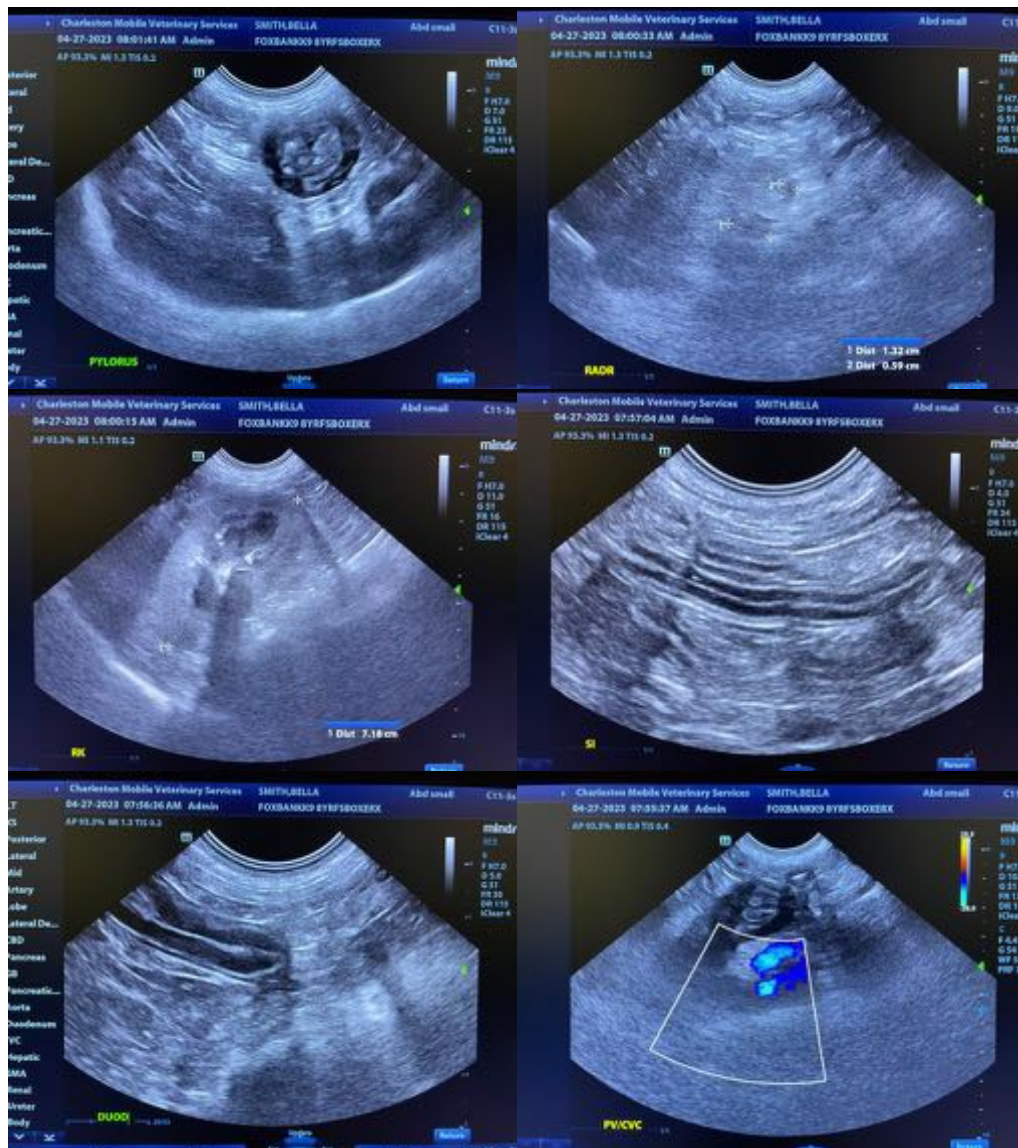
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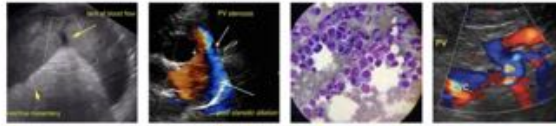
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- Regarding the patient's clinical history, empirical treatment for gastric ulceration (i.e., proton pump inhibitor, sucralfate, bland diet, fluid therapy, other supportive measures) is recommended.
- Serial monitoring of the patient's liver and kidney values is recommended to assess for progression.





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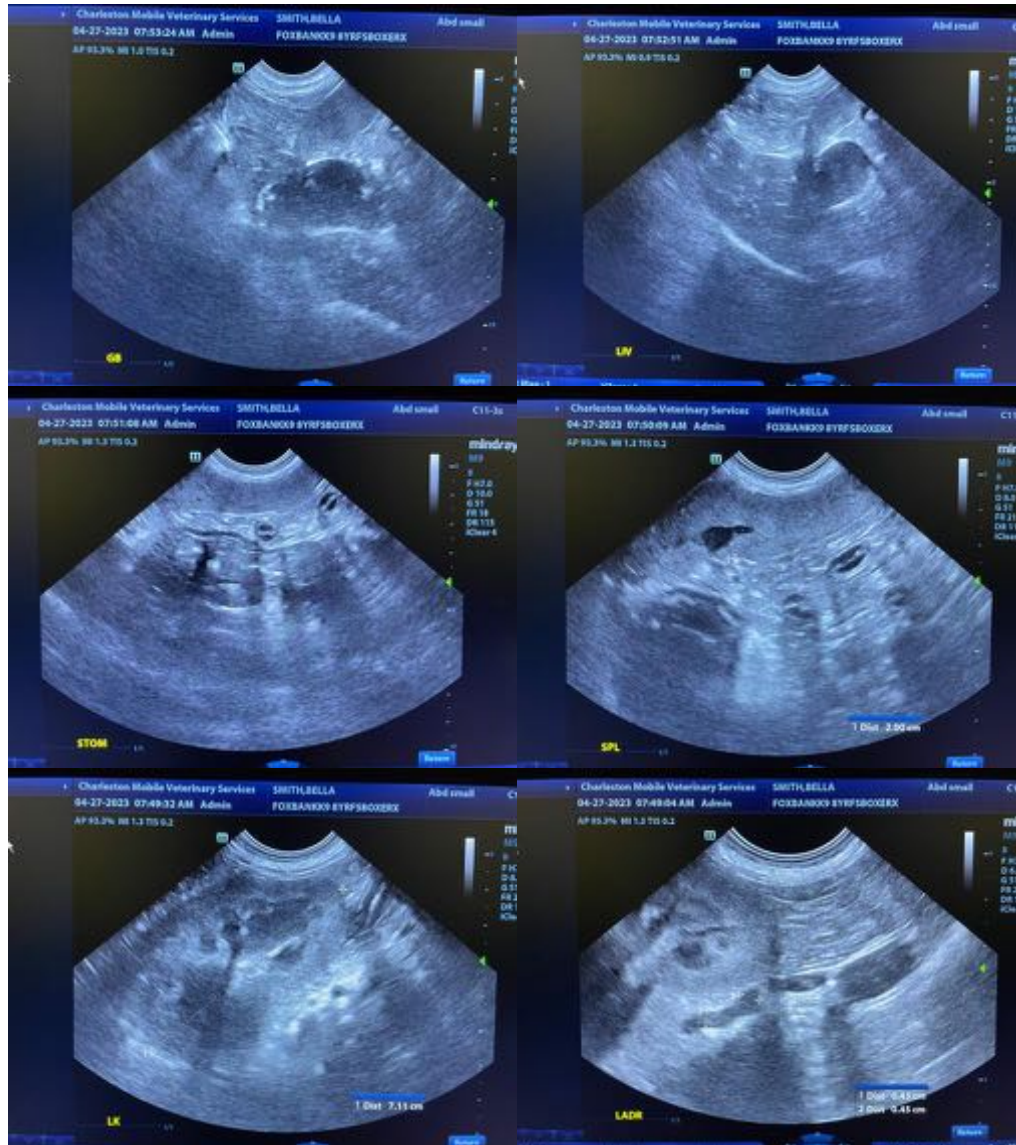
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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