



PATIENT PRESENTING CLINICAL SIGNS

Poe Leach History: Has Had Liquid Bloody diarrhea since Monday. No vomiting. Reduced appetite. Hematocrit 19%, mildly regenerative. Normal albumen. Globulin borderline low. BUN 33. Normal platelet count. Mild leukocytosis with a neutrophilia. Slide agglutination test negative. Has had a few prior similar episodes of bloody diarrhea.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pomeranian

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a relatively smooth mucosal surface. A 0.51 cm cystic calculus is observed, along with a small to moderate amount of suspended echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (0.78 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

7.10.2012

The left kidney is normal in size (3.71 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

9.20 lbs

The right kidney is normal in size (3.20 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several, small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.49 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.

IMAGING PERFORMED BY

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The right adrenal gland is in normal size (0.86 cm at cranial pole) (0.42 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.

HOSPITAL NAME

Foxbank VH

Spleen

The spleen is overall subjectively normal in size (0.75 cm in width at the level of the hilus). A 1.48 cm irregular hypoechoic nodule is observed at the caudal aspect. The lesion causes slight capsular expansion. A 0.60 cm hypoechoic nodule is also seen near the hilus. The remaining splenic parenchyma is relatively homogenous. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Andi Winney

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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.

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DATE

5.11.23



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

SPECIES *Gastrointestinal*
The lumen is moderately distended with ingesta and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. In the lumen of the descending colon, diarrhetic stool, along with an approximately 1.00 cm irregular, echogenic structure (thought to represent a blood clot) is seen. There is no obvious evidence of an obstructive pattern.
Canine
BREED
Pomeranian

SEX *Pancreas*
A portion of the pancreas is obscured by the gastric distention. In the visualized portions no obvious abnormalities are seen.
Neutered Male

AGE *Free Abdomen*
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
7.10.2012

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diarrhetic stool with suspected blood clot in the distal colon. An obvious cause is not definitively identified. Considerations include infectious/parasitic disease, inflammatory bowel disease, dietary indiscretion, hemorrhagic gastroenteritis, emerging neoplasia, other versus underlying metabolic issue (i.e., hypoadrenocorticism), immune-mediated hemolytic anemia (less likely), other.
- The retained ingesta within the gastric lumen may be secondary to delayed gastric emptying. The soft, shadowing material may represent normal ingesta and/or foreign material (i.e., grass, other). It appears nonobstructive at the time of this study.
- The splenic nodules could be consistent with emerging neoplasia (particularly the large lesion). Alternatively, a non-neoplastic process (i.e., lymphoid hyperplasia or similar) is possible.

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Secondary Findings

- Cystic calculus
- Bilateral chronic renal changes with nonobstructive nephrocalcinosis
- The hepatic changes are most consistent with a benign hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is considered likely with a lower possibility of infiltrative neoplasia or inflammatory disease.

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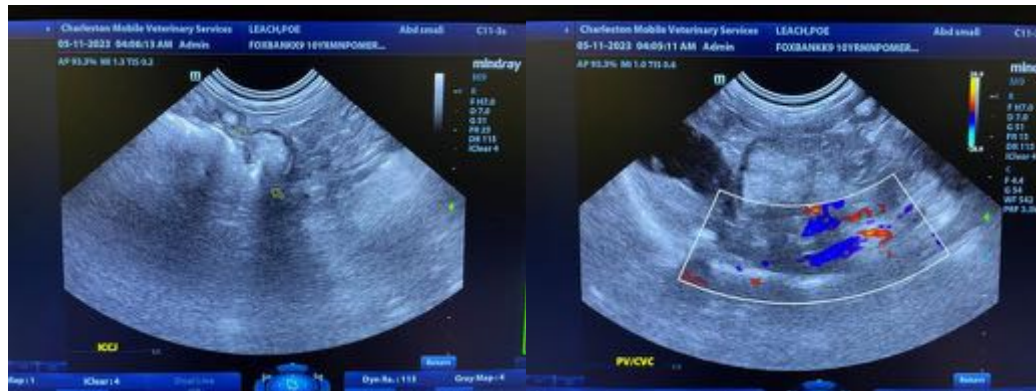
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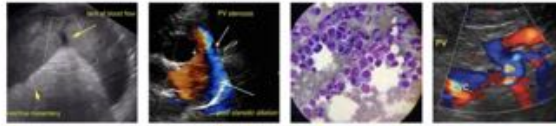
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical signs, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. Resting cortisol level
 3. Fecal PCR infectious disease panel
 4. Prophylactic deworming with Fenbendazole
 5. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
 6. +/- GI biopsies (particularly if the clinical signs do not resolve, or if they recur)
 7. Symptomatic care, including gastric protectants, broad-spectrum antibiotics (to prevent bacterial translocation), and other supportive measures are recommended. A blood transfusion may be warranted if the anemia worsens.
 8. Serial monitoring of the patient's hematocrit is recommended to assess for progressive anemia. Consider sending a CBC to a diagnostic lab to assess for spherocytes, which could support immune-mediated hemolytic anemia.

- Regarding the splenic nodule, consider a repeat ultrasound +/- fine-needle aspirate in 3-4 weeks.

- Regarding the cystic calculus, a cystotomy with stone removal, analysis and culture should be considered when the patient's condition stabilizes. Alternatively, medical dissolution can be attempted.





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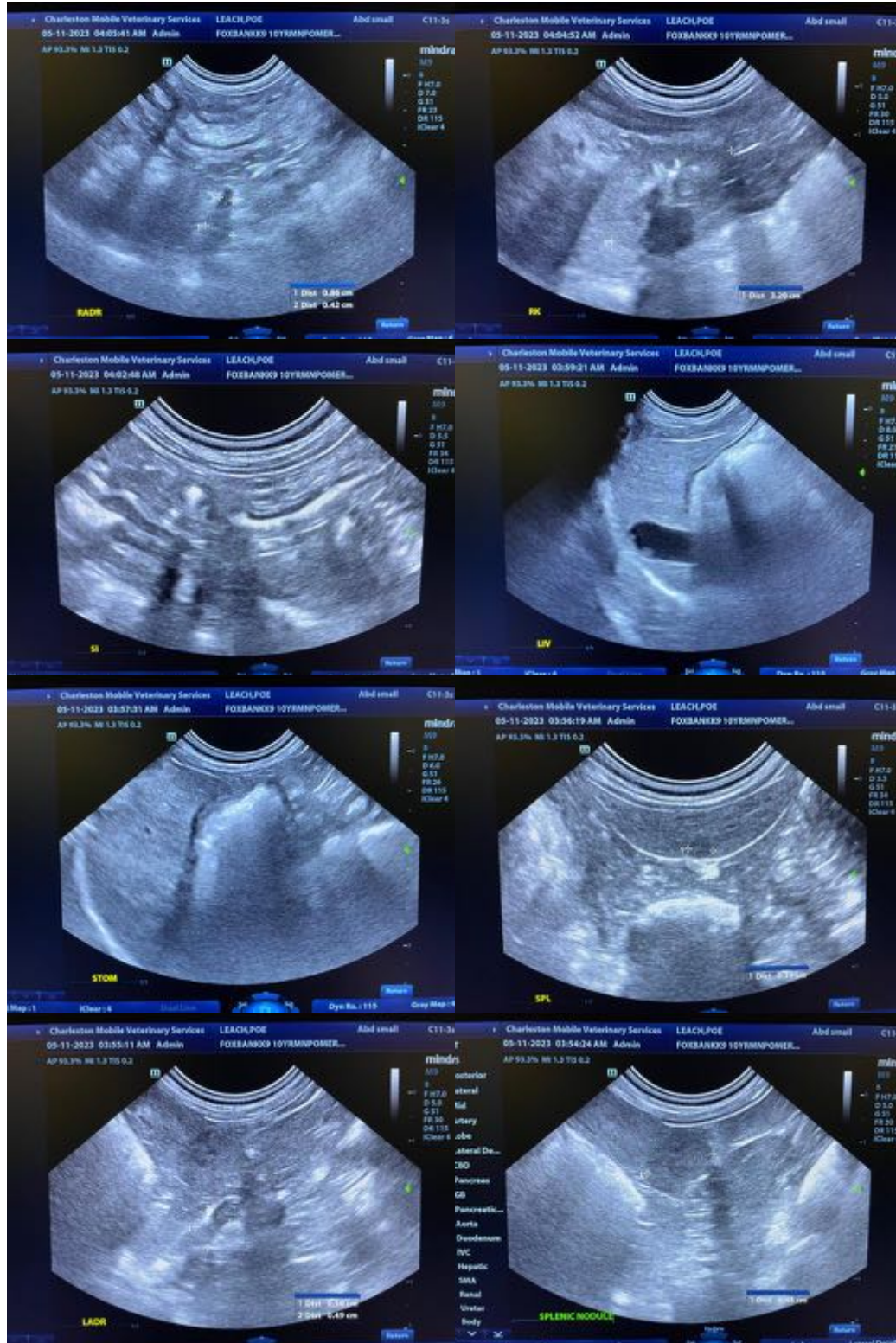
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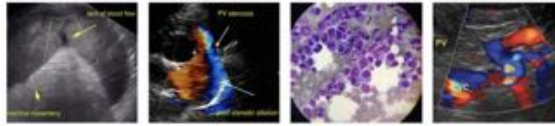
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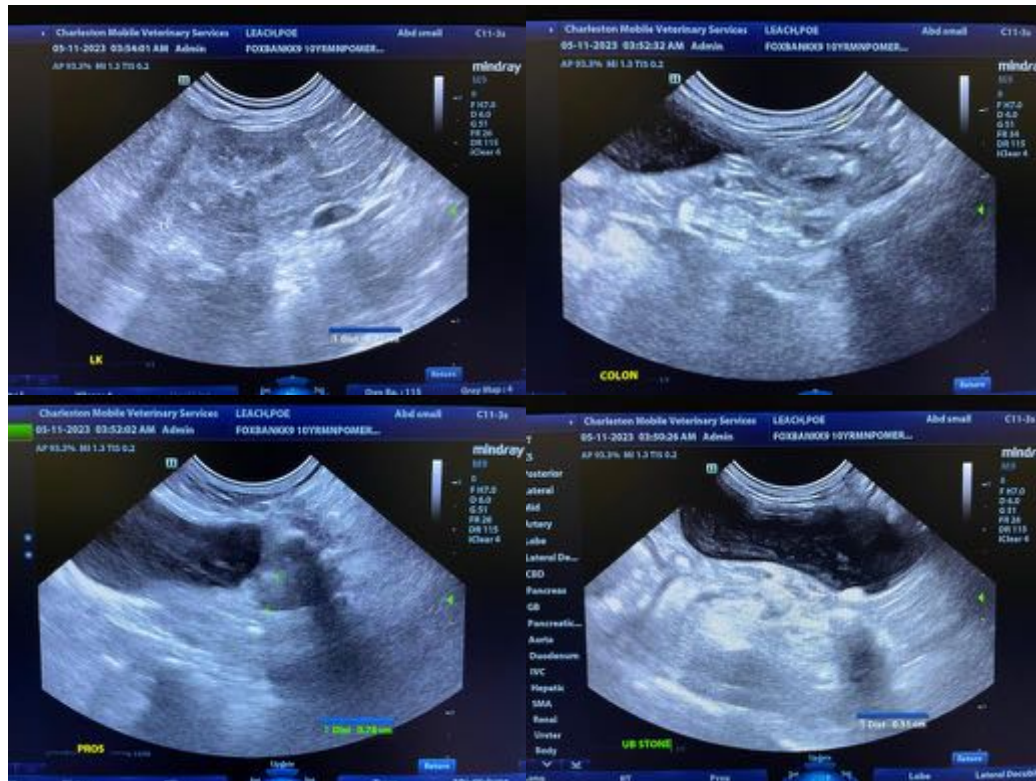
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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