



PATIENT PRESENTING CLINICAL SIGNS

Clarey Hussey

History: 10 days ago, started vomit and watery diarrhea, anorexia, had eaten some rocks a few days after symptoms started. rads on May 12 looked ok except for small stones through entire colon. Started cerenia, metro and panacur (positive for giardia). no vomit now but still not interested in food and pudding-like diarrhea. repeated rads today and an unusual gas pattern in mid abd. Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads. CBC Chem unremarkable. Spec cPL normal.

SPECIES

Canine

BREED

Airedale

SEX

Spayed Female

AGE

9 mos

WEIGHT

29 kg

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.55 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.37 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.61 cm cranial; 0.49 cm caudal; 2.41 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.29 cm cranial; 0.41 cm caudal; 2.06 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

HOSPITAL NAME

Hawkins AH

The spleen is normal in size (2.60 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.

REFERRING VET

Dr. Hawkins

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.

INVOICE

10918

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.

DATE

5/18/22



PATIENT *Gastrointestinal*

Clarey Hussey

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. 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. No obstructive disease is noted.

SPECIES

Canine

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.

AGE

9 mos

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable abdomen. There is no obvious evidence of a gastrointestinal obstruction or foreign body.

WEIGHT

29 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC Chemistry panel, urinalysis is recommended
- Parvovirus testing is also recommended, if not already performed.
- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption as well as underlying pancreatic disease (i.e., exocrine pancreatic insufficiency, pancreatitis).
- Continued supportive care for gastroenteritis is recommended while awaiting test results. If the above diagnostics are inconclusive and the patient does not respond to medical management, further GI workup may be warranted.

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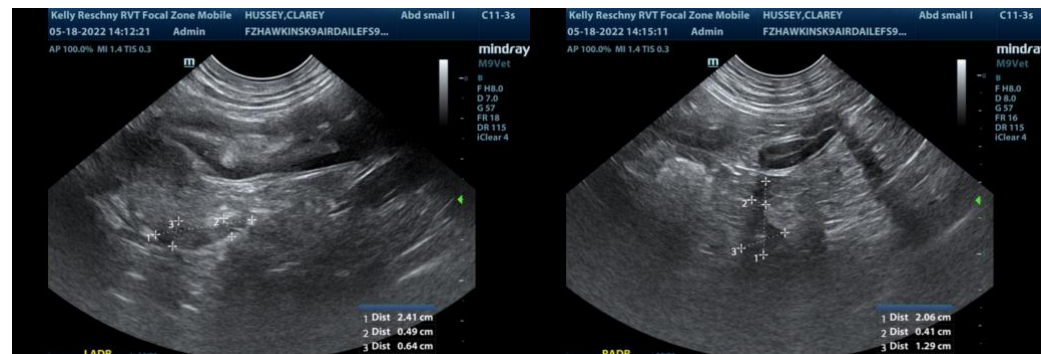
Dr. Hawkins

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PATIENT

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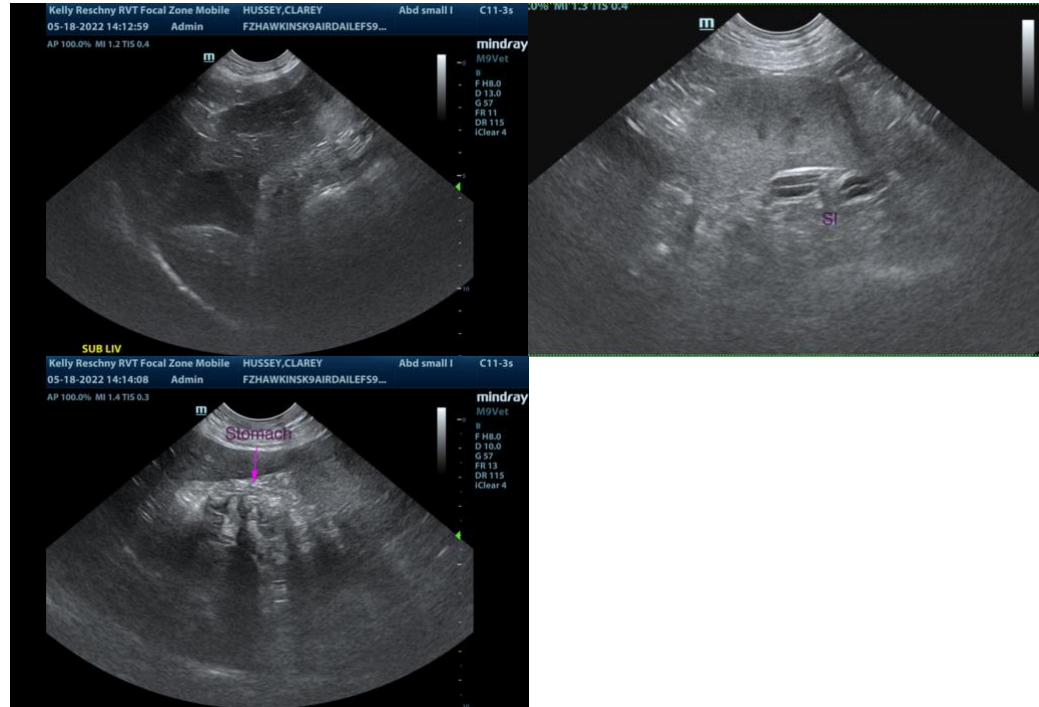
Spayed Female

AGE

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WEIGHT

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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.

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Medicine)

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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