



PATIENT

Maisy Drum

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Marvin Atom

INVOICE

10931

DATE

5/18/22

PRESENTING CLINICAL SIGNS

History: Chief Concern/Provisional Diagnosis: P presented on May 3, 2022 for concerns of recurring pancreatitis. P was vomiting with diarrhea at this time. Still BAR, no blood noted. P also had a decreased appetite at this time. AL rx sucralfate ½ gram TID x 5 days and gave a cerenia (10 mg/ ml) 2.8 ml SQ. At this time, the clinical signs of resolved, O elects to go forward with ultrasound. P was seen for the same issue in February 2022, resolved within a week as well. Diagnosis: DDX: chronic pancreatitis, gastroenteritis

History/Physical Findings Mentation: BAR BCS:5/9 Hydration status: euhydrated MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 1/4 periodontal disease. LN are WNL. Abdomen palpates normally with no palpable masses. No signs of lameness. BW done on 2/8/2022 show elevated precision PSL, all other values WNL. Radiographic Abnormalities: No radiographs taken.

Current Therapy and Medications: P is not currently on any medications.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.00 cm in length); normal shape and architecture with 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.

The right kidney presented normal size (6.52 cm in length); normal shape and architecture with 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 normal size (0.59 cm at cranial pole) (0.70 cm at caudal pole); (2.34 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 (1.08 cm at cranial pole) (0.66 cm at caudal pole) (3.11 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 (1.81 cm in width at the level of the hilus) with a normal capsular



PATIENT

Maisy Drum contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Marvin Atom

INVOICE

10931

DATE

5/18/22

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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.

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several prominent mesentery lymph nodes are visualized, the largest measuring 3.15 cm in length. The nodes are normal in shape and echogenicity.

Other

A uterine stump is visible and is normal in size (0.44 cm in width). No obvious pathology is seen.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Minor, age-related hepatic parenchymal changes.

*An obvious structural cause for the patient's clinical signs is not identified in this study. Considerations include chronic, intermittent pancreatitis, primary gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, other.



PATIENT

Maisy Drum

Secondary Findings

- Visible uterine stump - incidental

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

61 lbs

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. A 6-week limited antigen diet trial to assess for food allergies.
5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs should be performed prior to any anesthetic event.
8. Also consider a repeat abdominal ultrasound when the patient is symptomatic, as it may be more likely to reveal evidence of active pancreatitis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Marvin Atom

INVOICE

10931

DATE

5/18/22





PATIENT

Maisy Drum

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

61 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Valley VC

REFERRING VET

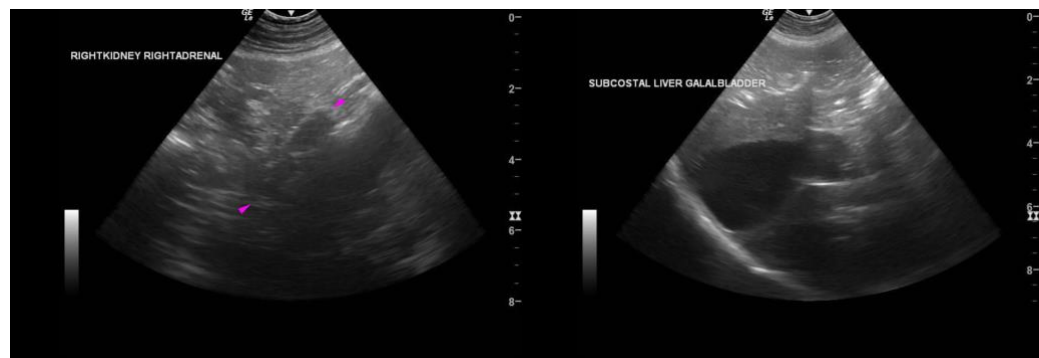
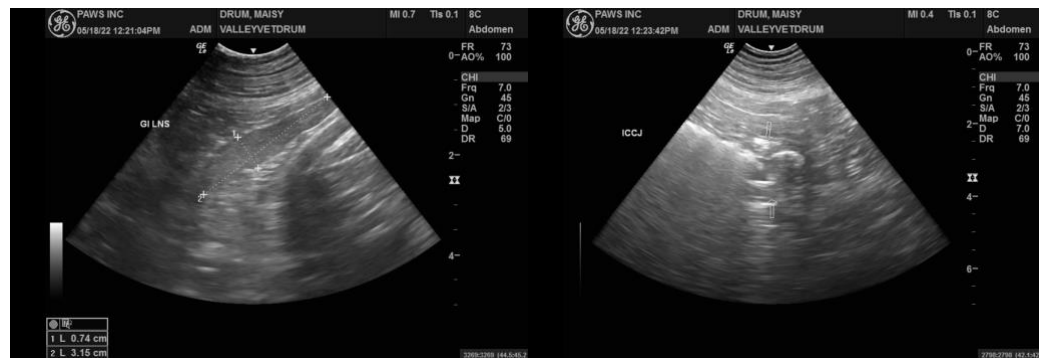
Dr. Marvin Atom

INVOICE

10931

DATE

5/18/22



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