



PATIENT

Woosie Bradshaw

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

08-13-2019

WEIGHT

42.7 kg

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

10922

DATE

5/19/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: O states, from Sunday to Tues/Wed, P has not been herself. P will eat, but then vomit all her food. O also notes yellow bile in vomit on Monday.

P was taken to rDVM on Monday. Radiographs were unremarkable as well as bloodwork. P's pancreatitis test was abnormal. PE wnl, with the exception of being ~5% dehydrated. Soft, non-painful abdomen, no diarrhea. No heart murmur.

Diagnosis: 1. Vomiting, abnormal SNAP CPL
ddx: Dietary indiscretion, Stress, Foreign object ingestion/obstruction, Infectious (viral, bacterial, protozoal, parasitic), Inflammatory, Metabolic (hepatobiliary, renal, pancreatic), Endocrinopathy, Toxin, Neoplasia, Immune-mediated, Idiopathic

Abnormal labwork values: CBC, Chem17, u/a: all wnl
Current Medications: Cerenia, protonix given IV this morning.

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 is normal size (6.18 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 (7.62 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 in length (0.32 cm at cranial pole) (0.22 cm at caudal pole); with a flattened contour; 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 (1.92 cm at cranial pole) (0.34 cm at caudal pole) (0.96 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



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The spleen is normal in size (2.36 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.

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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.

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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.

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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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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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 flattened left adrenal gland may be a normal variant for this patient or may be secondary to early atrophy (i.e., due to hypoadrenocorticism).
- The remainder of the abdomen is unremarkable.

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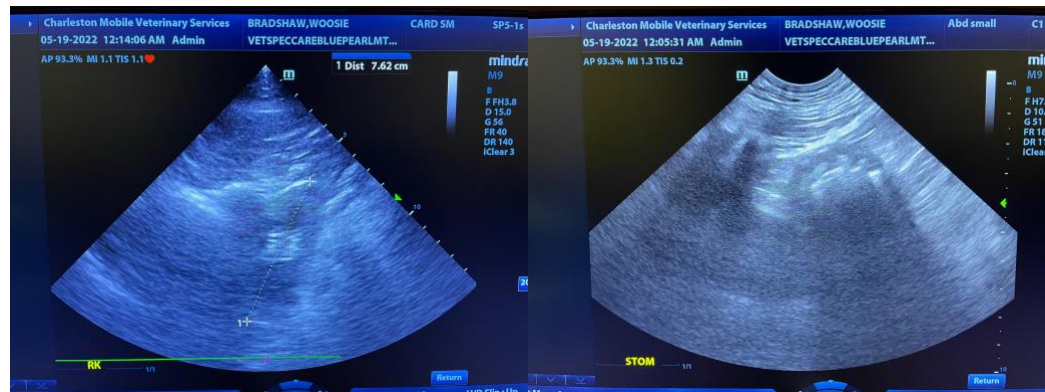
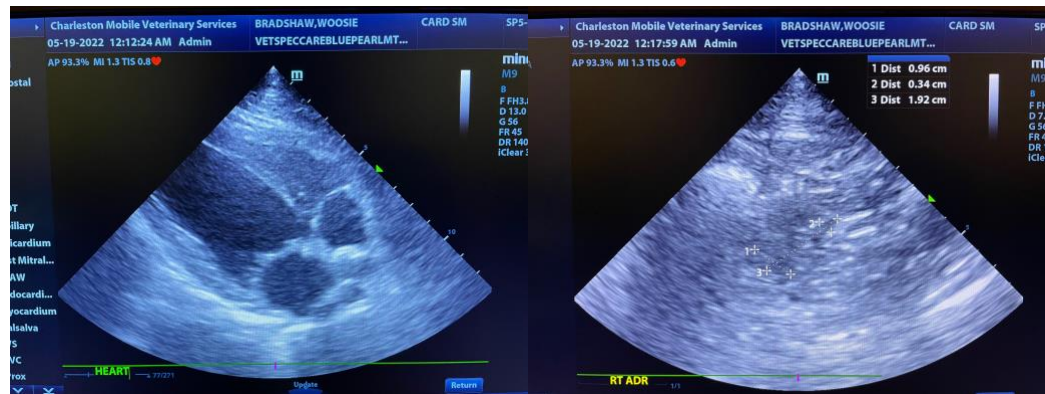
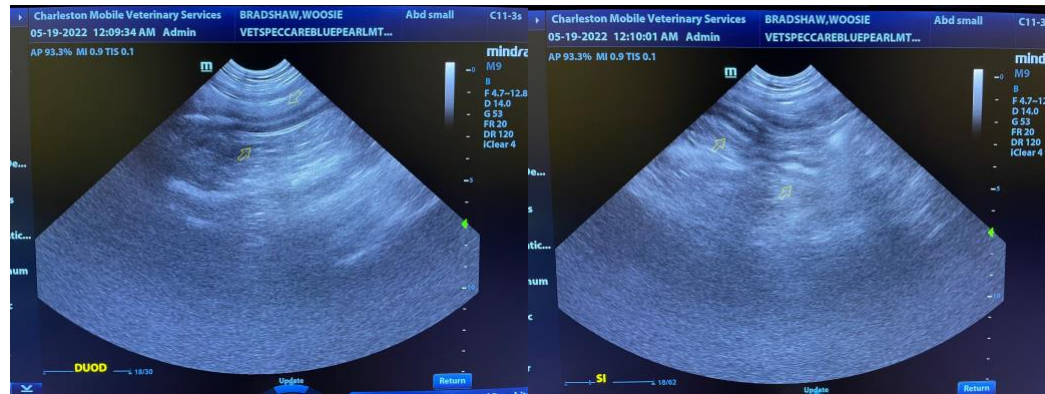
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- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., dietary indiscretion, food allergy/intolerance, inflammatory bowel disease), low-grade pancreatitis,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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia.
- If the patient does not respond within 48-72 hours of medical management, a more advanced GI work-up (i.e., resting cortisol level, malabsorption panel, +/- GI biopsies may be warranted).
- Consider thoracic radiographs to assess for occult aspiration pneumonia.





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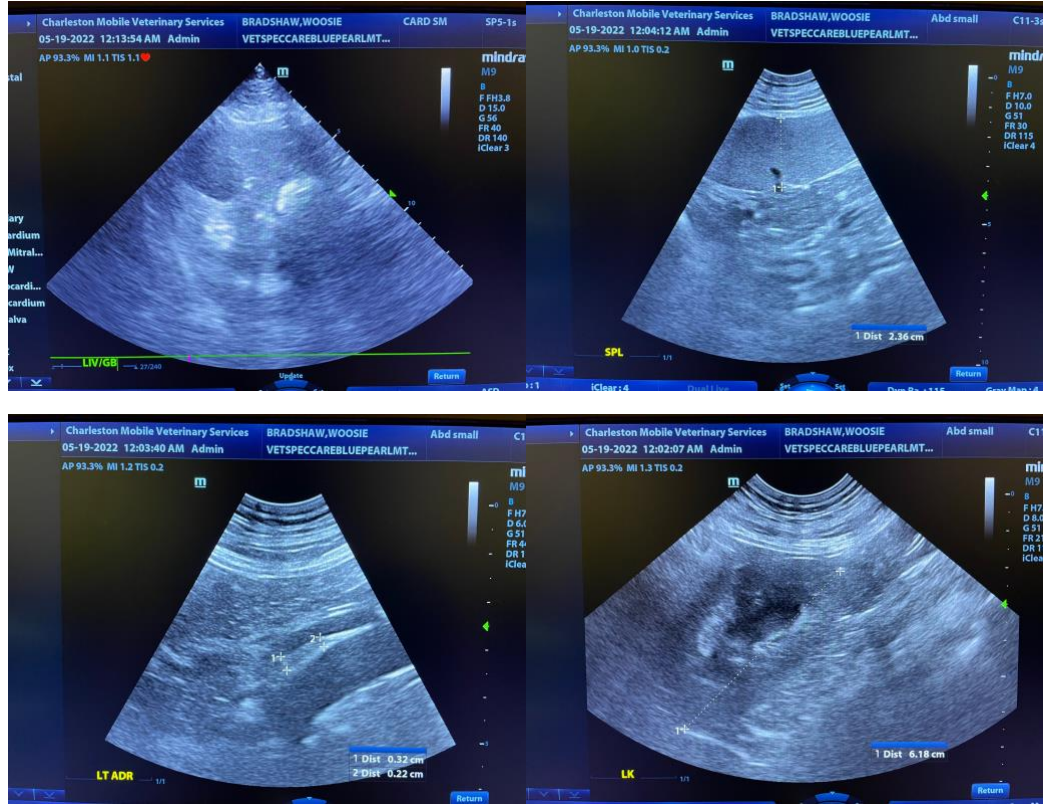
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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