



PATIENT PRESENTING CLINICAL SIGNS

Gracie Coward P presents for potential HGE

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

SEX The left kidney presented normal size (6.25 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.

Spayed Female

AGE The right kidney presented normal size (6.42 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.

5/1/10

WEIGHT Adrenal Glands

55 lbs

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.63 cm at caudal pole) (2.93 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.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (1.09 cm at cranial pole) (0.65 cm at caudal pole) (2.76 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.

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Spleen
The spleen is normal in size (2.75 cm) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Sun Dog Cat Moon

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.

REFERRING VET

Dr. Kelsey Pruitt

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.

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Gastrointestinal

DATE

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



PATIENT

Gracie Coward

layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative 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.

BREED

Hound

Free Abdomen

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

SEX

Spayed Female

Other

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

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

55 lbs

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor age-related renal changes.

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A fecal evaluation for ova/Giardia.
- Consider a fecal PCR fast panel for infectious diseases.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended.
- Probiotic (i.e., Visbiome or Provable Forte)
- A resting cortisol level to screen for atypical hypoadrenocorticism
- Serum cobalamin, folate, PLI and TLI.
- If clinical signs persist, consider a limited antigen diet trial +/- GI biopsies (i.e., endoscopic or surgical). Given that the patient has been exhibiting large bowel diarrhea, endoscopy may be preferable in that the colon can be safely biopsied with this method, and the colonic mucosa can be assessed for polyps, tumors, etc. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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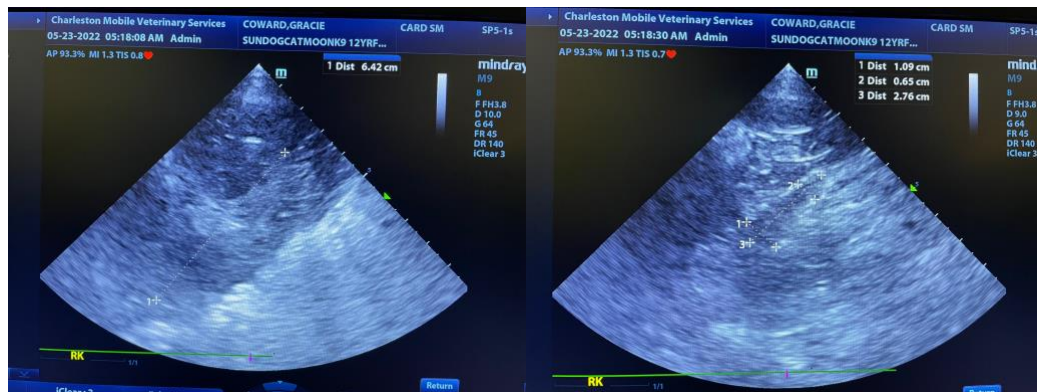
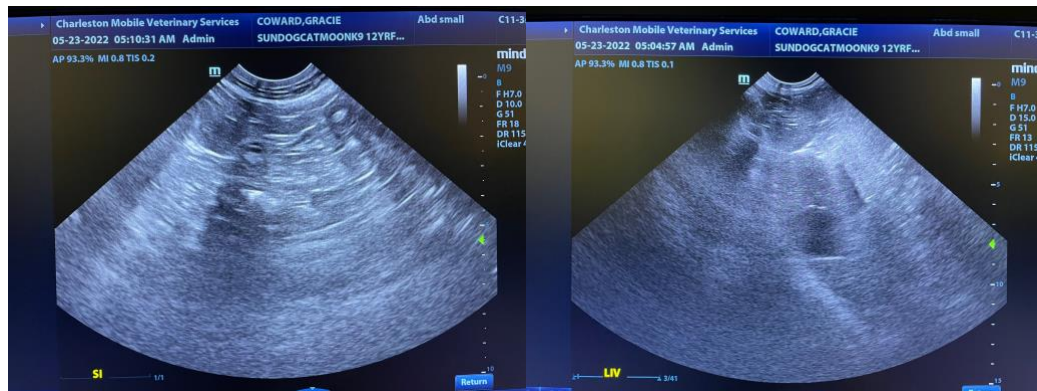
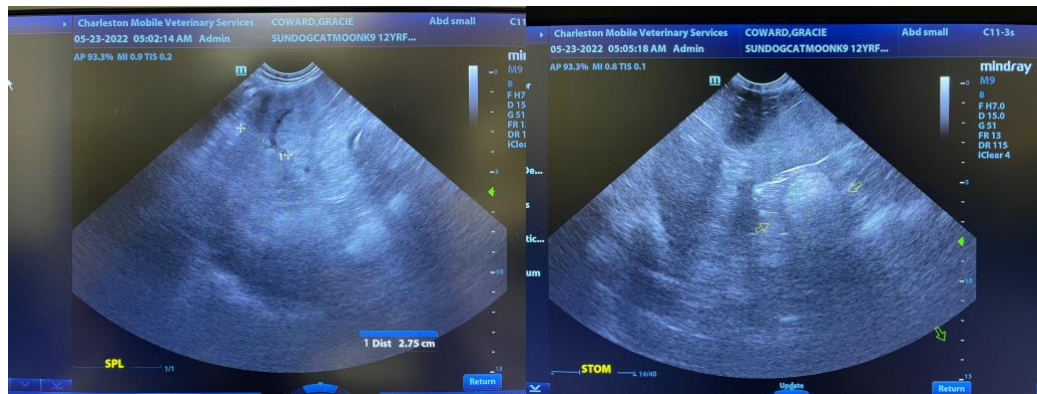
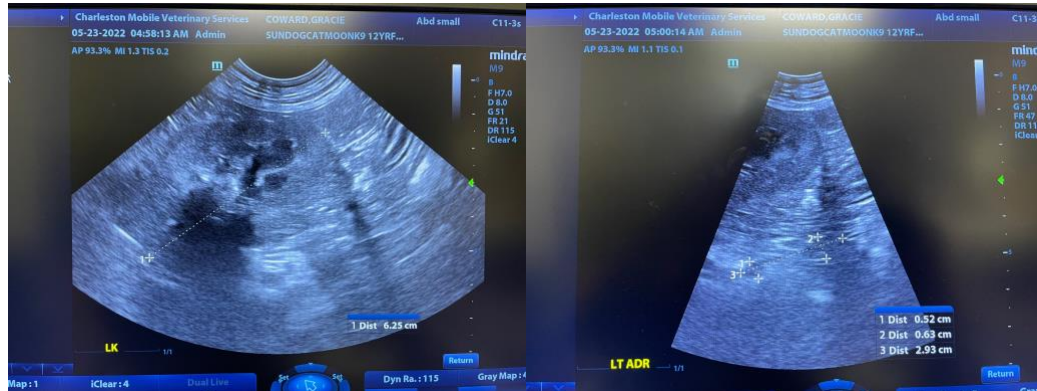
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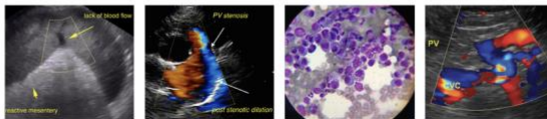
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Hound

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SEX

Spayed Female

AGE

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