



PATIENT

Charlie Taub

PRESENTING CLINICAL SIGNS

History: Patient has had no interest in food for the last 2 days and has vomited 4-6 times in the last 2 days.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is subjectively normal in size with a normal shape, architecture and 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.

AGE

5 years

The right kidney is normal in size (8.38 cm in length) with a normal shape, architecture and 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.

WEIGHT

43.5 kg

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.18 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Crystal Ebert

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Wilvet Salem

Gastrointestinal

The lumen is not distended. The gastric wall is 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 colonic wall is normal. There is no evidence of an obstructive pattern.

REFERRING VET

Dr. Crystal Ebert

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.

INVOICE

12959

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A moderate amount of slightly echogenic free fluid is present. One to two prominent mesenteric lymph nodes are visualized (the largest measuring 2.56 cm in length).

DATE

5.8.23



PATIENT

Charlie Taub

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SPECIES

Canine

- An obvious cause for the patient's elevated liver enzymes is not definitively identified in this study. Considerations include infection (i.e., Leptospirosis), inflammatory disease, (bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicity, infiltrative neoplasia (less likely), fibrosis, other hepatopathy.

BREED

Mixed

- The ascites and associated peritonitis may be secondary increased vascular permeability, increased hydrostatic pressure (i.e., due to portal hypertension), or low oncotic pressure (if applicable).

SEX

Neutered Male

Secondary Findings

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

AGE

5 years

- The prominent mesenteric lymph nodes are likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

43.5 kg

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Aspiration of the free abdominal fluid along with the liver is also recommended (if clotting status is appropriate). Twenty-five gauge-needles should be used.

INTERPRETED BY

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

- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

IMAGING PERFORMED BY

Dr. Crystal Ebert

- Depending on the results of the above diagnostics, surgical liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation may be warranted.

- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/Leptospirosis is recommended (including amoxicillin-clavulanic acid, hepatic antioxidants), and symptomatic care.

HOSPITAL NAME

Wilvet Salem

REFERRING VET

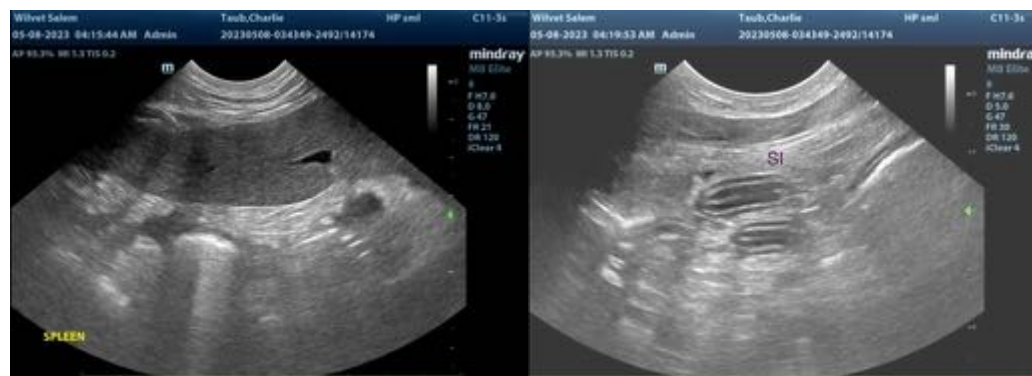
Dr. Crystal Ebert

INVOICE

12959

DATE

5.8.23





PATIENT

Charlie Taub

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 years

WEIGHT

43.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

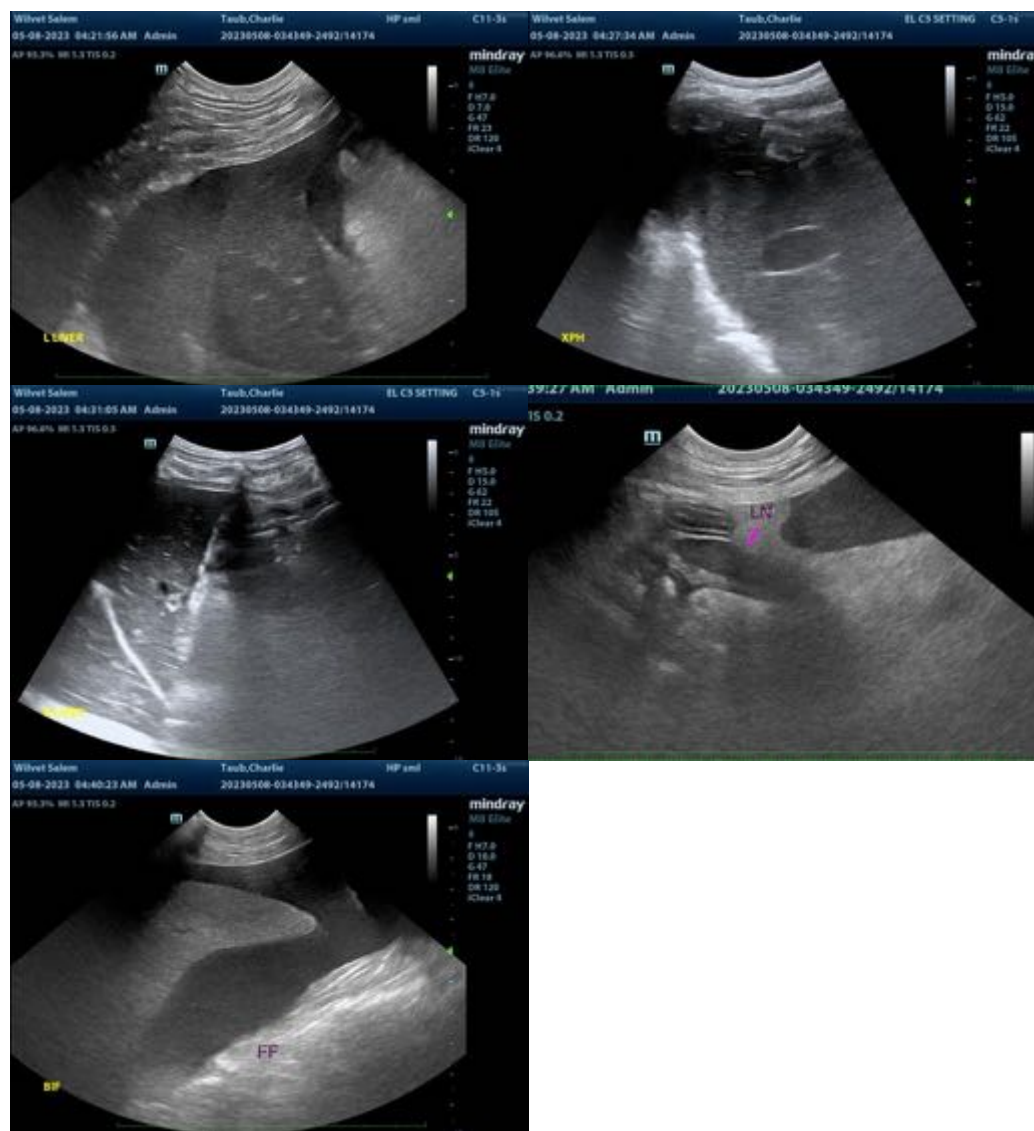
Dr. Crystal Ebert

INVOICE

12959

DATE

5.8.23



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com