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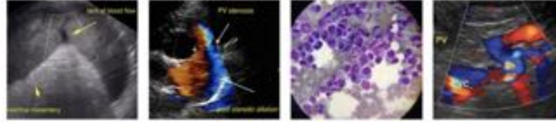


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Cassie Kohlmeyer

SPECIES
Canine

BREED
Greyhound

SEX
Female Spayed

AGE
06-14-2012

WEIGHT
29.9 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 ER Summerville

REFERRING VET
Kelsey Harris

INVOICE
13333

DATE
6.14.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 29.90, Temp-101.5, HR 160, RR 28 MM Pink CRT 2 sec
Patient presented for bloody diarrhea that started this morning at 5 am. Per O Pet did not get into anything that they know of and had normal stools last night.
Abdomen palpation is tense on presentation

Abnormal lab-work values: Chem 17- PHOS 2.0 L, AMYL > 2500 H, LIPA 5707 H
cit-PT 10.0 L. CBC- RBC 10.04 H, HCT * 71.5 H, HGB * 25.6 H, RETIC 130.5 H
BG on presentation was 53. PCV 75%, TS 7.2 Lactate 4.2
Current Medications: Cerenia Inj30 mg, Metronidazole 375mg, Protonix 30mg, Dextrose 2.5% bolus and 2.5% in a L bag going at 180ml/hr
Radiographic Findings: Sent X-rays

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

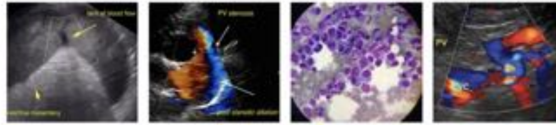
The right kidney is normal in size (7.69 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.73 cm at caudal pole) with a normal shape and 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 in normal size (1.21 cm at cranial pole) (0.73 cm at caudal pole) with a normal shape and 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 prominent in size (3.03 cm in width at the level of the hilus) normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. The portal vein to caudal vena cava ratio is approximately 1: 1.



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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.

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains granular to liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
The right limb and base are prominent in size with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed. Two-to-three prominent medial iliac lymph node are visualized (the largest measuring 2.12 cm in length). A 0.97 cm rounded, hypoechoic lymph node is observed in the left- to midabdominal. A few prominent mesenteric lymph nodes are also observed (the largest measuring 2.37 cm in length).

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

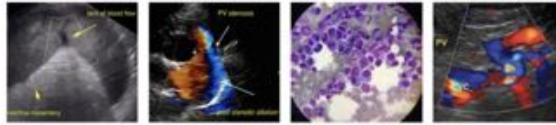
- The patient's clinical history in conjunction with the sonographic changes, are most consistent with acute hemorrhagic gastroenteritis, without evidence of foreign body, mass or obstruction. Diffuse peritonitis is present, likely secondary to bowel pathology.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

- Mild bilateral chronic renal changes with a suspected right cortical infarct
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The prominent spleen may be normal/breed-related or secondary to lymphoid hyperplasia, antigenic stimulation, extramedullary hematopoiesis, splenitis, or less likely, emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider a fecal PCR infectious disease panel.
- Also consider prophylactic deworming with Fenbendazole.



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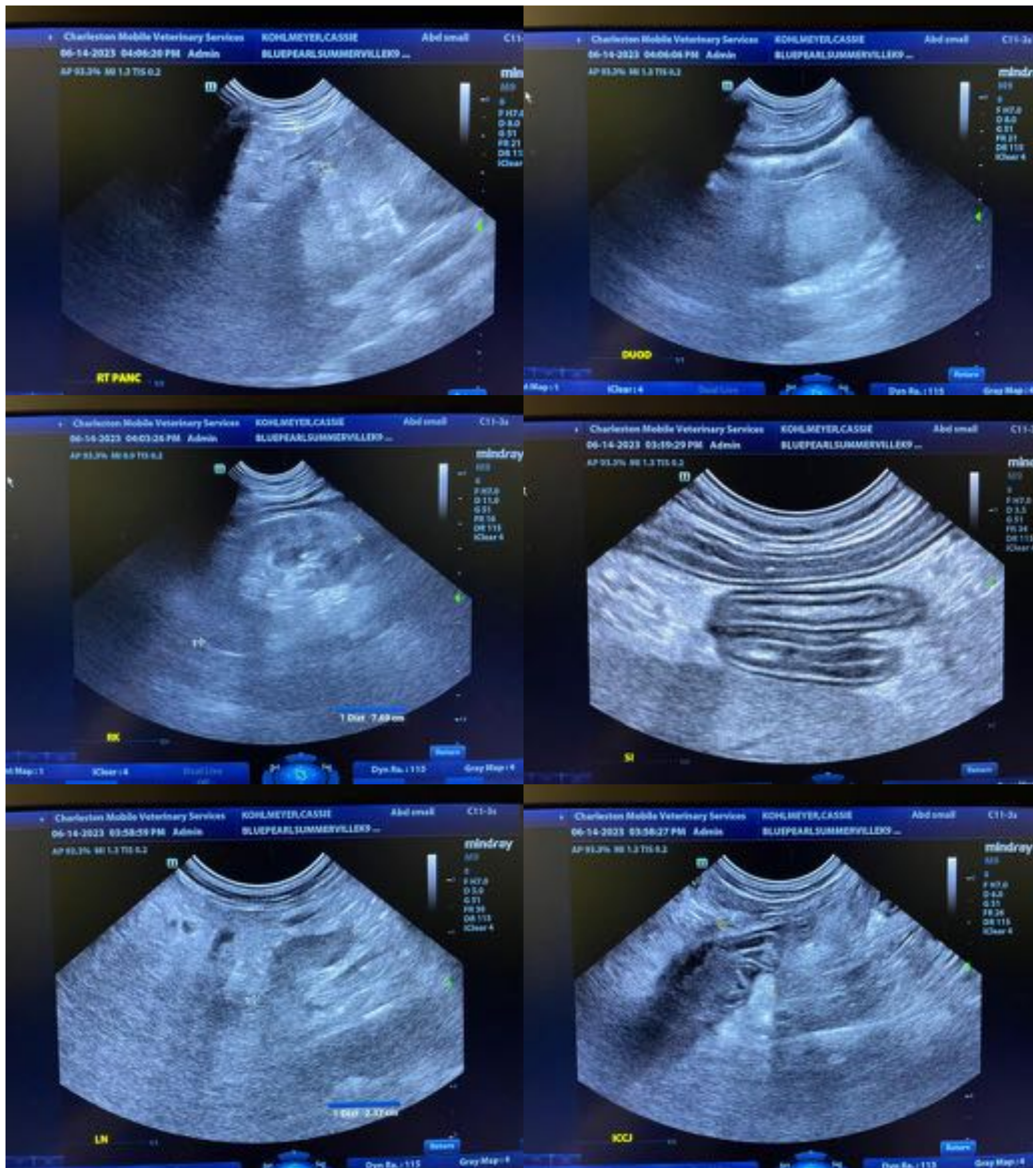
- Supportive care for acute hemorrhagic gastroenteritis/sepsis is recommended.
- If the patient's clinical signs do not improve within 24-72 hours of initiating medical management, a more comprehensive GI work-up may be warranted.



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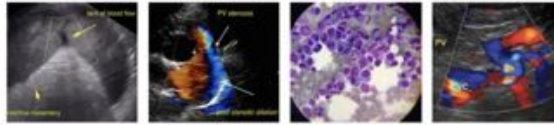

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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