Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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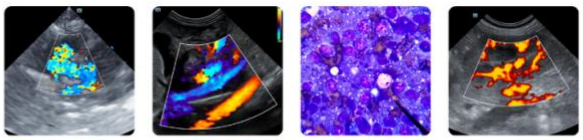

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lilly Grant

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Female Spayed

AGE

4/17/2019

WEIGHT

39

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

Dr. Leskow

INVOICE

23218

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
Fever fluctuating
New heart murmur 3/6
Abdominal discomfort
Hospitalization for monitoring:
@ 3:00 Entyce 1.7mls PO
@ 3:30PM TPR: 102.6 F, P: 100, R: 30, CRT <2s, pink, no heart murmur appreciated
@ 4:30 PM TPR 102.7 F, P: 112, R: 30, CRT <2s, pink
6:00 PM TPR: 104.3°F, P: 110, R: 32, CRT <2 sec, pink mucous membranes, grade 3/6 heart murmur noted.
AFAST fluid score 0/4, TFAST no B lines. Concern for GB sludge/debris on DH window.
Repeated AFAST @ 6:00PM 0/4 fluid score, concern for GB sludge remains

Abnormal lab-work values: Neutropenia, lymphopenia, thrombocytopenia, hypokalemia 3.4mEq/l, tbilirubin 2.8mg/dl, ggt 30 u/l, Ca2+ 8.7mg/dL, ALP 152 U/l. Otherwise WNL. 4dx negative
Urinalysis: trace protein, trace glucose, otherwise WNL
AFAST negative for fluid, TFAST B lines negative, suspected gallbladder sludge in DH window
A repeat CBC revealed a normal platelet count.
Current Medications: Entyce 1.7mls SID Clavamox 375 mg 1 pill BID x 10 days

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A small amount of gravity-dependent, mineralized sand is observed within the lumen. No distinct cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The left kidney is normal in size (5.07 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 (5.98 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.

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm at cranial pole) (0.43 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 normal in size (0.52 cm at cranial pole) (0.46 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 normal in size (1.68 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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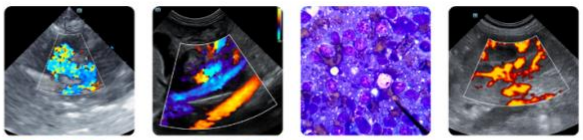

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Liver

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

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic, gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal- to mildly-thickened (up to 0.64 cm) with retention of the 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. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral nonspecific age-related renal changes
- Gallbladder debris/sludge, non-mucocele

Secondary Findings

- The mild gastric wall thickening may be a normal variant for this patient or could be secondary to gastritis.
- Urinary bladder sand

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Broad considerations include infectious, inflammatory, immune-mediated and neoplastic diseases.

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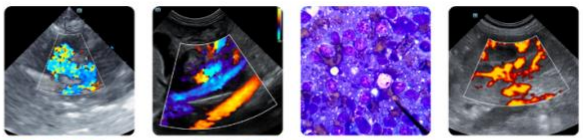

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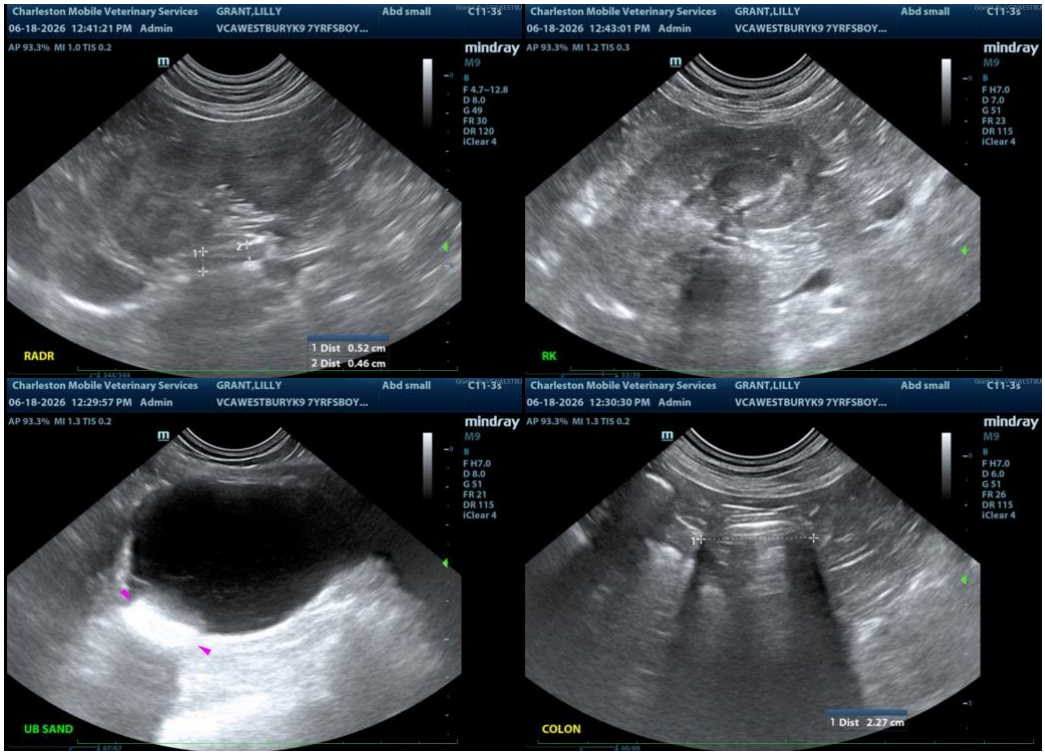
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urinalysis with a culture and sensitivity, preferably on a pre-antibiotic sample
- Three-view thoracic radiographs area recommended to assess for occult pathology in the chest.
- Also consider an echocardiogram to evaluate for valvular endocarditis.
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease)
- Depending on the results of the above diagnostics, a more comprehensive fever-of-unknown-origin work-up may be indicated, and could include the following:

  1. Joint radiographs with arthrocentesis and submission of the joint fluid for cytology and culture
  2. +/- CSF tap to evaluate for meningitis

- In the meantime, continued symptomatic care is recommended.



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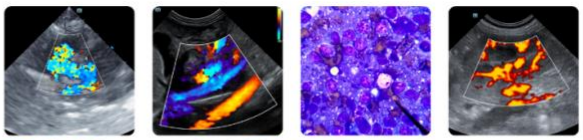

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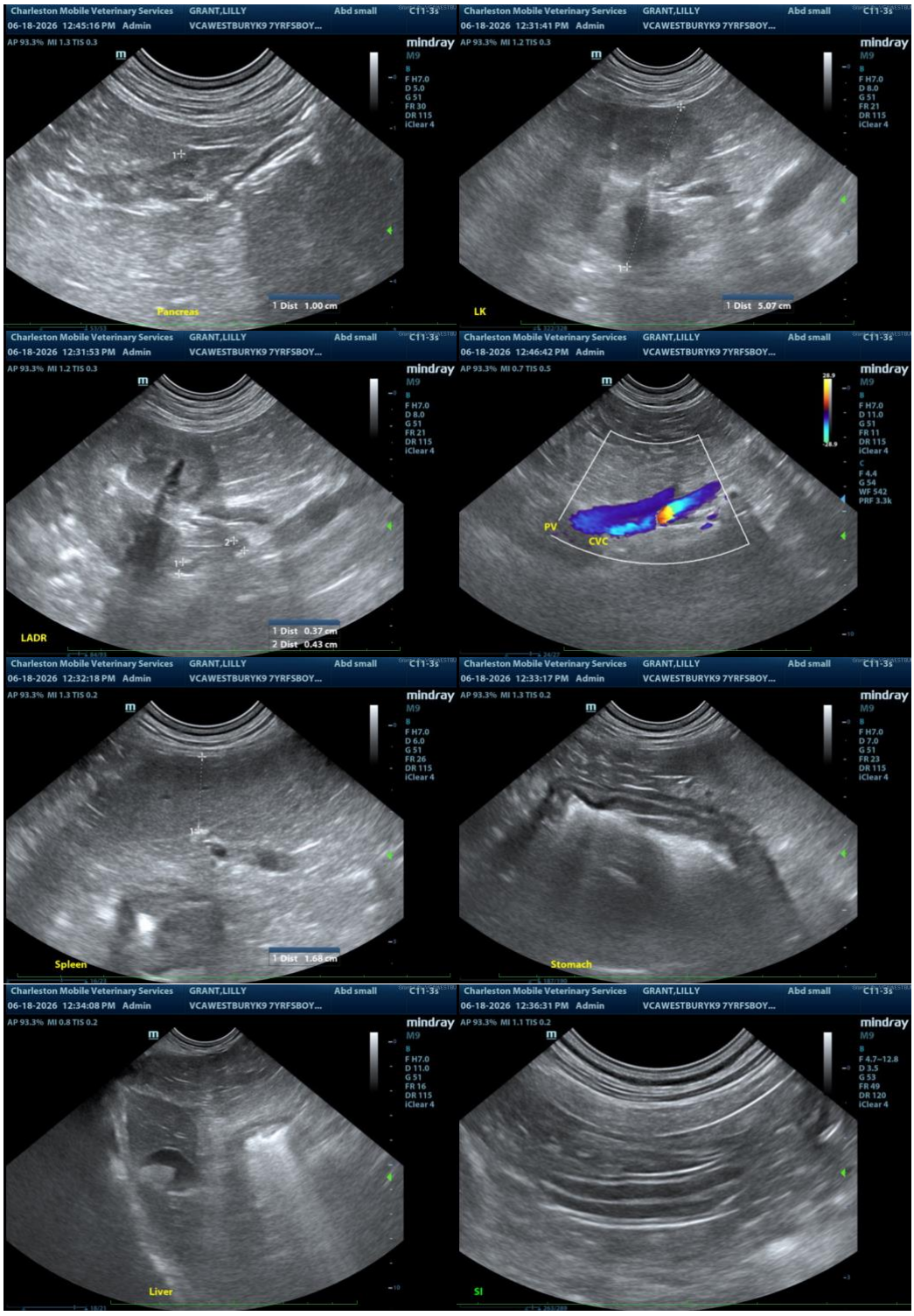

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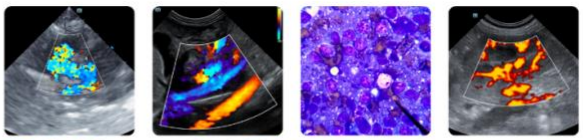

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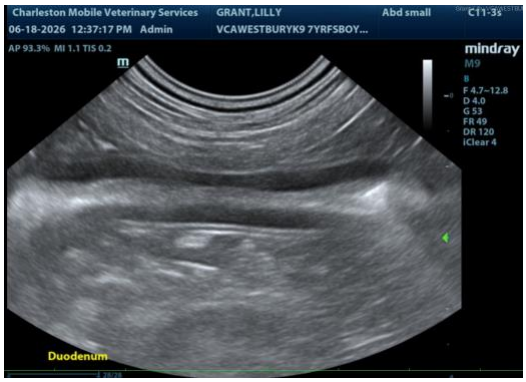

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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