



PATIENT

Apollo Miller

PRESENTING CLINICAL SIGNS

History: fasted 18 hours, PU/PD, vomiting bile
Abnormal PE/Chem/CBC/UA Results: Creat 3, BUN 27

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

BREED

Labrador Retriever

The prostate is not definitively visualized due to its pelvic location.

SEX

Male, intact

The left kidney is normal size (9.24 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 hydroureter.

AGE

3 Yrs.

The right kidney is normal size (9.25 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.

WEIGHT

29 kg.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.45 in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

INTERPRETED BY

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.87 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.

IMAGING PERFORMED BY

Hayley Heindel

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 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.

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. Kiebler

INVOICE

15050

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

DATE

6/19/23



PATIENT

Free Abdomen

Apollo Miller

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

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Labrador Retriever

Unremarkable abdomen. An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include acute renal failure (i.e., due to infection, toxicity), hypoadrenocorticism, primary GI disease with secondary dehydration, other.

SEX

Male, intact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3 Yrs.

- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- A urinalysis with culture and sensitivity is recommended.
- If proteinuria is present in the absence of infection, a UPC should be performed.
- Leptospirosis testing (i.e., blood and urine PCR, serology) is also recommended.
- Also consider a baseline blood pressure measurement.
- While awaiting test results, symptomatic care including IV fluid diuresis, antiemetics, gastric protectants and other supportive measures is recommended.

WEIGHT

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IMAGING PERFORMED BY

Hayley Heindel

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

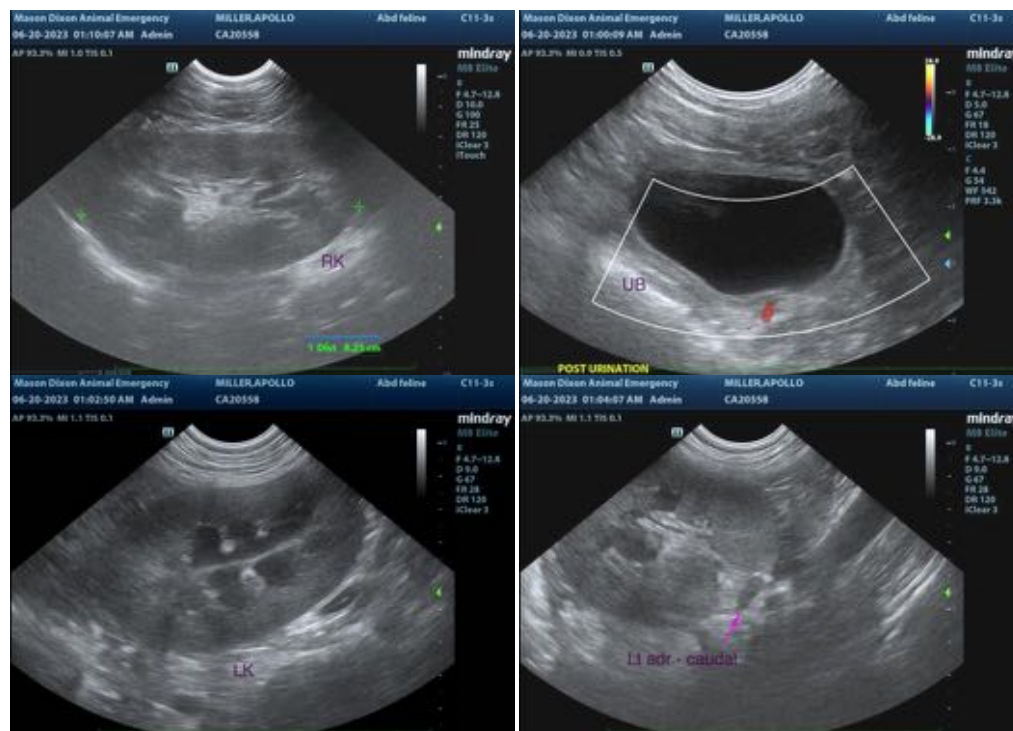
Dr. Kiebler

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BREED

Labrador Retriever

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Male, intact

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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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