



PATIENT PRESENTING CLINICAL SIGNS

Leia Calcagno

History: Pet presented last Friday for second opinion, gastroenteritis like clinical signs. On PE P was BAR, blood specks noticed on vomitus. Radiographs were performed and radiologist didn't see anything obvious. Leia was sent home with Sucralfate and advised to continue on Cerenia and I/D low fat. Today she presented for dark/ tarry stools, straining to defecate and nauseas despite giving Cerenia and Pepcid.

SPECIES

Canine

BREED

Cockapoo

Abnormal PE/Chem/CBC/UA Results: May 5th when symptoms started CBC; NSF Chem Amylase: 1,877 Lipase: 389

SEX

Female Spayed

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

AGE

9 years

The left kidney is normal in size (4.32 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

WEIGHT

16.4 lbs

The right kidney is normal in size (4.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.53 cm at the cranial pole) (0.53 at the 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.

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 in this region.

IMAGING PERFORMED BY

Dr Reyes

Spleen

The spleen is normal in size (0.84 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 appears normal.

HOSPITAL NAME

Graceful Paws PC

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Dr Reyes

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

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering

DATE

6.21.23



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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

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

BREED

Cockapoo

Free Abdomen

There is no obvious evidence of free fluid. 0.65 cm lymph node is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Secondary Findings

- Minor bilateral chronic renal changes with left dystrophic mineralization and trace pyelectasia
- The mild hepatomegaly may be a normal variant for this patient or may represent early vacuolar hepatopathy, inflammatory disease, emerging neoplasia (unlikely), other hepatopathy.
- The prominent cranial abdominal lymph node is likely reactive with a low possibility of emerging neoplasia.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary gastrointestinal disease (i.e., *Helicobacter pylori* infection, inflammatory bowel disease, food allergy/intolerance, emerging gastric neoplasia), underlying metabolic issue, gastrinoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for internal parasites is recommended.
- Also consider a Texas GI panel including serum cobalamin and folate, TLI, PLI, and resting cortisol level.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Also consider an upper GI endoscopy with biopsies.
- A limited antigen or hydrolyzed protein diet trial may also be warranted.
- If the above diagnostics do not reveal an underlying cause for the patient's clinical signs, consider a serum gastrin level to further evaluate for gastrinoma.
- While awaiting test results, symptomatic care for GI ulceration is recommended, including a proton pump inhibitor and sucralfate.

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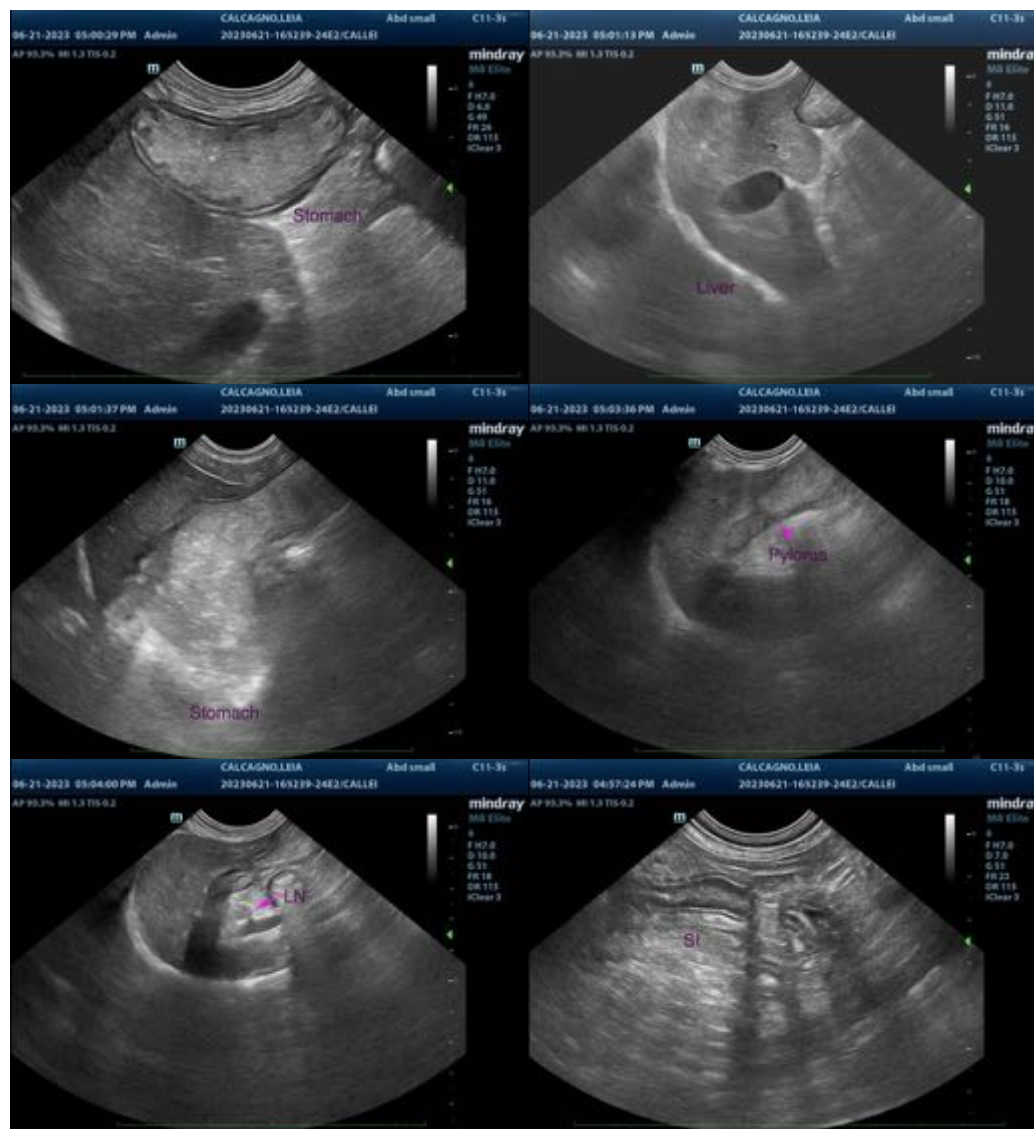
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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