

**PATIENT PRESENTING CLINICAL SIGNS**

Sully Valentine History: acute onset of hematemesis and now has melena. No known toxin exposures.

**SPECIES** Abnormal lab-work values: CBC chemistry unremarkable. PCV 50%.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** 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 and the proximal urethra, visible to a depth of 2 cm, are normal.

Goldendoodle

**SEX** The prostate is normal in size (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

**AGE**

The left kidney is normal in size (5.74 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. A small cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

13 years

**WEIGHT**

The right kidney is normal in size (6.54 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 hydronephrosis. Renal vasculature is normal.

21.2 kg

**Adrenal Glands**

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.66 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.

**INTERPRETED BY**

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

The right adrenal gland is in normal size (0.56 cm at cranial pole) (0.48 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.

**IMAGING PERFORMED BY**

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

**Spleen**

The spleen is normal in size (1.87 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Paw Med Urgent Care

**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.

**REFERRING VET**

Dr. Carly Conrad

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.

**INVOICE**

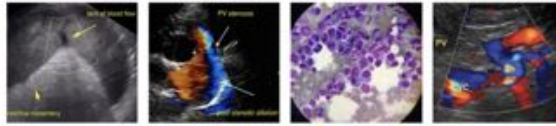
13507

**Gastrointestinal**

The gastric lumen is mildly distended with fluid and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely fluid-distended (mild) and

**DATE**

6.27.23



**PATIENT**

Sully Valentine

appears hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen is distended with diarrhetic stool. There is no obvious evidence of an obstructive pattern.

**SPECIES**

Canine

**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Goldendoodle

**Free Abdomen**

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.54 cm in length).

**SEX**

Neutered Male

**Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 years

**Primary Findings**

- The gastrointestinal changes are most consistent with diffuse gastroenteritis/ileus.

**WEIGHT**

21.2 kg

**Secondary Findings**

- Minor bilateral chronic renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- 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).

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Consider a resting cortisol level.
- Also consider a fecal evaluation for internal parasites +/- prophylactic deworming with Fenbendazole.
- Symptomatic care for acute hemorrhagic gastroenteritis is recommended.
- If the patient's clinical signs do not begin to improve within 24-72 hours of initiating medical management, a more comprehensive GI work-up (i.e., Texas GI panel, upper and lower GI endoscopy with biopsies) may be warranted.

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Paw Med Urgent Care

**REFERRING VET**

Dr. Carly Conrad

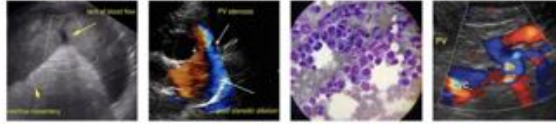
**INVOICE**

13507

**DATE**

6.27.23

The information and recommendations provided are based on the images presented by the referring



**PATIENT**

Sully Valentine

**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.

**SPECIES**

Canine

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

**BREED**

Goldendoodle

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

21.2 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**

Paw Med Urgent Care

**REFERRING VET**

Dr. Carly Conrad

**INVOICE**

13507

**DATE**

6.27.23