

PATIENT PRESENTING CLINICAL SIGNS

HUNLEY COOK
Obtunded upon presentation. Pale MM. Dr. Cook was out of town when today pet sitter called saying he acutely went down (was running around yesterday). Today she vomited and then collapsed and looked very pale. Met Dr. Cook at eye care and put in IVC, ran PCV, BG was 130mg/dl, gave cerenia IV and IVF bolus then presented to ER.

SPECIES

Canine

History of AUS with IM (Hirsch): See findings: 2/2022 AUS was for history of chronic diarrhea

BREED

Boykin

Outcome:
Prominent to mildly enlarged spleen - non-specific and could be normal variation given that texture and echogenicity are still within normal limits. Other DDX may include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, other
Borderline left adrenomegaly - DDX: normal variation, hyperplasia, other

SEX

Neutered Male

Diagnosed in feb with Cdif- treated and recovered well.

AGE

1/27/08

PCV 47%. Lactate 16, other labs currently running.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

15.6 kg

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The prostate is normal in size (1.94 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

IMAGING PERFORMED BY

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The left kidney presented normal size (6.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Blue Pearl Mt. Pleasant

Adrenal Glands

REFERRING VET

Dr. Andrews

The left adrenal gland is enlarged size (0.86 cm at cranial pole) (1.06 cm at caudal pole) (2.51 cm in length); slightly irregular shape; mildly heterogeneous parenchyma. A 0.55 cm x 0.51 cm ill-defined, hyperechoic nodule is observed at the caudal pole. There is a loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

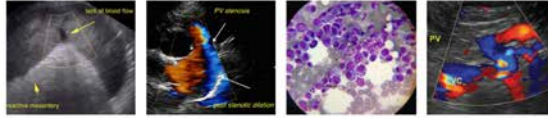
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The right adrenal gland is enlarged (1.46 cm at cranial pole) (0.70 cm at caudal pole); slightly irregular shape; mildly heterogeneous parenchyma with some loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

DATE

6/6/22



PATIENT *Spleen*

Hunley Cook The spleen is subjectively prominent in size (1.93 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled/heterogeneous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

SPECIES

Canine *Liver*

BREED

Boykin The liver is subjectively normal in size with normal contours and structure. The parenchyma is hypoechoic relative to the spleen, and diffusely mottled in appearance. No distinct 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.

SEX

Neutered Male The gall bladder lumen is moderately distended. The wall is diffusely thickened up to 0.38 cm and hypoechoic with a “double walled” effect. A small amount of gravity dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

WEIGHT

15.6 kg

Pancreas

The pancreas is partially obscured by the gastric distention. In the visible portion of right limb, the pancreas is visible and largely isoechoic relative to surrounding omental fat. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

A small amount of free fluid is present.

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2-3 prominent mesenteric lymph nodes are visualized, the largest measuring 3.23 cm in length. The nodes are normal in shape and echogenicity.

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Other

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

REFERRING VET

Dr. Andrews

PRIMARY FINDINGS

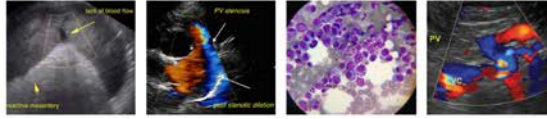
- The gallbladder wall changes could be consistent with an anaphylactic reaction, cholecystitis, immune mediate hemolytic anemia, or less likely hypoalbuminemia or right-sided heart disease.
- Non-specific diffuse hepatopathy – differentials include reactive hepatopathy, inflammatory disease, hepatotoxicosis (i.e., copper), other hepatopathy +/- a benign age-related process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).
- The small amount of ascites may be secondary to increased vascular permeability, increased hydrostatic, or low oncotic pressure (if applicable).

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PATIENT SECONDARY FINDINGS

Hunley Cook

SPECIES

Canine

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Neutered Male

AGE

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WEIGHT

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- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia, or less likely, infiltrative neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral chronic age-related renal changes
- The bilateral adrenomegaly is most consistent with hyperplastic change. However, emerging bilateral tumors cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued treatment for anaphylaxis is recommended.
- Consider initiation of broad-spectrum antibiotic therapy as empirical treatment for cholecystitis.
- Monitoring of the patient's PCV and liver values is recommended. If values worsen, a more advanced workup may be warranted.

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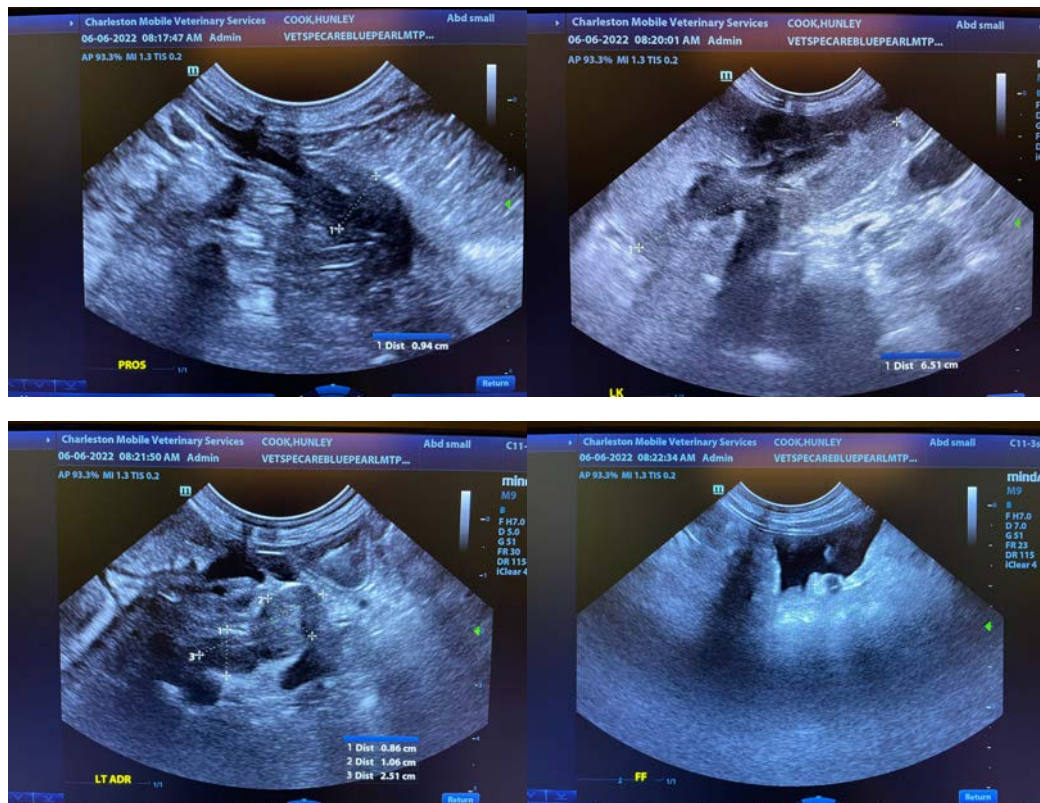
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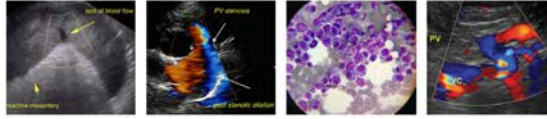
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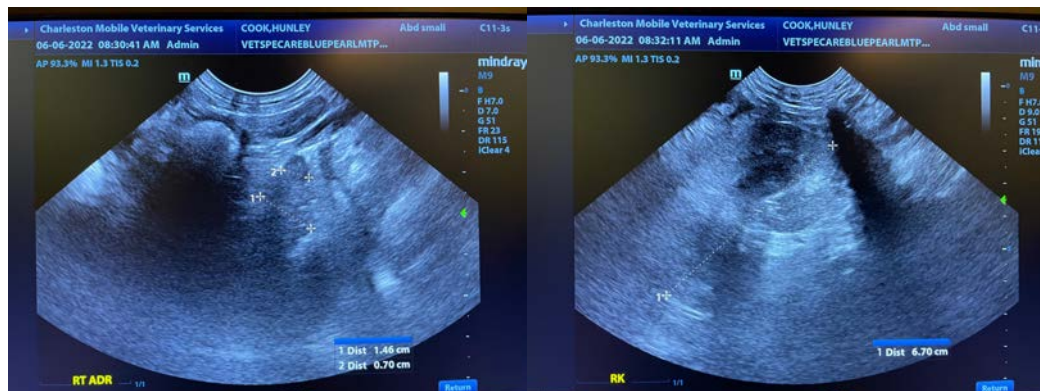
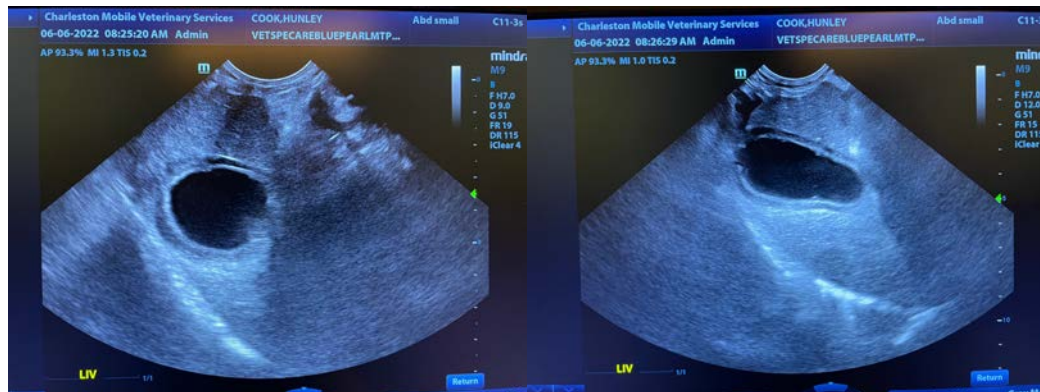
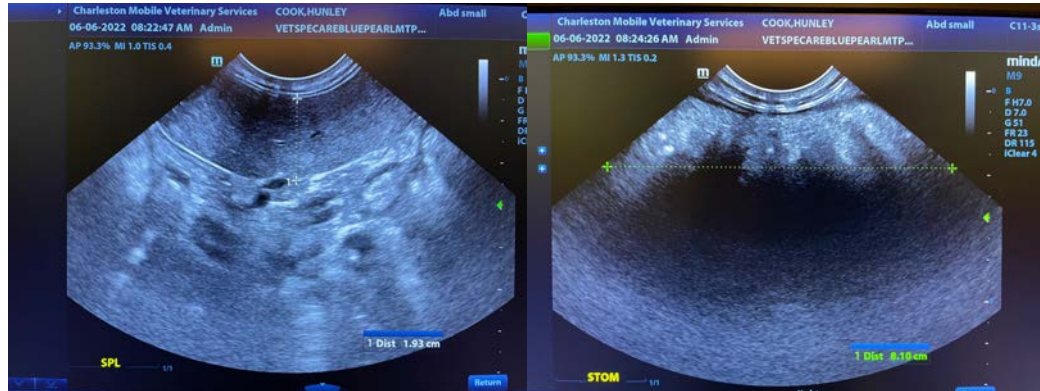
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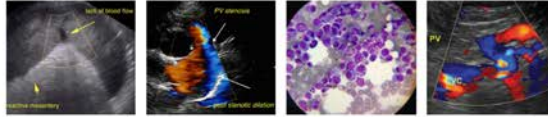
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PATIENT

Hunley Cook

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

SPECIES

Canine

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.

BREED

Boykin

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