



**PATIENT**

Lola Whitesides

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Intact Female

**AGE**

8 mos

**WEIGHT**

40.5 lbs

**INTERPRETED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small  
Animal Internal

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small  
Animal Internal

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

Dr. Hawk

**INVOICE**

11047

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

First presented Tuesday 6/7 with acute onset vomiting after eating/drinking, painful abdomen, lethargy, declining appetite. P was boarded for 1 week and picked up on Saturday 6/4. Symptoms first presented Monday 6/6. P has history of eating objects around the house. O states that P did get into sausage and grease fat either Sunday or Monday evening. P was treated with SQ fluids and Cerenia and symptoms have persisted. New symptoms include diarrhea and anorexia.

**Current Medications** Cerenia 1.8 mL IV, Ondansetron 8mg 2TPO BID, Metoclopramide 10mg 1 TPO BID, Proviabile kit

**Radiographic Findings** Cranial abdominal loss of serosal detail could be a summation artifact or secondary to pancreatitis with regional peritonitis. Other considerable but less likely differential diagnoses include infectious/inflammatory gastroenteritis, dietary indiscretion, or a poorly defined foreign object.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 1-2 cm, are normal.

The left kidney is normal size (5.95 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.55 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.38 cm at caudal pole) (2.11 cm in length); normal shape; 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 size (0.46 cm at cranial pole) (0.62 cm at caudal pole) (2.35 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



<b>PATIENT</b>	unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
Lola Whitesides	
<b>SPECIES</b>	<b>Spleen</b>
Canine	The spleen is normal in size (1.26 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.
<b>BREED</b>	<b>Liver</b>
Golden Doodle	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.
<b>SEX</b>	
Intact Female	
<b>AGE</b>	
8 mos	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.
<b>WEIGHT</b>	<b>Gastrointestinal</b>
40.5 lbs	The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A few small intestinal segments are mildly fluid distended. 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 is diffusely distended with liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.
<b>INTERPRETED BY</b>	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal	
<b>IMAGING PERFORMED BY</b>	<b>Pancreas</b>
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal	The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.
<b>HOSPITAL NAME</b>	<b>Free Abdomen</b>
Flowertown AH	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.62 cm sublumbar lymph node is visualized. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring 0.58 cm in length.
<b>REFERRING VET</b>	<b>Other</b>
Dr. Hawk	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
<b>INVOICE</b>	
11047	
<b>DATE</b>	
6/9/22	



**PATIENT**

Lola Whitesides

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Intact Female

**AGE**

8 mos

**WEIGHT**

40.5 lbs

**INTERPRETED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small  
Animal Internal

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small  
Animal Internal

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

Dr. Hawk

**INVOICE**

11047

**DATE**

6/9/22

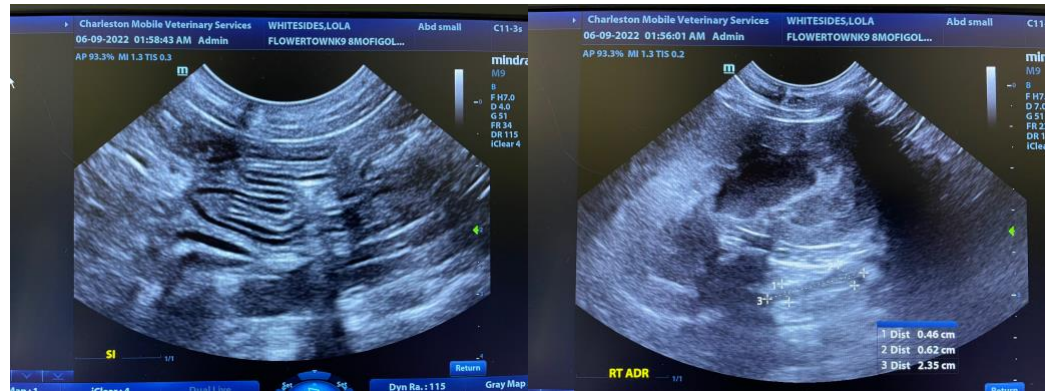
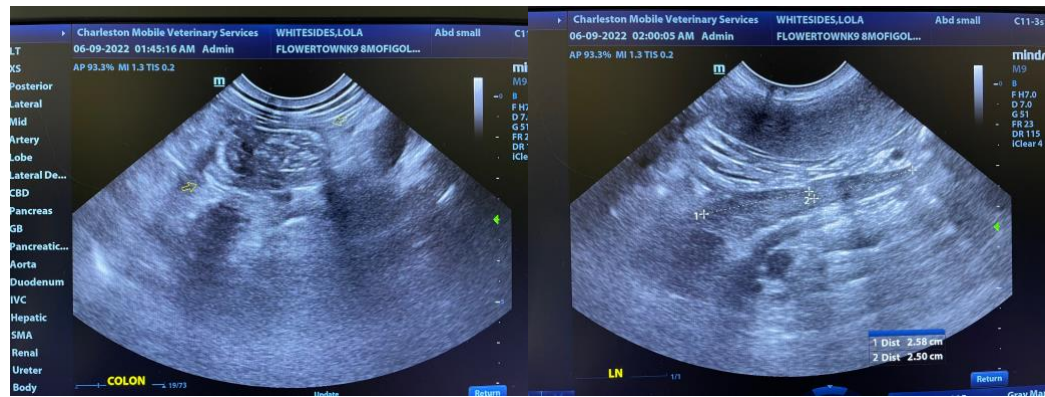
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Given the clinical history and sonographic changes, acute gastroenteritis/colitis is suspected. There is no obvious evidence of a foreign body/obstruction or pancreatitis, although low-grade pancreatitis cannot be completely excluded.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for acute gastroenteritis is recommended.
- Also consider a fecal evaluation for ova and Giardia, +/- parvo testing, if the clinical suspicion is high.
- If clinical signs do not improve within 48-72 hours of medical management, a more advanced GI workup may be warranted.





**PATIENT**

Lola Whitesides

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

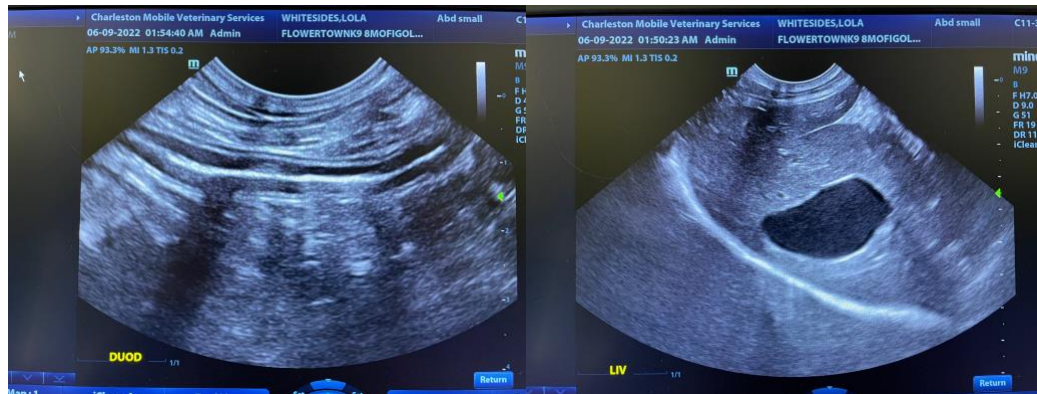
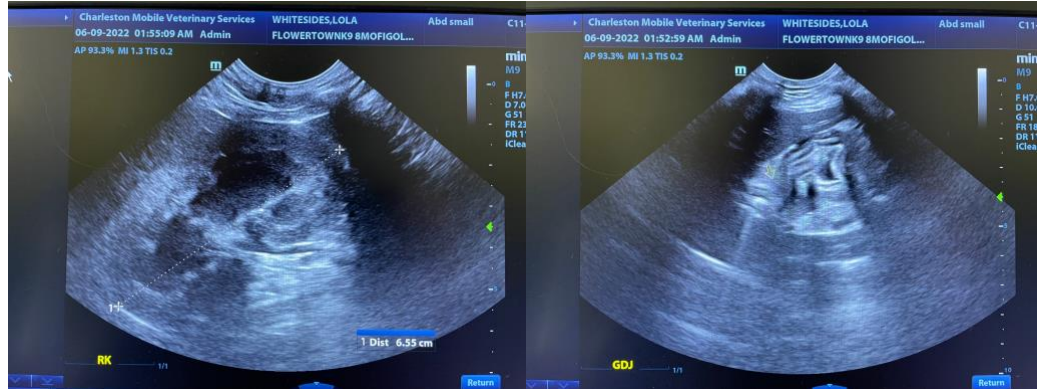
Intact Female

**AGE**

8 mos

**WEIGHT**

40.5 lbs



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

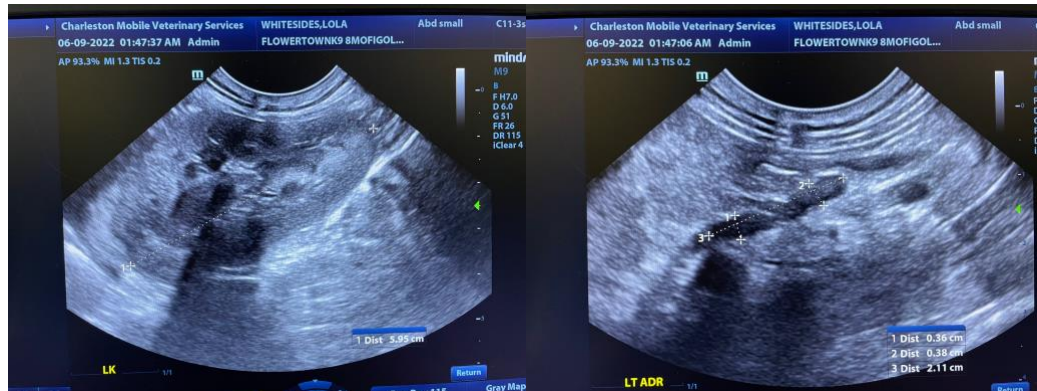
Dr. Hawk

**INVOICE**

11047

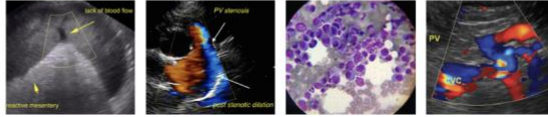
**DATE**

6/9/22



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.



**PATIENT**

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

Lola Whitesides

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Intact Female

**AGE**

8 mos

**WEIGHT**

40.5 lbs

**INTERPRETED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small  
Animal Internal

**IMAGING  
PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small  
Animal Internal

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

Dr. Hawk

**INVOICE**

11047

**DATE**

6/9/22