



PATIENT PRESENTING CLINICAL SIGNS

Chevy Stancil History of acute onset hemorrhagic gastroenteritis. The increased white blood cell count with some bands.

SPECIES

Canine

Clinical Exam Findings: Progressive V/D, anorexia since Friday
Eyes: pupils are equal and responsive with intact menace OU.
Oral: moderate tartar. Drooling. Halitosis. MM pink, CRT 1.5 sec.
LNs: no PLN enlargement palpable.

BREED

Yorkshire Terrier

Ears: clear canals AU. H/L: tachycardic at 150 bpm; no murmur or arrhythmia. Synchronous pulses.
Lung sounds are clear with no crackles or wheezes appreciated.
Abdomen: slightly tense. No palpable mass effect or free fluid.
M/S: ambulatory x 4. BCS 4/9. Mild MPLs bilaterally.

SEX

Intact Male

Neuro: no deficits noted.
Skin/coat: increased skin tent; moderate dehydration.
Urogenital: intact male. Scrotal irritation and inflammation on the caudal base of the scrotum.
GI: anal inflammation.

AGE

7.11.17

Abnormal lab-work values: CBC revealed an elevated HCT of 73.9%. Mildly elevated WBC count of 16.9K. Normal PLT count of 145K. elevated BUN at 45, elevated PHOS of 7.7, decreased Calcium of 7.4, decreased K+ of 2.7. Abnormal cPL snap.

WEIGHT

4.7 lbs

Current Medications: Buprenex, Ampicillin/sulbactam, Protonix, Metronidazole, Cerenia, IVF, KCl
Radiographic Findings: Radiology report pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

INTERPRETED BY

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

The **urinary bladder** wall is 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.

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The **prostate** is normal enlarged (0.41 cm in width) with a normal shape and smooth peripheral contours. Parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

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Blue Pearl Mt
Pleasant

The **left kidney** is normal size (3.89 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. Renal vasculature is normal.

REFERRING VET

Libby

The **right kidney** is normal size (3.78 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. Renal vasculature is normal.

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Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.55 cm at cranial pole) (0.64 cm at caudal pole) (1.98 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.

DATE

7.11.22

The **right adrenal gland** is normal size (0.51 cm at cranial pole) (0.47 cm at caudal pole) (1.82 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



PATIENT unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Chevy Stancil

SPECIES **Spleen**
The **spleen** is normal in size (0.93 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.

Canine

BREED **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.

Yorkshire Terrier

SEX

Intact Male 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.

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Gastrointestinal
The **gastric lumen** is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenum is mildly hyperperistaltic. The small intestinal lumen is segmentally fluid-distended (mild) and hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The cecum is fluid-distended with a normal wall thickness. The colonic lumen is diffusely fluid-distended. The colonic wall is normal in thickness with a normal layering pattern. There is no obvious evidence of an obstructive pattern.

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Pancreas
The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen
There is no obvious evidence free fluid. A 0.58 cm lymph node is observed in the right cranial quadrant.

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

The testicles are subjectively normal in size (left testicle 2.50 x 1.27 cm; right testicle 2.53 x 1.28 cm) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Mild, diffuse intestinal ileus with cecal and colonic luminal dilation, likely secondary to enteritis/colitis +/- typhlitis. No obvious evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded.

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PATIENT Secondary Findings

Chevy Stancil

- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.

SPECIES

Canine

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

BREED

Yorkshire Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for hemorrhagic gastroenteritis/typhlitis is recommended, including fluid therapy, broad-spectrum antibiotics, gastric protectants, antiemetics and pain medication (as needed). If the patient's clinical signs do not improve within 48-72 hour of medical management, a more advanced GI work-up may be warranted.

SEX

Intact Male

AGE

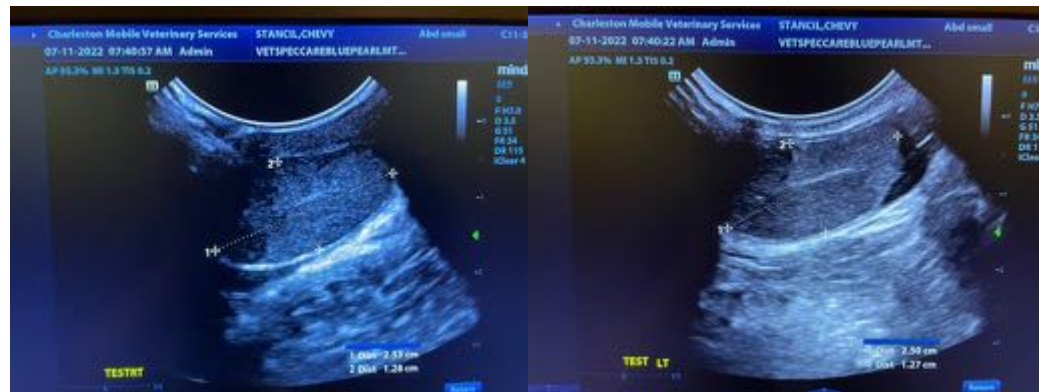
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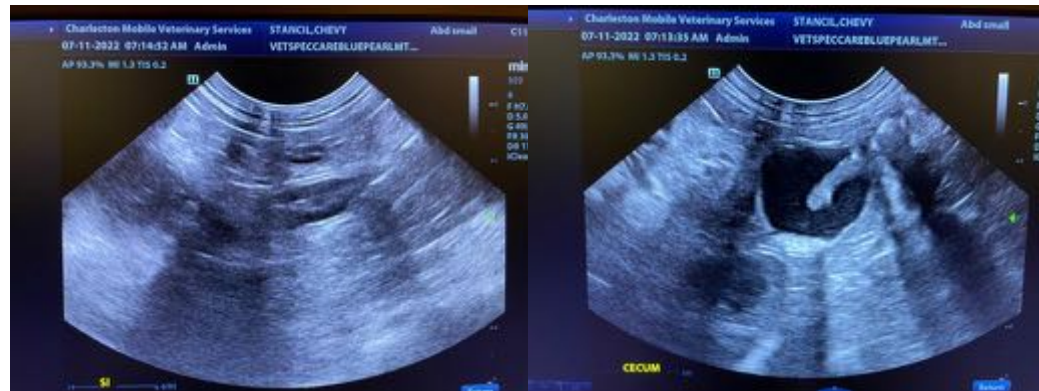
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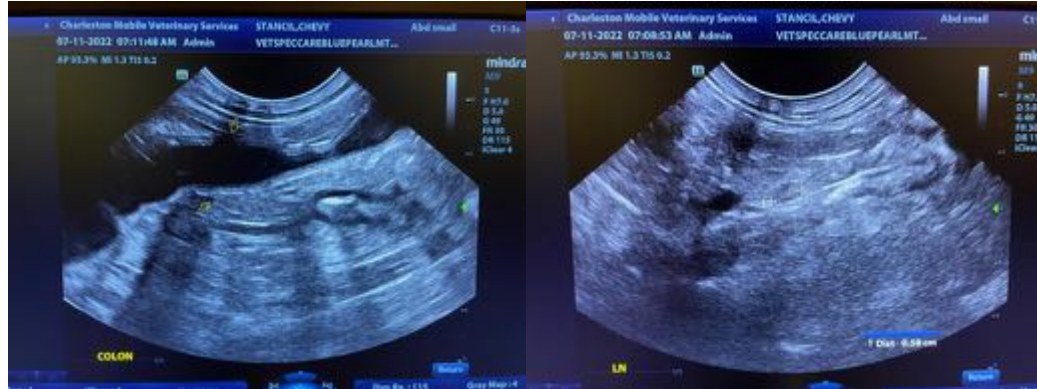
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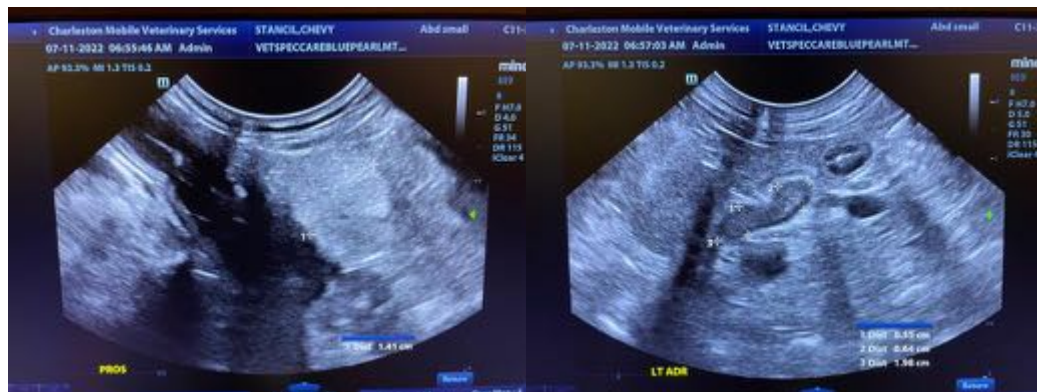
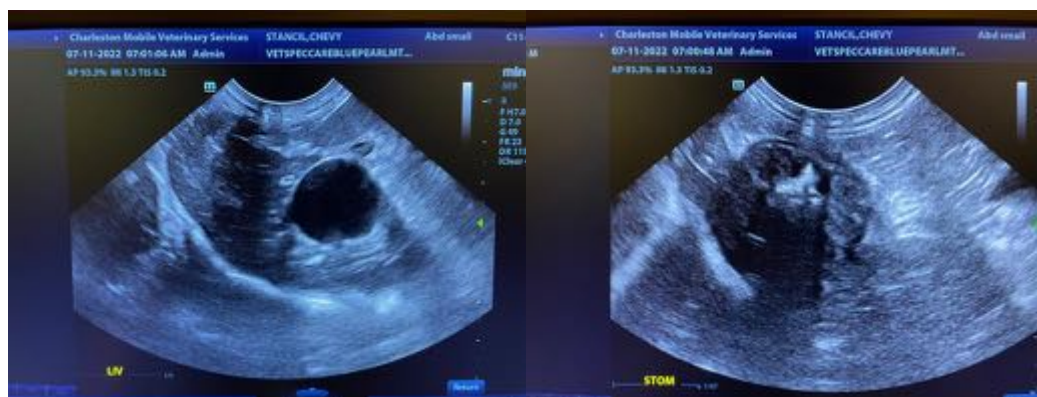
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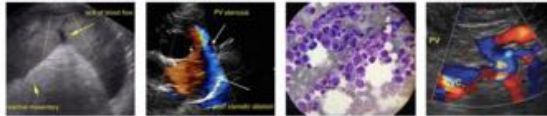
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PATIENT

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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.

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

Yorkshire Terrier

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info@SonoPath.com

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