

PATIENT PRESENTING CLINICAL SIGNS

Damon Morris History: 36-hour-history of severe lethargy. Bloodwork shows a neutrophilia. Blood pressure normal. Electrolytes, hematocrit, blood glucose normal. Minimally elevated lactate/

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Doberman Pinscher

The prostate is enlarged (6.07 cm in width) with a normal shape. Parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

SEX

Intact Male

The left kidney is normal in size (8.64 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 hydroureter. Renal vasculature is normal.

AGE

5 years

The right kidney is normal in size (8.62 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 hydroureter. Renal vasculature is normal.

WEIGHT

41.1 kg

Adrenal Glands

The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.63 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 (1.19 cm at cranial pole) (0.80 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.

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Spleen

The spleen is enlarged (4.00 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no obvious evidence of thrombosis.

HOSPITAL NAME

Blue Pearl MP ER

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.

REFERRING VET

Dr. Shannon Graham

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is moderately fluid-distended. A small amount of fragmented shadowing material is observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenal lumen is mildly fluid-distended and hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern and

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PATIENT appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are.

Damon Morris

Pancreas

SPECIES

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are seen. The right limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Canine

BREED

Free Abdomen

Several enlarged lymph nodes are observed throughout the abdominal cavity. The largest node (in the cranial- to midabdominal) is severely enlarged (up to 6.00 cm), rounded and hypoechoic with cavitated areas. Surrounding mesentery is hyperechoic.

Doberman Pinscher

SEX

Other

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

Intact Male

Fine-needle aspirates of the rounded, cavitated lymph node were obtained for cytologic evaluation, aerobic and anaerobic bile cultures. In-house cytology revealed bacteria, suspected to be clostridium.

AGE

5 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The severe lymphadenopathy could be consistent with lymphadenitis/necrotic lymph node or neoplasia (i.e., lymphoma). Peritonitis is present, likely secondary to lymph node pathology.
- The pancreatic changes are suggestive of mild pancreatitis.
- Gastric ileus is suspected, likely functional, although an intermittent pyloric outflow tract obstruction cannot be completely excluded.

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Secondary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider an abdominal exploratory to evaluate for a migrating foreign body or other source of infection. Alternatively, if a more conservative approach is desired, aggressive medical therapy with broad-spectrum antibiotics can be considered, with close monitoring of the patient and abdomen for changes consistent with sepsis.

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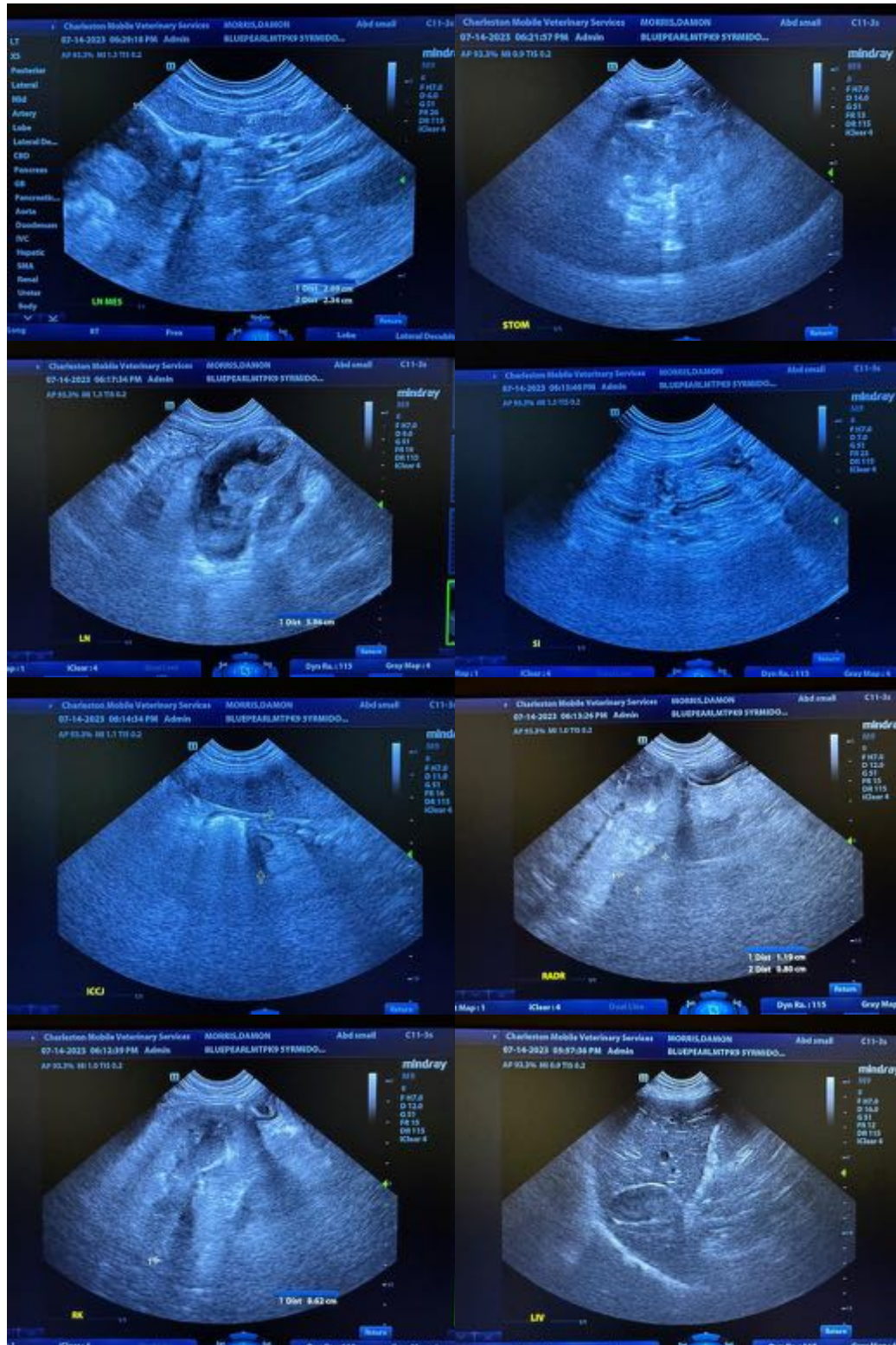
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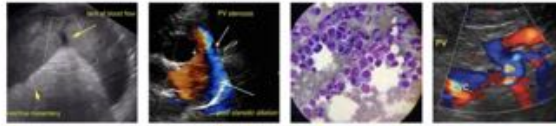
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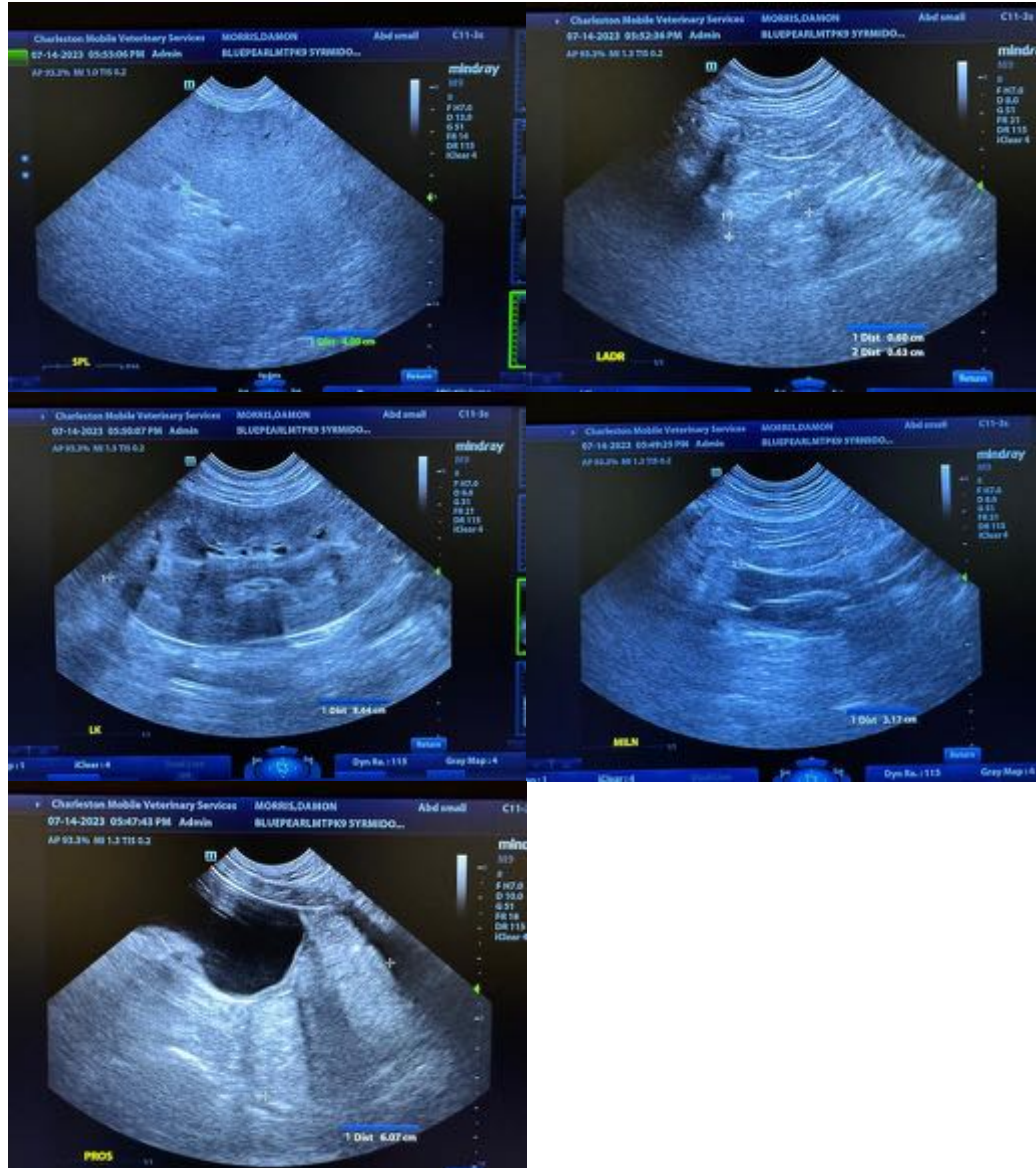
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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