

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Pippa Lambert
SPECIES Canine
BREED KC Spaniel
SEX Intact Female
AGE 08/10/2016
WEIGHT 7 kg

PRESENTING CLINICAL SIGNS
Clinical Exam Findings: Patient presented at 12am on 7/16/23 for several episodes of acute vomiting that started on 7/15/23 at 5 PM after eating dinner. No known toxin exposure or dietary indiscretion. Patient has a history of pacemaker placement with Dr. Jesty at CVRC and has seen Dr. Jacobson as well.
PE: 2/6 cardiac murmur, hematochezia on rectal exam, muddy mucous membranes, umbilical hernia present

Abnormal lab-work values: BG: 66 (L). BP: 80 mmHg. BC: HCT 53/7% (N), Retic 116.7 (H), Retic-HGB 20.4 (L), NEU 0.3k (L), Lymph 6.07k (H), Mono 3.16k (H), Eos 0.01k (L), PLT 104k (L), MPV 13.6 (H), rest WNL
Chem17: Ca 7.8 (L), K 2.7 (L), TP 4.9 (L), Alb 1.8 (L), Amylase 266 (L), Lipase 141 (L), rest WNL
BG has improved on dextrose supplementation, but is still low-normal between 76-115 even on a 5% dextrose CRBP has remained normal.
K has normalized

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Current Medications: Patient treated with IV fluids, 5% dextrose CRI, KCl, Cerenia, Ondansetron, Protonix, metronidazole, Provable, and Entyce.

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Radiographic Findings/CXR (3-view) + AXR (3-view) with STAT Keystone:
Radiograph examinations dated July 15 and July 16, 2023

July 15, 2023
THORAX

The cardiac silhouette, pulmonary vessels, and lung are normal. There is no evidence of mediastinal nor pleural space pathology.

ABDOMEN

The abdominal detail is fair. The silhouettes of the liver, spleen, kidneys, and bladder have normal size, shape, and opacity. The stomach contains gas. The small intestine contains a small amount of fluid and gas; dimensions are appropriate. There is no evidence of opaque foreign material nor an obstructive pattern. The colon contains fluid, gas, and a scant amount of feces.

July 16, 2023

ABDOMEN

There has been no change in the abdominal detail nor the appearance of the parenchymal organs. The stomach contains gas. The small intestine contains a small amount of fluid and gas; dimensions are appropriate. There is no evidence of opaque foreign material nor an obstructive pattern. There is mild gas distension of the cecum. The descending colon contains a small amount of gas.

There are a couple of locations of ventral spondylosis deformans.

The coxofemoral joint to not included on the VD however there is evidence of DJD in at least one of the coxofemoral joints.

- Assessment:

1. Unremarkable thorax
2. Non-specific gastro-enterocolitis
3. No evidence of opaque foreign material nor obstructive pattern
4. The locations of ventral spondylosis deformans are a degenerative change of the spine that may or may not be associated with disc disease.
5. Coxofemoral DJD

- a/FAST: No peritoneal, pleural, or pericardial effusion.

INTERPRETED BY

Andrea Nicastro, DVM,
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IMAGING PERFORMED BY

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HOSPITAL NAME

Blue Pearl MP ER

REFERRING VET

Christina Kitzmiller

INVOICE

13715

DATE

7.17.23



PATIENT **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

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Urinary System

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 2-3 cm, are normal.

The left kidney is normal in size (5.11 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.

The right kidney is normal in size (5.10 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.73 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.

The right adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.58 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.

Spleen

The spleen is normal in size (0.67 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.

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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

INVOICE The gastric lumen is moderately to severely fluid-distended and hypomotile. Fluid is visualized moving retrograde through the gastroesophageal sphincter. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenum is corrugated in appearance. The small intestinal lumen is mildly to moderately fluid-distended and hypomotile. The small intestinal wall is normal to mildly thickened (up to 0.44 cm) with retention of the normal layering pattern. The submucosal layer is thickened in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the ascending colon is moderately fluid-distended. The descending colonic lumen is empty. There is no obvious evidence of an obstructive pattern.

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PATIENT *Pancreas*

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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. In the region of the right limb, the mesentery is hyperechoic.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. A few prominent lymph nodes are visualized (the largest measuring 1.63 cm in length). The nodes are normal in shape and echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

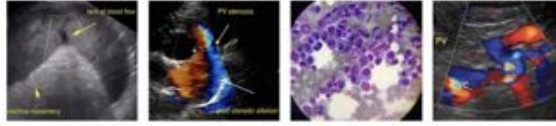
- The bowel changes are most consistent with diffuse gastroenteritis. Gastrointestinal ileus is present.
- There is diffuse peritonitis, likely secondary to bowel pathology.

Secondary Findings

- Questionable mild pancreatitis of the right limb.
- Mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for internal parasites is recommended. Also consider prophylactic deworming with Fenbendazole.
- Consider a resting cortisol level to rule out atypical hypoadrenocorticism, although this is considered less likely, given the mild bilateral adrenomegaly.
- Aggressive supportive care for acute gastroenteritis/colitis is recommended. Consider initiation of a promotility agent, if there is no evidence of melena. Given the hypoglycemia, dextrose support is also recommended as needed. Given the hypoalbuminemia, consider oncotic support (i.e., albumin, plasma or other colloid). If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, consider a repeat abdominal ultrasound +/- a more comprehensive GI work-up (i.e., Texas GI panel, biopsies).



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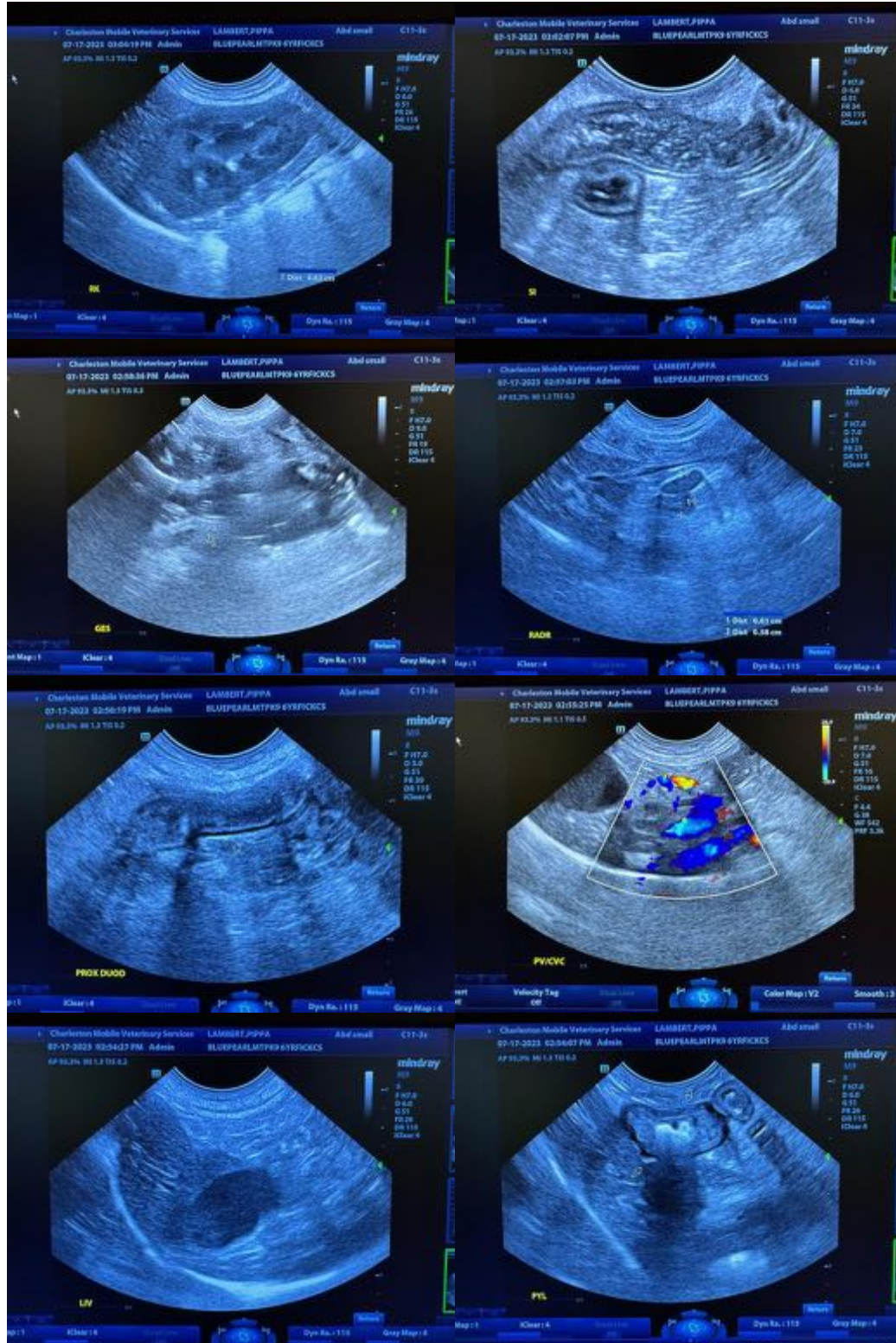
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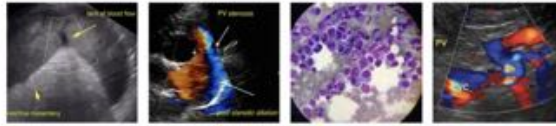
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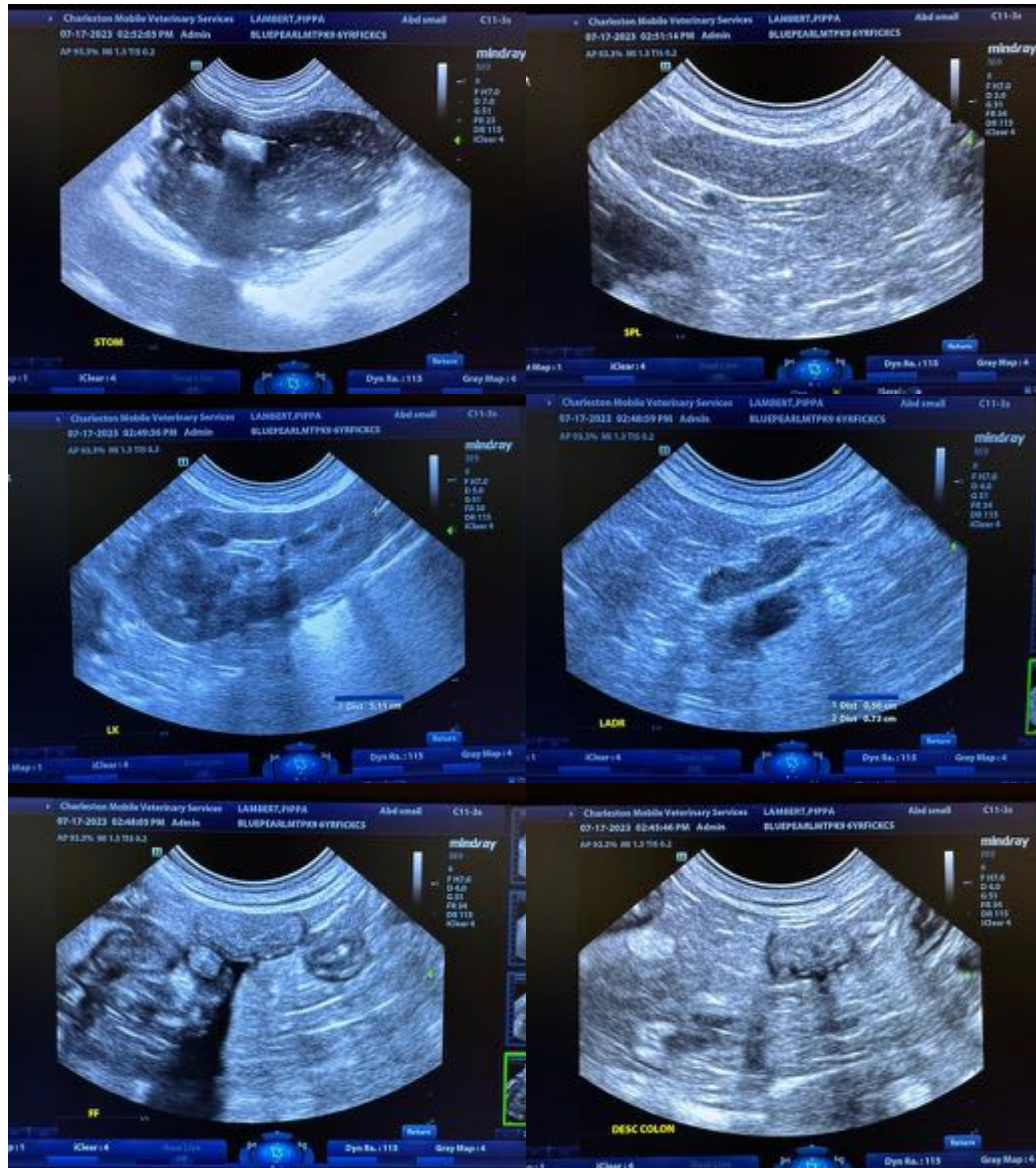
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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