



PATIENT PRESENTING CLINICAL SIGNS

Tori Cellura
SPECIES
Canine
BREED
Pug
SEX
Female Spayed
AGE
8 years
WEIGHT
7.kg

History: P presented for being NAR, being lethargic, and having pale gums. P had two mast cell tumors removed recently (one in May and one on 7/3) and is undergoing chemo (pills). P was on prednisone and developed steroid induced diabetes per rDVM that was diagnosed the other day. Started immunotherapy (Toragen?) Friday. Saw rDVM Friday and was diagnosed with elevated liver enzymes and anemia and had a blood transfusion. Possible GI ulcer per rDVM. Per o, p was also seen on Saturday and had repeat BW that indicated p did not need a second blood transfusion, but that BG was still high, and p receive a single injection of insulin.

Current Medications: Carafate, ursodiol, Clavamox, Pepcid, Benadryl

Abnormal PE/Chem/CBC/UA Results: BW - BUN 53.7, creat normal, Ca 7, TP 5.3, Glu 553, ALT >1000, ALP >993, GGT 111, total bili 1.2, pH 7.257, Na 125, Cl 100, HCT 29.9, (normal HGB)

Serum ketones – moderate. CPL - abnormal

The study includes 3 projections to include the thorax and abdomen dated July 16, 2023.
Thorax: The cardiac silhouette is normal for size and shape with a vertebral heart score of 10. The pulmonary vessels and parenchyma are also within normal limits. There are no abnormalities of the pleural space.

Abdomen: The stomach contains a moderate amount of formed soft tissue opaque material and gas. The small intestines are within normal limits for size and are distributed normally throughout the peritonea lspace. A small amount of fecal material is seen throughout the colon. The liver is enlarged. The visible margins of the spleen are within normal limits. Where seen, the kidneys and urinary bladder are within normal limits. There is a decrease in serosal margin detail within the peritoneal space.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alyssa Carver

Musculoskeletal: The musculoskeletal structures included within collimation are within normal limits.
Conclusion:

1. Small volume peritoneal effusion with or without peritonitis.
2. Hepatomegaly. This is nonspecific.
3. Gastric food or foreign material.
4. Unremarkable thorax. There is no evidence of significant cardiac enlargement or signs of congestive heart failure.

Recommendations: An abdominal ultrasound should be considered for further evaluation/staging of this patient.

Read By: Daniel VanderHart, DVM, Diplomate ACVR

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Hospital Volusia

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Dr. Carver

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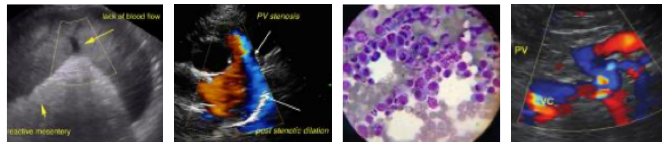
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 is normal.

The left kidney is normal in size (4.92 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. A thin hyperechoic band is observed at the corticomedullary junction. Mild to moderate pyelectasia is present (0.34 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.02 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



PATIENT

distinction. A thin hyperechoic band is observed at the corticomedullary junction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

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Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

SPECIES

Spleen

Canine

The spleen is normal in size (0.71 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 appears normal.

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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is subjectively hyperechoic and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

SEX

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

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Gastrointestinal

The gastric lumen contains echogenic material with varying-sized hypoechoic-to-anechoic areas. The gastric wall is questionable thickened, although this is difficult to determine due to rugal folds. The small intestinal lumen is not dilated. The small intestinal wall is overall normal in thickness with a normal layering pattern. A segment of bowel in the midabdominal is thickened (up to 0.54 cm). This segmentally is thought to represent ascending colon. The remaining colonic wall is normal. The colonic lumen contains some granular-appearing fecal material.

WEIGHT

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Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

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Internal Medicine)

Free Abdomen

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

IMAGING PERFORMED BY

Alyssa Carver

ULTRASONOGRAPHIC FINDINGS

Priary Findings

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- The gastric changes could be consistent with severe distention with ingesta, foreign material, or a mass effect within the gastric lumen.

- Moderate or acute-on-chronic pancreatitis is present.

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- The hepatic changes are nonspecific and could be secondary to an inflammatory hepatopathy (i.e., chronic hepatitis, bacterial cholangiohepatitis), infiltrative neoplasia (i.e., lymphoma), hepatotoxicosis (i.e., copper), other hepatopathy.

- The thickened bowel segment in the midabdominal, thought to be ascending colon is likely secondary to inflammation with a lower possibility of emerging neoplasia.

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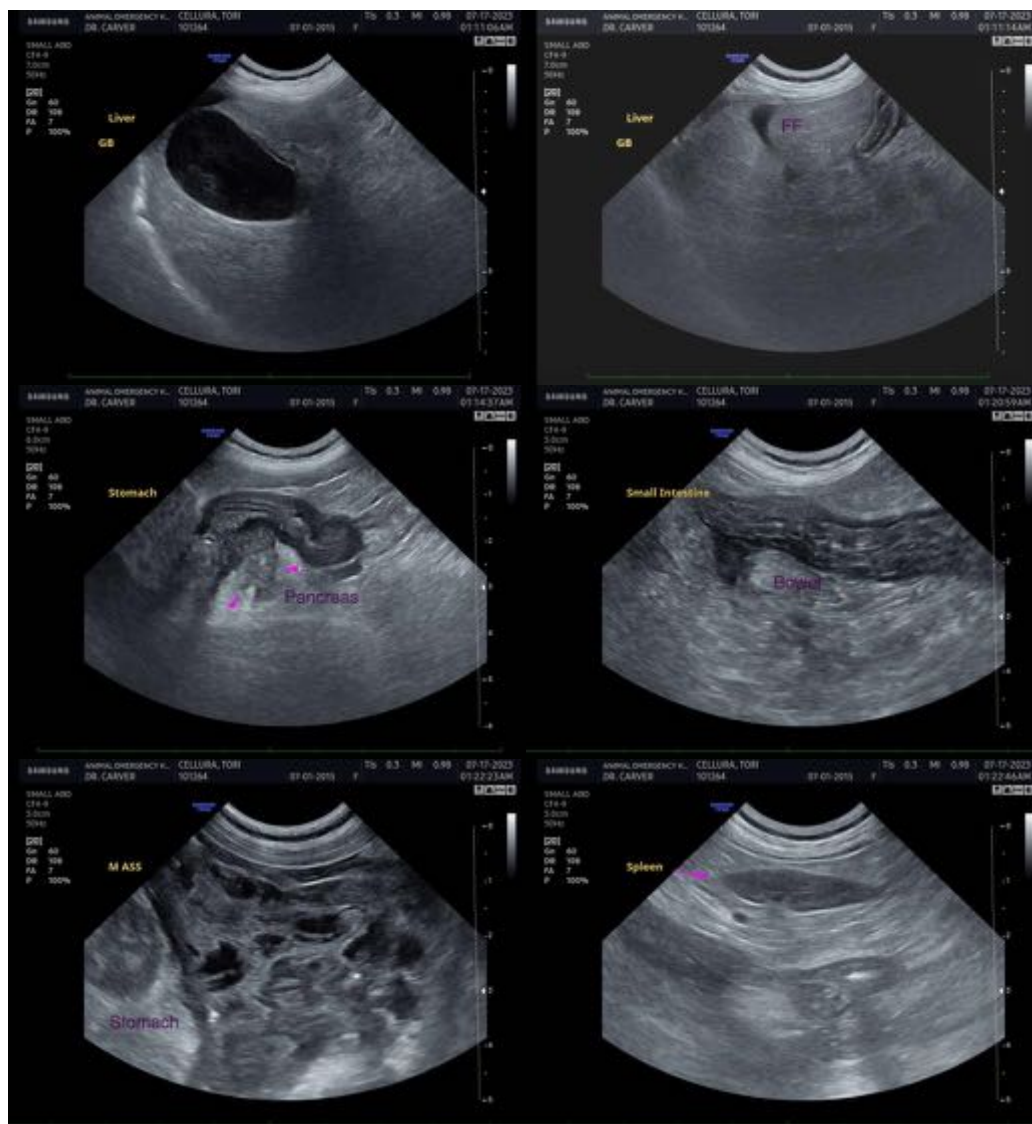
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated liver enzymes and sonographic liver changes, consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic, or surgical)). If tissue sampling is pursued, clotting times should be assessed, and the patient should be treated with diphenhydramine to reduce the risk of mast cell degranulation associated with the procedure.
- Regarding the gastric changes, consider a rechecking and fasted ultrasound in 12-24 hours. If the appearance is similar to today's scan, consider an upper-GI endoscopy or gastrotomy with biopsies.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Symptomatic care for diabetic ketoacidosis is also recommended.





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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.

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

info@SonoPath.com

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