

## PATIENT

Sadie Mae Smith

## SPECIES

Canine

## BREED

Labrador Retr Mix

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

22 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Van Nieuwal

## HOSPITAL NAME

Animal EH Volusia

## REFERRING VET

Dr. Van Nieuwal

## INVOICE

13795

## DATE

7.24.23

## PRESENTING CLINICAL SIGNS

History: Patient seen here on Friday for vomiting and diarrhea. Diagnosed with Pancreatitis as well as possible IVDD, and questionable splenic mass. Owner signed AMA at that time and did outpatient care with plans of following up with rDVM monday. Patient is no longer vomiting or diarrhea but progressively eating less and less. Now tonight having increased respiratory effort and seems uncomfortable. Fever upon presentation tonight radiograph report from 07/21 suggested possible splenic mass, rec ultrasound.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. 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 (6.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal in size (6.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

### Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.59 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 in normal size (1.08 cm at cranial pole) (0.56 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 subjectively normal in size 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few, small, ill-defined hyperechoic nodules/areas are visualized (the largest measuring 1.49 cm in its longest dimension). The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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.

### Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.



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**Pancreas**

The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is foreign body but not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The pancreatic changes could be consistent with mild chronic active pancreatitis, with minor age-related remodeling.
- Mild gastric ileus. This may represent a functional obstruction (i.e., secondary to pancreatitis). However, a structural obstruction (i.e., at the pyloric outflow tract) cannot be completely excluded.
- Ascites. Differentials include increased vascular permeability (i.e., vasculitis), low oncotic pressure or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.

**Secondary Findings**

- The hyperechoic hepatic nodules trend toward the benign (i.e., regenerative nodules, myelolipomas) with a lower possibility of emerging neoplasia.

\*There is no obvious evidence of a splenic mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function (if not already performed).
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider a cPLI to further evaluate for pancreatitis.
- Consider fine-needle aspiration of the abdominal fluid (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.
- Symptomatic care for pancreatitis/gastroenteritis is recommended. Given the fluid-distention of the stomach, consider a repeat ultrasound in 12-24 hours to reevaluate the GI tract and pancreas, with particularly attention to the pyloric outflow tract.



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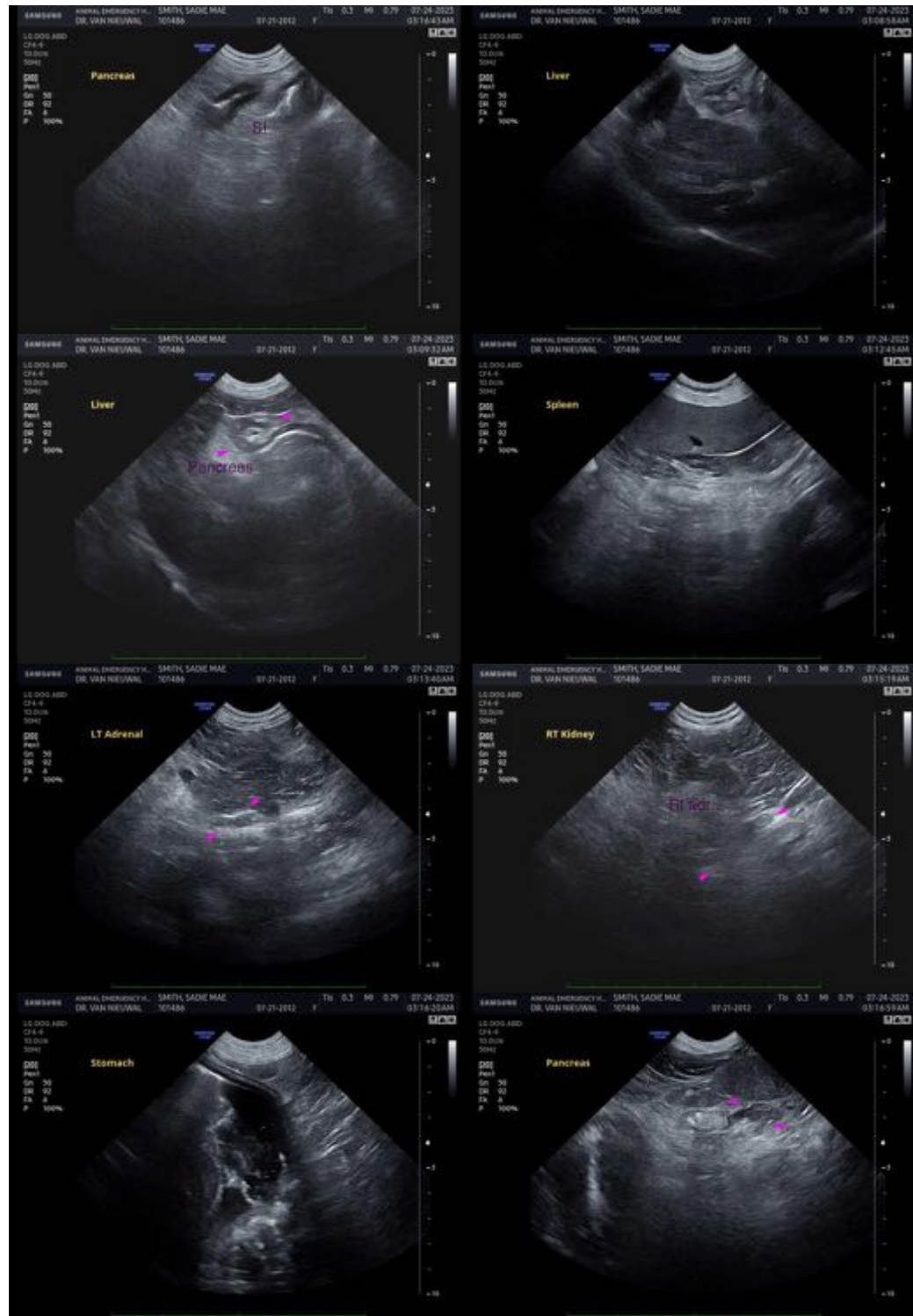
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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