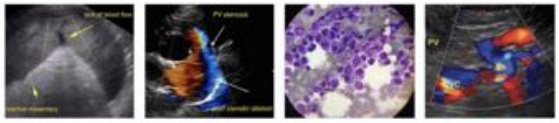


PATIENT

Stella Gilbert

SPECIES

Canine

BREED

Fr Bulldog

SEX

Spayed Female

AGE

1.16.2016

WEIGHT

9.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mt Pleasant

REFERRING VET

Courtenay Freeman

INVOICE

11286

DATE

7.29.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Stella presents to Neurology/Neurosurgery 28th of July for a recheck. Stella was originally seen on the 25th for progressive neurologic signs, which acutely started on the 18th after being outside. MRI showed a mass in the left forebrain, with a hemorrhagic component. We discussed the possibility of an intracranial hemorrhage versus a glioma. Stella was treated with levetiracetam ER 500 mg BID, prednisone 5 mg BID, and omeprazole. She was switched to liquid or compounded ER because of difficulty giving her the ER 500 mg tablets. She was initially improved following discharge. Tuesday evening, she seemed painful, which progressed yesterday. She vomited once last night and this am and seems uncomfortable/panting. She is currently on the following medications: levetiracetam ER 500 mg (51 mg/kg), prednisone 5 mg BID, and omeprazole.

She has a history of spinal surgery (lumbar) 2.5 years ago at a clinic in Boston.
Mentation: anxious, panting, obtunded but responsive
Gait: ambulatory without assistance, tendency to circle to the left
Postural reactions: normal
Reflexes: normal
Cranial nerves: normal
Sensory: unable to detect spinal pain
Neuroanatomic localization: left prosencephalon
Abnormal lab-work values: na
143mmol/L 139 150
Potassium (K) 4.3 mmol/L 3.4 4.9
Chloride (Cl) 108 mmol/L 106 127
TCO2 27 mmol/L 17 25
BUN 17 mg/dL 10 26
Creatinine 0.6mg/dL 0.5 1.3
Glucose 113mg/dL 60 115
Ionized Calcium (iCa) 1.27 mmol/L 1.12 1.40
AnGap 14mmol/L 8 25
Hematocrit (Hct) 44% 35 50
Hemoglobin (Hb) 15.0 g/dL 12.0 17.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

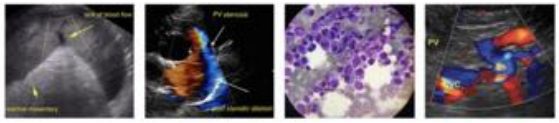
The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The **left kidney** is normal size (4.58 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.39 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.46 cm at cranial pole) (0.46 cm at caudal pole) (1.59 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.



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The **right adrenal gland** is normal size (0.68 cm at cranial pole) (0.54 cm at caudal pole) (1.59 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.

Spleen

The **spleen** is normal in size (1.47 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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized, gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is gas distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. Towards the pyloric antrum, the wall is mildly to moderately thickened (up to 0.86 cm) with retention of the normal layering pattern. The pyloric wall is normal in thickness. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. The left limb is visible and is normal in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. The mesentery in the left cranial quadrant is mildly hyperechoic. A 0.99 cm medial iliac **lymph node is visualized.**

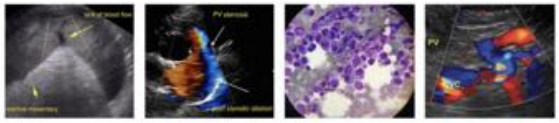
Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall thickening is suggestive of gastritis.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.



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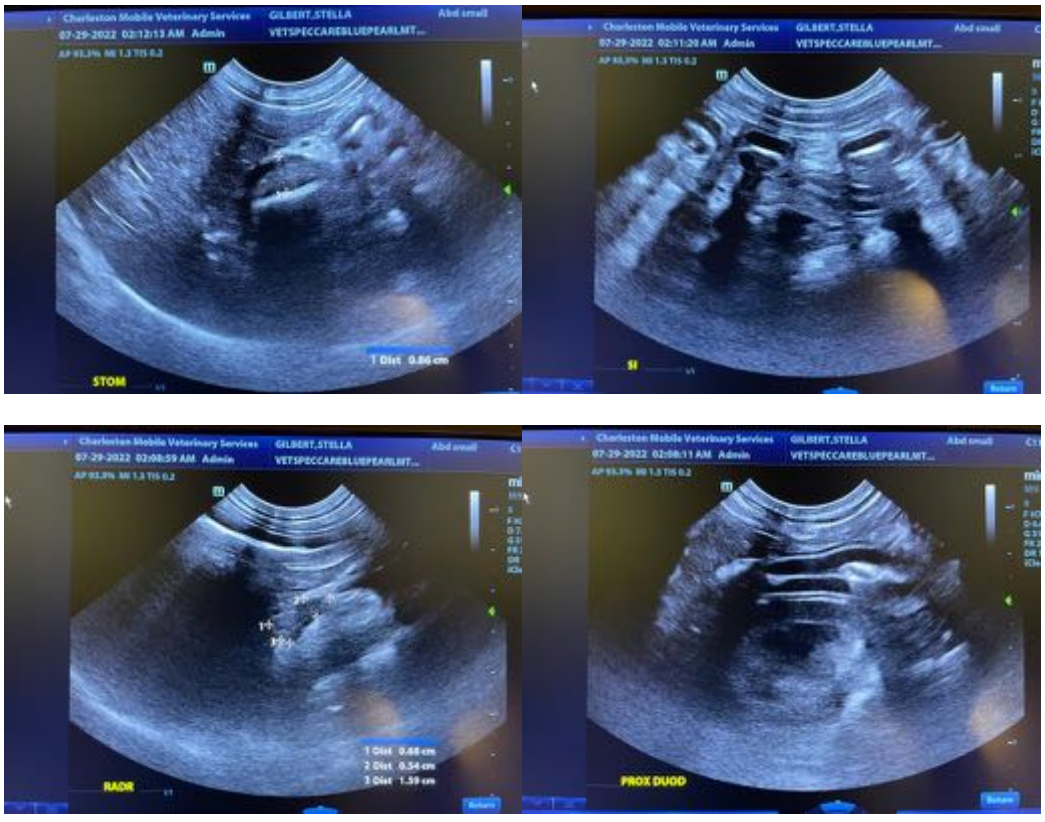
- Subtle peritonitis in the left cranial quadrant. This may be secondary to gastritis, mild pancreatitis, other.

Secondary Findings

- Supportive care for acute gastroenteritis/mild pancreatitis is recommended, including fluid therapy (as needed), bland diet, gastric protectants, antiemetics and pain medication. If clinical signs do not improve within 48-72 hours of supportive care, a more advanced GI work-up may be warranted.
- The prominent medial iliac lymph node is likely reactive with a low possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis/mild pancreatitis is recommended, including fluid therapy (as needed), bland diet, gastric protectants, antiemetics and pain medication. If clinical signs do not improve within 48-72 hours of supportive care, a more advanced GI work-up may be warranted.



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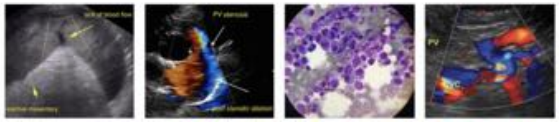

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IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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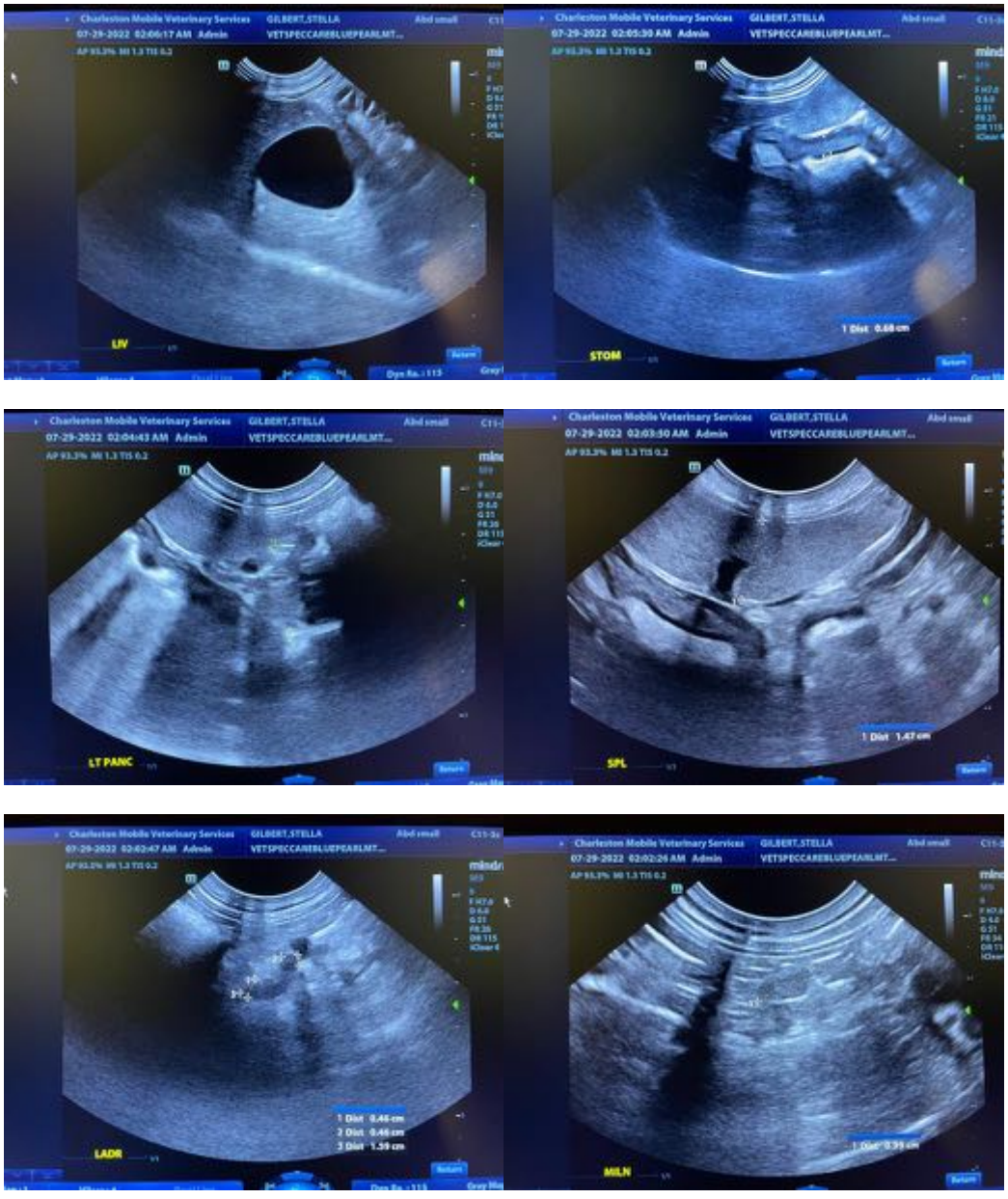

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com