

PATIENT PRESENTING CLINICAL SIGNS

Kylie Ricker Clinical Exam Findings: Patient presented on 7/30/23 for decreased appetite x 1 week and liquid diarrhea with hematochezia for ~24 hours.

SPECIES Hx recent diagnosis of glaucoma OD - being treated with Galliprant, gabapentin, trazodone, dorzolamide, ketorolac, and latanoprost.

Canine Initially presented to PawMed for evaluation, and then transferred to Blue Pearl for ongoing care.

BREED PE: MM injected and tacky, QDR, pain 1/4, hyphema OD, rest WNL

Pitbull Terrier Mix Abnormal lab-work values:

SEX Diagnostics performed at PawMed 7/30:
CBC: Mono 2.04k (H), rest WNL

Female Spayed Chem: BUN 35.2 (H), Cr 1.9 (H), TP 3.8 (L), Alb 1.4 (L), BG 82 (N), rest WNLPCV/TP: 64% (H), 3.2 (L)

AGE PT 18.7 sec (12-17 sec) PTT 114 sec (96-116 sec)
BP: 107 mHg
BG: 60 --> 62 (post-bolus) --> 84 (post 2nd bolus)

01/30/2012 aFAST: scant free fluid, normal gall bladder
tFAST: no free fluid

WEIGHT Diagnostics performed here 7/30:

21.6 kg BG (dextrose given via boluses and at various CRI rates ranging from 2.5% to 7.5%): 66 --> 62 --> 81 --> 47 --> 68 --> 83 --> 370 --> 175 --> 126 --> 139 --> 113

INTERPRETED BY BP: UTD initially --> 40 --> 60 --> 102 --> 106 --> 110
Lactate: 6.3 --> 7.2 --> 8.5 --> 8.0 --> 1.8

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Additional diagnostics today (7/31):

CBC: HCT 39.9% (N), Retic 110.8 (H), Retic-HGB 21.3 (L), WBC 19.92k (H), NEU 2.06k (L), Mono 12.56k (H), PLT 124k (L), PCT 0.13 (L), rest WNL

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Chem17: BG 204 (H), Ca 7.2 (L), TP 3.4 (L), Alb 1.2 (L), Glob 2.2 (L), ALT 142 (H), Chol 103 (L), rest WNL
PT: 14 sec (11-17 sec)

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PTT: 181 sec (72-102 sec)

Lactate: 0.9

BP: 108 (9a) --> 108 (10a) --> 110 (11a)

BG: 116 (9a) --> 222 (11a)

HOSPITAL NAME

Blue Pearl MP ER

Current Medications: Plyte, dextrose CRI (discontinued), norepinephrine CRI (discontinued), cerenia, protonix, metronidazole, Unasyn, enrofloxacin, buprenex, gabapentin, dorzolamide, ketorolac, latanoprost, 2 vials canine albumin

REFERRING VET

Christina Kitzmiller

Radiographic Findings 7/30: AXR (3-view) with STAT Keystone:

Four images are available, including right lateral, left lateral, and VD projections of abdomen dated July 30, 2023.

INVOICE

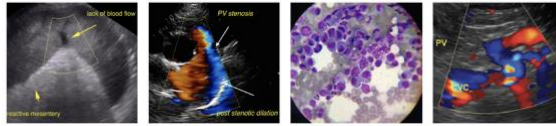
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Extra-abdominal superficial soft tissues are unremarkable. Mild ventral spondylosis deformans at T13-L1 and. Minimal ventral spondylosis deformans at L1-2 and L2-3. Adequate serosal detail within peritoneal and retroperitoneal spaces. Liver, spleen, left and right kidneys, and urinary bladder are unremarkable. Stomach contains mild gas. Multifocal minimal/mild gas within small intestine. Cecum and colon are diffusely moderately gas dilated. Included caudal thorax is unremarkable.

DATE

7.31.23

Assessment: The appearance of the gastrointestinal tract is most consistent with acute gastroenterocolitis, e.g. hemorrhagic gastroenterocolitis. Overt foreign material is not identified within the gastrointestinal tract. An obstructive pattern of the gastrointestinal tract is not present.
Minimal/mild ventral spondylosis deformans at T13-L3



PATIENT RECOMMENDATIONS: Medical management for acute gastroenterocolitis is recommended. Consider fecal testing for infectious causes of gastroenterocolitis.

Kylie Ricker

SPECIES 7/31: Repeat AXR + CXR (3-view) Findings:

Canine

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

01/30/2012

A total of 10 radiographs of the thorax and abdomen are submitted for evaluation consisting of 2 separate studies acquired a day apart. The thorax is within normal limits without evidence of cardiac or pulmonary pathology. On both studies, the stomach and small bowel appear to be empty and contracted. On the initial study, the colon contains liquid and gas, but on the subsequent study, the colon is empty and contracted. Abdominal serosal detail appears slightly decreased on the second study, but there is no definitive evidence of an effusion. The liver, spleen, both kidneys, and the bladder are visible and appear normal. Degenerative spinal changes are identified and are likely incidental in a patient of this age. The coxofemoral joints are not visible on the VD projections provided.

Assessment: The appearance of the GI tract likely indicates gastroenteritis. There is no evidence of a foreign body or obstruction, but the possibility of a small amount of abdominal effusion is not ruled out and an abdominal ultrasound is recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

21.6 kg

INTERPRETED BY

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IMAGING PERFORMED BY

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Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is 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 cm, appear normal.

The left kidney is normal in size (6.92 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (6.52 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 appears normal.

Adrenal Glands

The left adrenal gland is enlarged (1.32 cm at cranial pole) (0.94 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. Surrounding vasculature appears normal.

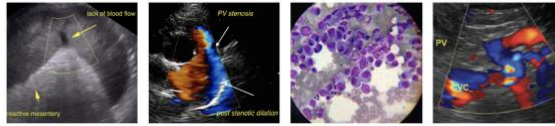
The right adrenal gland is enlarged (1.01 cm at cranial pole) (0.94 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.67 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



PATIENT The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

SPECIES The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid-distended (minimal-to-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. The colonic lumen is diffusely fluid-distended. There is no obvious evidence of an obstructive pattern.

Canine

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Pancreas

Female Spayed

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

AGE

Free Abdomen

01/30/2012

The mesentery throughout the abdomen is mildly hyperechoic. Trace free fluid is observed. A 2.08 cm mesenteric lymph node is visualized. The node is normal in shape and echogenicity.

WEIGHT

Other

21.6 kg

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

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

Primary Findings

- The patient's clinical history, in conjunction with the sonographic changes are most consistent with acute hemorrhagic gastroenteritis. There is no evidence of a foreign body/obstruction.
- Diffuse peritonitis is present, likely secondary to underlying bowel pathology.

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Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

HOSPITAL NAME

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- Mild bilateral chronic renal changes
- Bilateral adrenomegaly

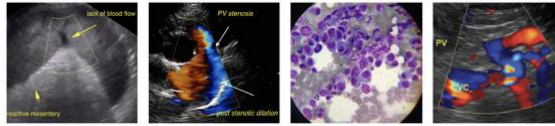
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

7.31.23

- Fecal evaluation for internal parasites
- Consider prophylactic deworming with Fenbendazole.



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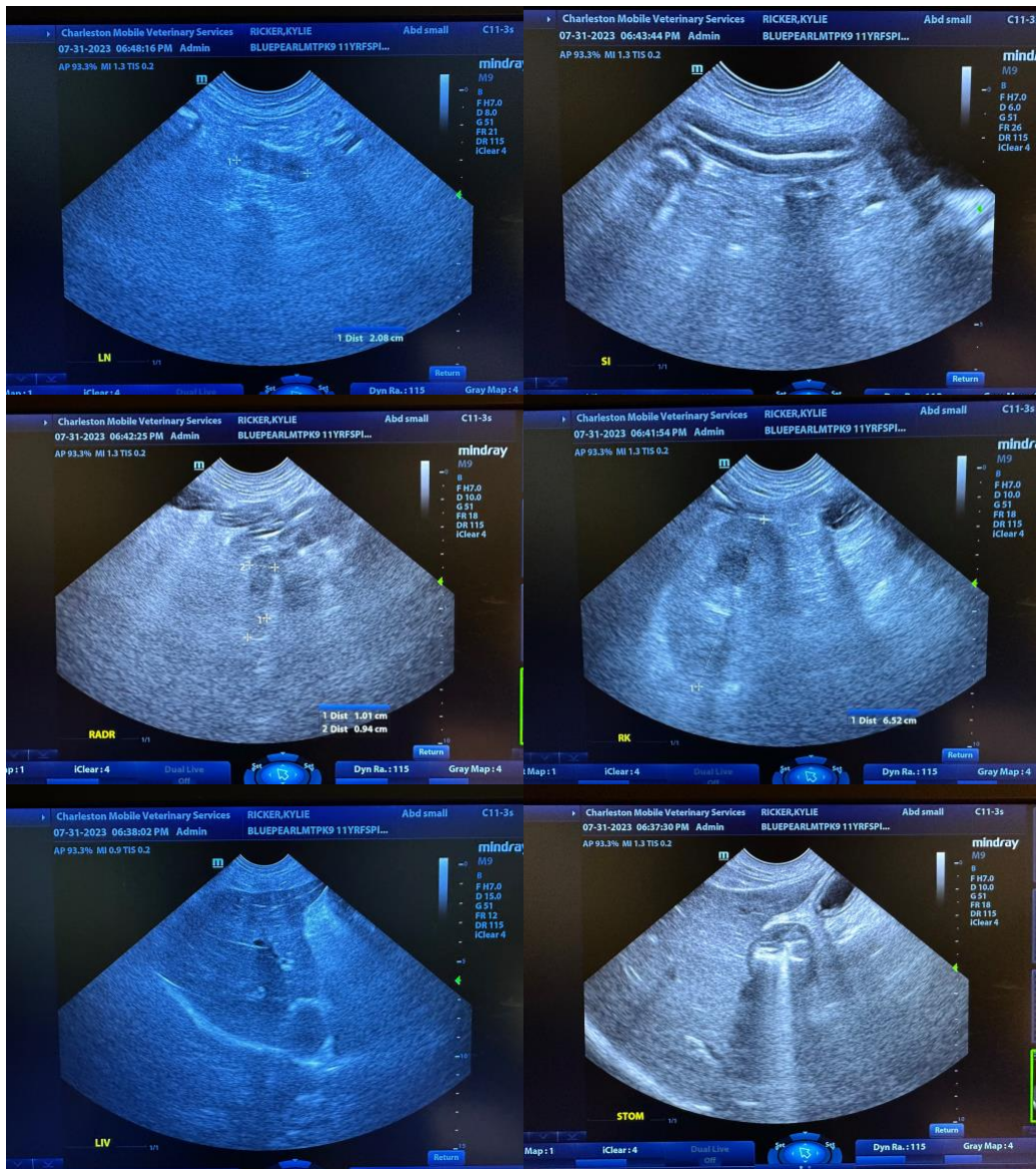
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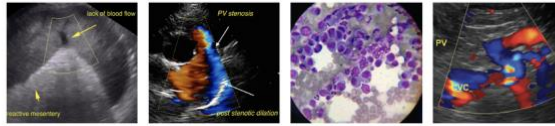
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- Symptomatic care for acute hemorrhagic gastroenteritis is recommended.
- If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI work-up may be warranted.
- Regarding the bilateral adrenomegaly, if the patient develops clinical signs of Cushing's disease, consider further testing (i.e., low-dose dexamethasone suppression test).





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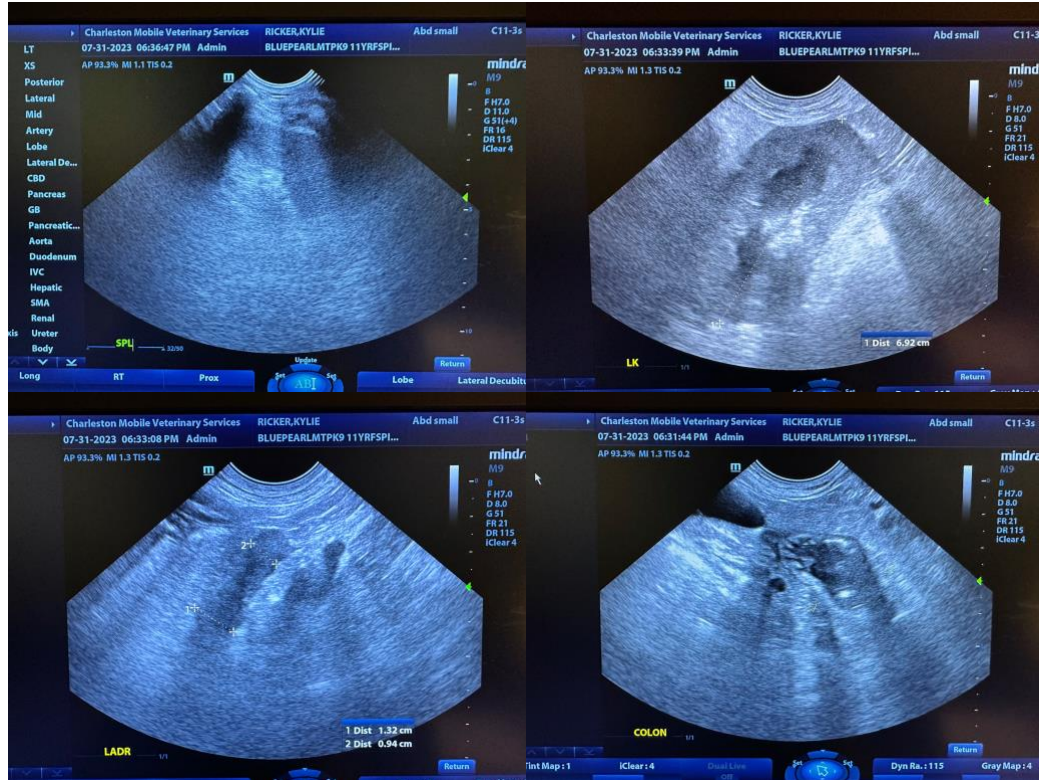
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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