

PATIENT PRESENTING CLINICAL SIGNS

Gigi Battle
SPECIES History: Was seen a month ago at the emergency clinic for diarrhea/hematochezia and vomiting. An ultrasound at that time revealed gastroenteritis/colitis/pancreatitis, gall bladder debris, heterogenous spleen, chronic nephropathy and a urinary bladder wall lesion. Patient is asymptomatic now.

Canine
BREED Most-recent bloodwork shows hematocrit of 56%. The remaining CBC and chemistry panel are normal. T4 normal. Heartworm negative.

Yorkshire Terrier Mix **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

SEX *Urinary System*

Female Spayed 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 cm, appear normal.

AGE

5 years The left kidney is normal in size (3.52 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A thin, ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

WEIGHT

3.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Long Point AH

REFERRING VET

Brett Burton

INVOICE

14165

DATE

8.18.23

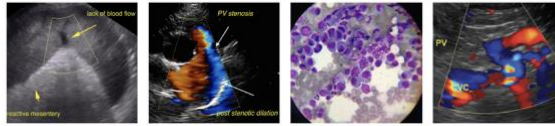
Spleen

The spleen is normal in size (1.21 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.

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

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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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

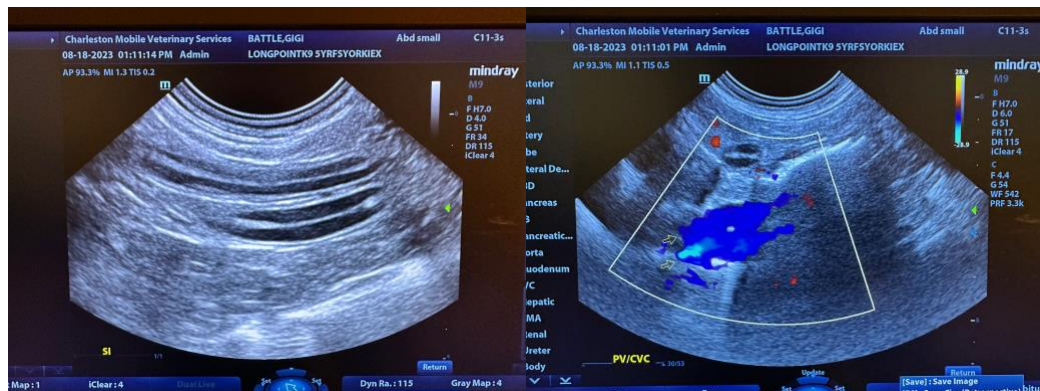
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

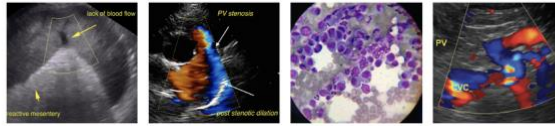
ULTRASONOGRAPHIC FINDINGS

- Mild bilateral chronic nephropathy. Changes are similar to the previous sonogram.
- The remainder of the abdomen is unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's gastrointestinal signs recur, a more comprehensive GI work-up (i.e., fecal evaluation for internal parasites, Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level, hypoallergenic diet trial, +/- GI biopsies) may be indicated.





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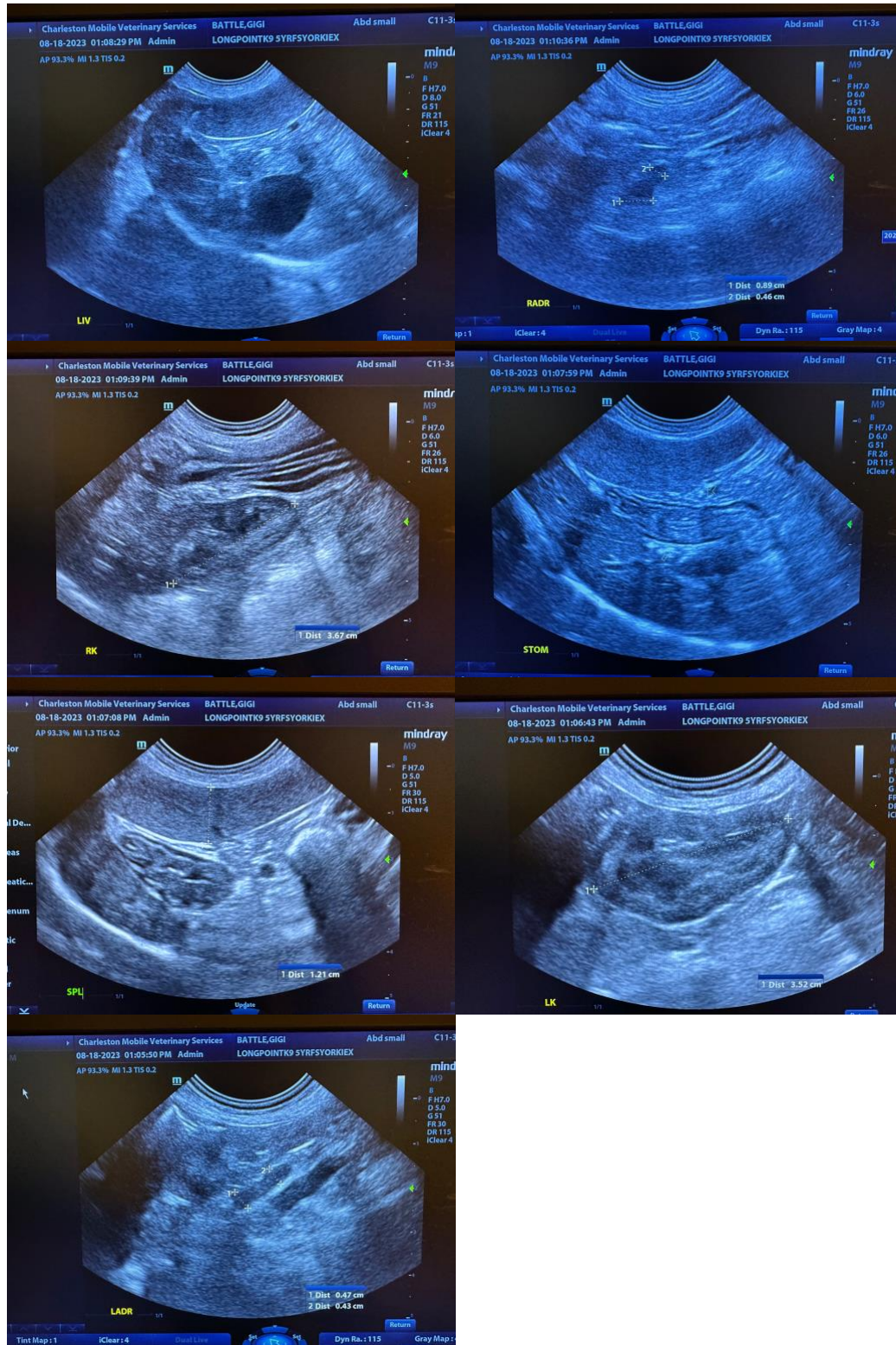
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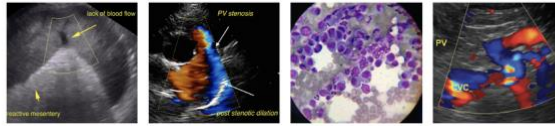
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PATIENT

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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.

SPECIES

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.

BREED

Yorkshire Terrier Mix

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info@SonoPath.com

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