**PATIENT**

Stella Rose Guerra

SPECIES

Canine

BREED

Pitbull

SEX

Female, spayed

AGE

11 months

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Banfield Pet Hospital
Leesburg

REFERRING VET

Dr. Cathy Jarrett

INVOICE

13862

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: 8/22- Not eating much for past few after spay. Not drinking/eating unless O hand feeds her. Normal stool in AM on Saturday. Diarrhea started Saturday PM AFTER medication was given. O says that P refused to move around yesterday, was very lethargic and refused to eat. Today, O noticed that P's urine was very bloody and P has had runny stool 3-4 times. O says that P has not been bothering at her incision and that it looks okay. O monitors the incision every day to make sure it's healing well and not red. The Veterinarian observed the dog urinating and the urine appeared to be pure blood.

Abnormal PE/Chem/CBC/UA Results: 8/22/22: CBC/CHEM- mild leukocytosis WBC 19.29 and neutrophilia NEU 16.44, mild ALT elevation 126 (none of these abnormalities present on day of surgery). HCT has decreased from 55.81 on 8/18/22 to 44.3% on 8/22/22 Patient Treatment: Advised to discontinue Rimadyl due to diarrhea and begin gabapentin to help with pain relief 8/22/22 UA: TNTC RBCs, USG 1.038, Protein +100, pH 6, otherwise WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (7.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.36 cm in length); normal shape and architecture with 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 is normal.

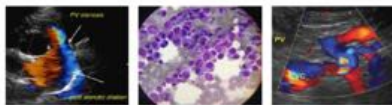
Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.61 cm at caudal pole)(3.25 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.

The right adrenal gland is normal size (0.81 cm at cranial pole) (0.82 cm at caudal pole); 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 (2.43 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.

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

Gastrointestinal

The gastric lumen is mildly distended with fluid and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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. No obstructive disease is noted.

Pancreas

The base and portion of the right limb are prominent in size 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 not overtly dilated.

Free Abdomen

A small amount of echogenic free fluid is observed in the caudal abdomen. Trace free fluid is also observed in the region of the left pedicle. The medial iliac lymph nodes are prominent, the left measuring 2.55 x 1.05 cm, the right measuring 2.49 x 0.87 cm. A few prominent jejunal lymph nodes are also seen, the largest measuring 1.40 cm in length. The nodes are normal in shape and echogenicity.

Other

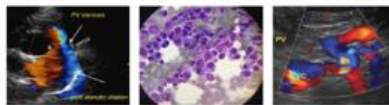
In the region of the uterine stump, the mesentery is inflamed and there is shadowing artifact consistent with free air within the abdomen. In the region of the left pedicle, a 2.01 x 1.02 cm irregular, ill-defined hypoechoic to heterogeneous aggregation of tissue is visualized. In the region of the right pedicle, a 1.73 x 1.55 cm ill-defined area of inflamed mesentery is seen.

ULTRASONOGRAPHIC FINDINGS**Primary Findings:**

- Post-operative inflammation/peritonitis in the region of the ovarian pedicles and uterine stump. The free air was likely iatrogenically introduced as a result of surgery. However, a gas producing infection cannot be completely excluded.
- The heterogeneous tissue in the region of the left pedicle could be consistent with edematous/inflamed mesentery or potentially, residual ovarian tissue.

Secondary Findings:

- The pancreatic changes could be consistent with mild post-operative pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.



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- The trace pyelectasia in the left kidney may be secondary to IV fluid therapy, pyelonephritis or some combination thereof. Correlation with the patient's urinalysis findings is recommended.

*It is unclear whether the patient's clinical signs and sonographic changes are secondary to infection, suture reaction, urinary tract infection or some combination thereof.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Pitbull

- While awaiting the abdominal fluid cytology and culture results, continued supportive care including broad spectrum antibiotics, fluid therapy and gastric protectants is recommended.
- If the patient's clinical signs do not continue to improve over the next 24-72 hours, an abdominal exploratory may be warranted to evaluate for infection/hemorrhage, etc. The PCV should be closely monitored for further reductions.
- If the patient's clinical condition improves with medical management, consider a repeat ultrasound in 2-3 weeks to assess progression of the inflammatory changes.
- If the patient shows signs of heat in the future, consider submitting an anti-mullerian hormone level to further assess for an ovarian remnant.

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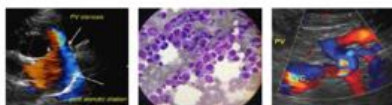
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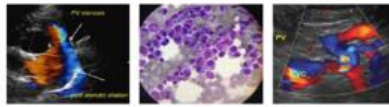
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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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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