



PATIENT PRESENTING CLINICAL SIGNS

Basil Carroll Clinical Exam Findings: Three episodes of hemorrhagic gastroenteritis since June. Bloody diarrhea and anorexia for 3 days

SPECIES CBC, chemistry panel and fecal all normal/negative.
BAR, mm pink, CRT <2s

Canine Stage 2 periodontal disease
No m/a, lungs clear

BREED Soft and non-painful abdomen
Moderate pain on TL palpation

Springer Spaniel Rectal revealed melena, no masses

SEX 8/2/23 Abnormal lab-work values: CBC/chem wnl/ Fecal - neg

Female Spayed Current Medications: Cerenia, famotidine, sucralfate, gabapentin, buprenorphine
AGE Radiographic Findings: Abd rads at BP last night - NSF

04-15-2011 **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

WEIGHT *Urinary System*

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Park West VA

REFERRING VET

Dr. Jen Brogie

INVOICE

13922

DATE

8.3.23

The urinary bladder is moderately distended with mostly anechoic urine. In the region of the apex, a 0.97 x 0.81 cm irregular nodule is arising from the mucosal surface. The remaining mucosal surface in this region is slightly irregular. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.38 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 is normal.

The right kidney is normal in size (5.83 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 is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.49 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 (0.96 cm at cranial pole) (0.46 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 normal in size (1.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Two-to-three small, ill-defined hypoechoic nodules are visualized (the largest measuring 0.50 cm in its longest dimension). Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate



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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.

SPECIES

Canine

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.

BREED

Springer Spaniel

Gastrointestinal

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 dilated with gas and chyme (mild). The small intestinal wall is normal to borderline thickened (up to 0.41 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. A few of the bowel loops are slightly corrugated in appearance. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

SEX

Female Spayed

AGE

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Pancreas

The base and right limb are prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

WEIGHT

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Free Abdomen

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

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel changes suggestive an inflammatory process (i.e., inflammatory bowel disease, enteritis) with a lower possibility of emerging neoplasia.
- The pancreatic changes are suggestive of mild pancreatitis
- The nodule at the apex of the urinary bladder may represent a benign focal lesion (i.e., polypoid cystitis). Alternatively, and emerging tumor (i.e., transitional cell carcinoma) is possible.

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Secondary Findings

- Mild bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider the following:
 1. Fecal PCR infectious disease panel.
 2. Prophylactic deworming with Fenbendazole
 3. Initiation of a probiotic with a high colony count, as well as a fiber supplement (i.e., psyllium)
 4. Other diagnostics/therapeutics could include the following:



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- Hypoallergenic diet or hydrolyzed protein diet trial
- Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
- +/- endoscopic or surgical GI biopsies.

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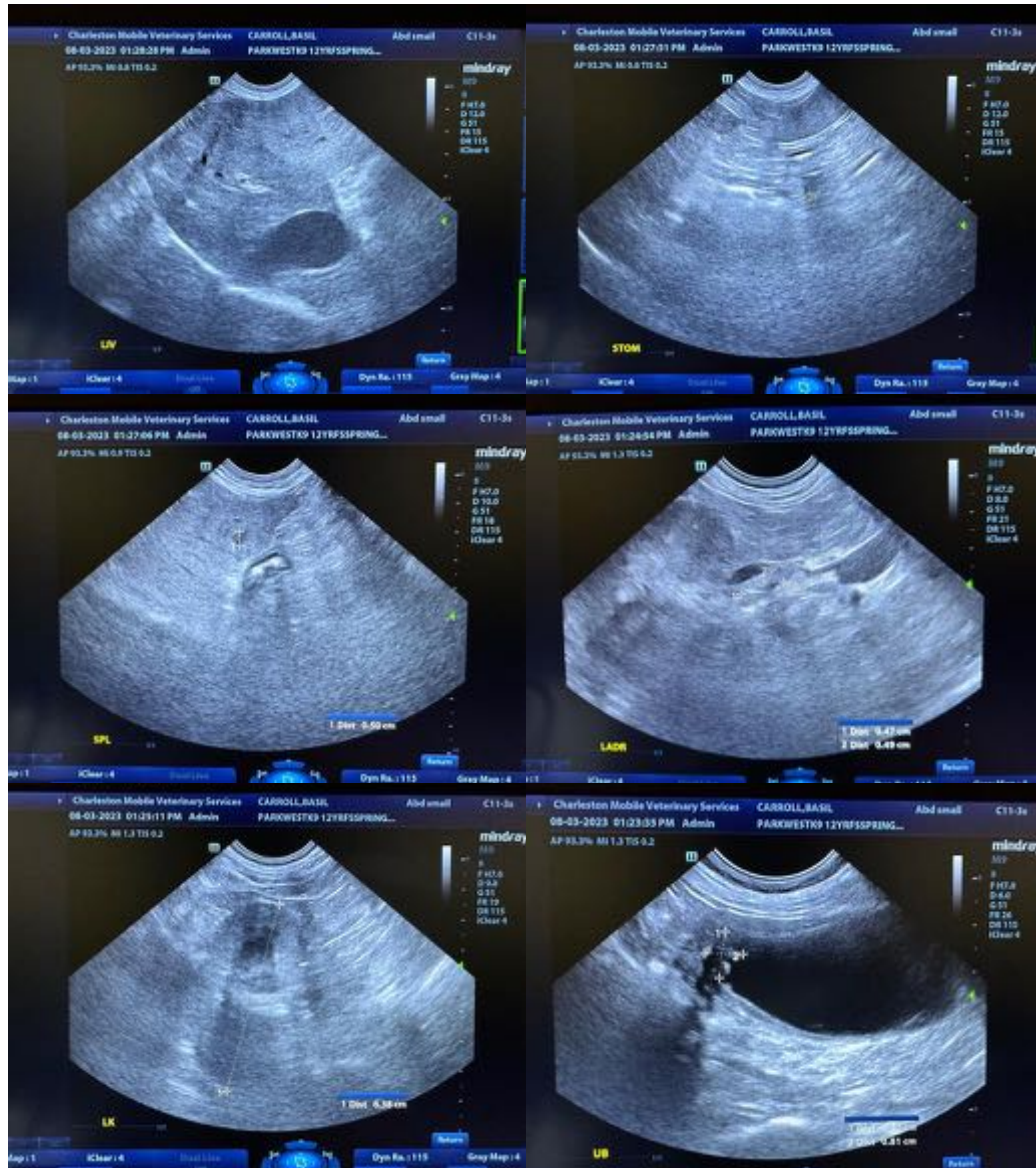
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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