



PATIENT

Charlie Urbani

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting up blood and respiratory distress.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RDVM tachypnea, harsh lung sounds and overweight. CBC was normal. Chemistry 12 lipase elevated. Chest xrays consolidation of one of the left lung lobes, dilation of pulmonary vessels, and right heart enlargement.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boxer

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 region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male Neutered

The prostate is difficult to visualize in its entirety due to its pelvic location, but it appears to be normal in size (1.53 cm in width) with a normal shape, glandular echogenicity, and detail. The prostatic urethra is not overtly dilated.

AGE

9 Years

The left kidney is normal size (7.77 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.

WEIGHT

119 lbs.

The right kidney is normal size (7.64 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. A 0.86 cm cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.60 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is normal size (0.58 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Beard

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

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Hospital

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.

REFERRING VET

Dr. Hartman

INVOICE

11793kk

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen appears mildly gas-distended. The gastric wall and pylorus are normal in thickness with a normal

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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas. 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.

SPECIES

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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.

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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.

SEX

Male Neutered

Other

A brief visualization of the thorax reveals what appears to be consolidated lung lobe.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected consolidated lung lobe. Differentials include pneumonia, atelectasis, infiltrative neoplasia, and other.

WEIGHT

119 lbs.

Secondary Findings:

- Minor, bilateral, age-related renal changes.

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**An obvious cause for the patient's vomiting is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- To further assess for causes of vomiting, consider the following:
 - A fecal evaluation for ova/Giardia
 - A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 - Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. However, the pulmonary disease should be stabilized prior to anesthesia.
- Given the suspected cardiomegaly, an echocardiogram, ECG, and baseline blood pressure measurement should also be considered.
- Supportive care for the respiratory disease is recommended while awaiting test results.

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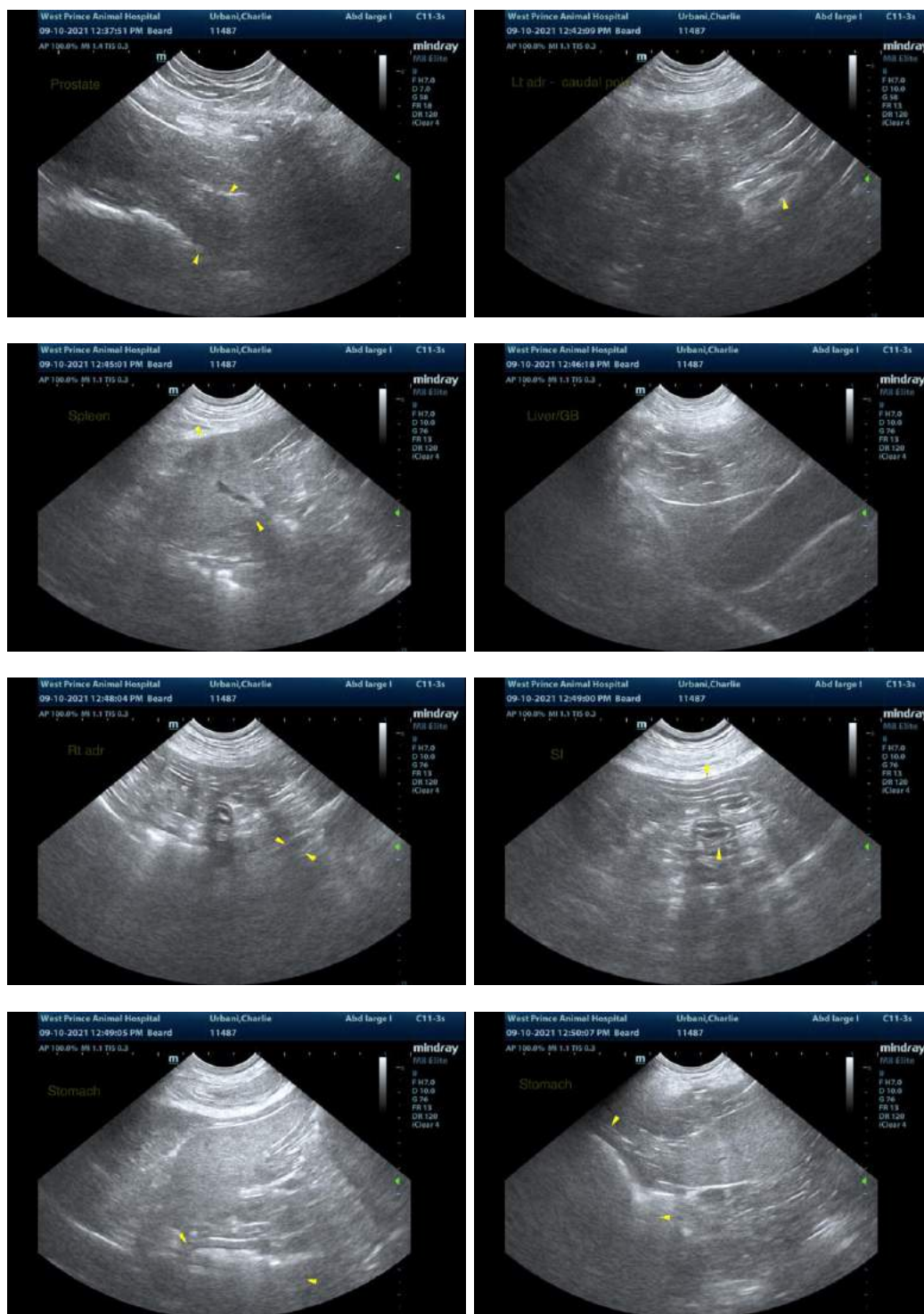
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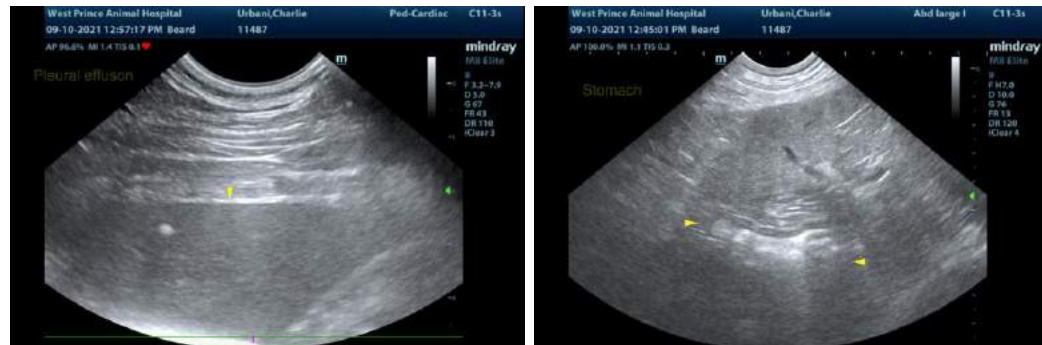
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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