



PATIENT

Gracie Macey

SPECIES

Canine

BREED

Whippet

SEX

Female Spayed

AGE

8 Years 1 Month

WEIGHT

23 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg

REFERRING VET

Dr. Jarrett

INVOICE

12975

DATE

9/10/21

PRESENTING CLINICAL SIGNS

History: Losing weight a little over recent vacation (lost 2 pounds. Has always been a picky eater. No vomiting or diarrhea. Thin body condition, but she has always been thin. Being seen by a cardiologist for a heart murmur. LV is a bit dilated, but LA is normal, not considered to be in CHF.

Abnormal PE/Chem/CBC/UA Results: CBC/CHem/SNAP 4dx all wnl. HCT 53, PLT 117, WBC 4.57, Eoas 0.6, Mon 0.15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with a scant amount of echogenic debris suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney is normal size (5.28 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.07 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.41 cm at caudal pole) (2.06 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 (0.43 cm at cranial pole) (0.39 cm at caudal pole) (2.35 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.

Spleen

The spleen is normal in size (1.68 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



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distinct focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature is prominent. The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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The gastric lumen is moderately distended with ingesta and soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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Pancreas

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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

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Trace free fluid is present. The abdominal lymph nodes are normal.

ULTRASONOGRAPHIC FINDINGS

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Andrea Nicastro,
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ACVIM (Small Animal
Internal Medicine)

Primary Findings

- The significance of the trace ascites and the prominent hepatic vasculature is unclear given the lack of right sided congestive heart failure. The vessel dilation may be a normal variant for this patient. The ascites may be secondary to increased vascular permeability

Secondary Findings

- Minor age related right renal changes with dystrophic mineralization
- The gastric luminal contents may represent ingesta and/or foreign material. Correlation with clinical findings is recommended

* An obvious cause for the patients' clinical signs is not identified in the study. Considerations include inappetence secondary to stress (i.e., due to vacation), microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, occult neoplasia, other

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- 3 view thoracic radiographs are recommended to assess for occult neoplasia, if not performed recently.
- Other diagnostic considerations include:

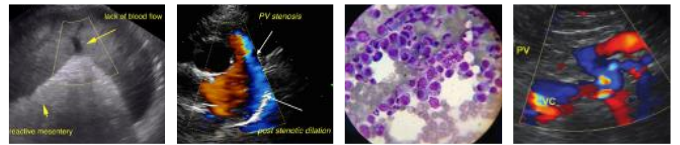
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- Malabsorption panel
- Fecal evaluation for ova/giardia

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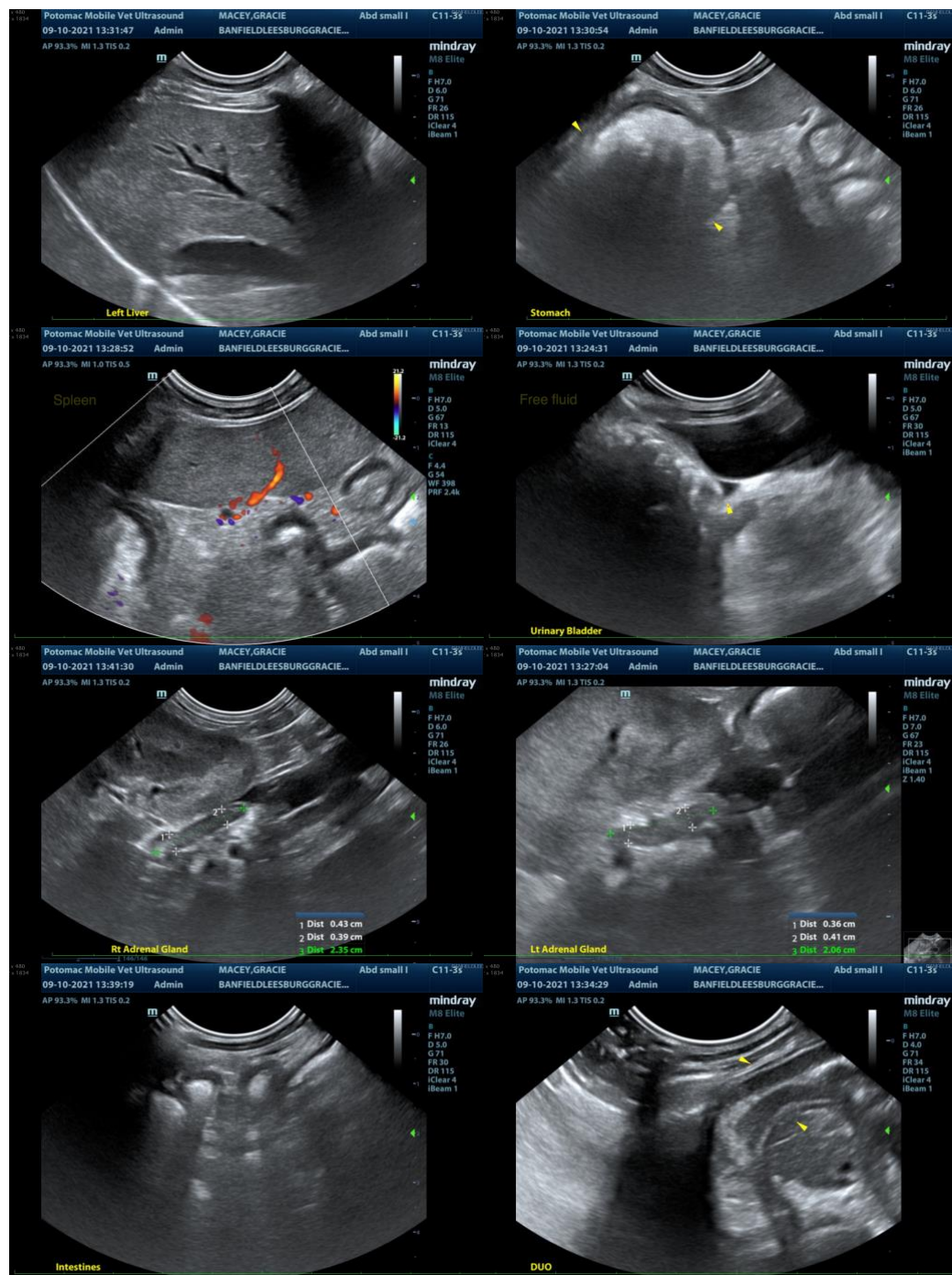
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3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 4. A thorough neurologic examination, as weight loss and inappetence are sometimes the presenting complaints for brain tumors
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis if the patient's clinical signs do not improve.





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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.

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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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