



PATIENT

Onyx Kave

SPECIES

Canine

BREED

Great Dane

SEX

Male

AGE

2 Years

WEIGHT

150 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Karen Fowler

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Karen Fowler

INVOICE

12978

DATE

9/11/21

PRESENTING CLINICAL SIGNS

History: Presented to ER about 3 weeks ago for sudden onset of V/D (at least 6 times vomiting), fever was 104.3 at e-clinic. Responded well to bland diet, probiotic, metro and cerenia. Then started having v/d again with fever of 103.

Abnormal PE/Chem/CBC/UA Results: P still painful on abdominal palpation yesterday. P has lost about 15-20 lbs in the last few weeks. Diagnostic plan: labs from Aug 18th -CBC: Hct 48.3%, WBC 11.57K, neuts 9.27K, suspected bands, eos 0.01K (L), plt 116K (L) -Chem17/lytes: glu 105, creat 0.9, BUN 9, phos 3.9, Ca 9.9, Na 152, K 3.6, Cl 109, TP 7.6, alb 3.1, glob 4.5, ALT 50, ALP 120, GGT 5, Tbil 0.5, chol 184, amyl 1032, lipa 493 -Fecal O&P + Giardia NSF Cortisol > 3 Leptospirosis pending - not vaccinated 4dx negative

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 anechoic urine. 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 prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (7.74 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 presented normal size (8.13 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.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.63 cm at caudal pole) (3.27 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 caudal pole is visualized and is normal size, measuring 0.83 cm in width with a normal shape, glandular echogenicity and detail. The surrounding vasculature appears normal.

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. The spleen measured 2.63 cm.



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Liver

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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.

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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/not seen.

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas distended. The gastric wall and pylorus are 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 or overt infiltrative disease is noted.

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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

Several prominent mesenteric lymph nodes were visualized, the largest measuring 4.23 cm in length. The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include microscopic gastrointestinal disease or pancreatic disease, underlying metabolic issue, other

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic considerations include the following:

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1. 3 view thoracic radiographs to assess for aspiration pneumonia and occult esophageal disease
2. A fecal evaluation for ova/Giardia
3. Malabsorption panel
4. Fecal PCR infectious disease panel
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended. However, patients with hypoadrenocorticism do not typically have a fever unless a complicating factor is present.
6. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted

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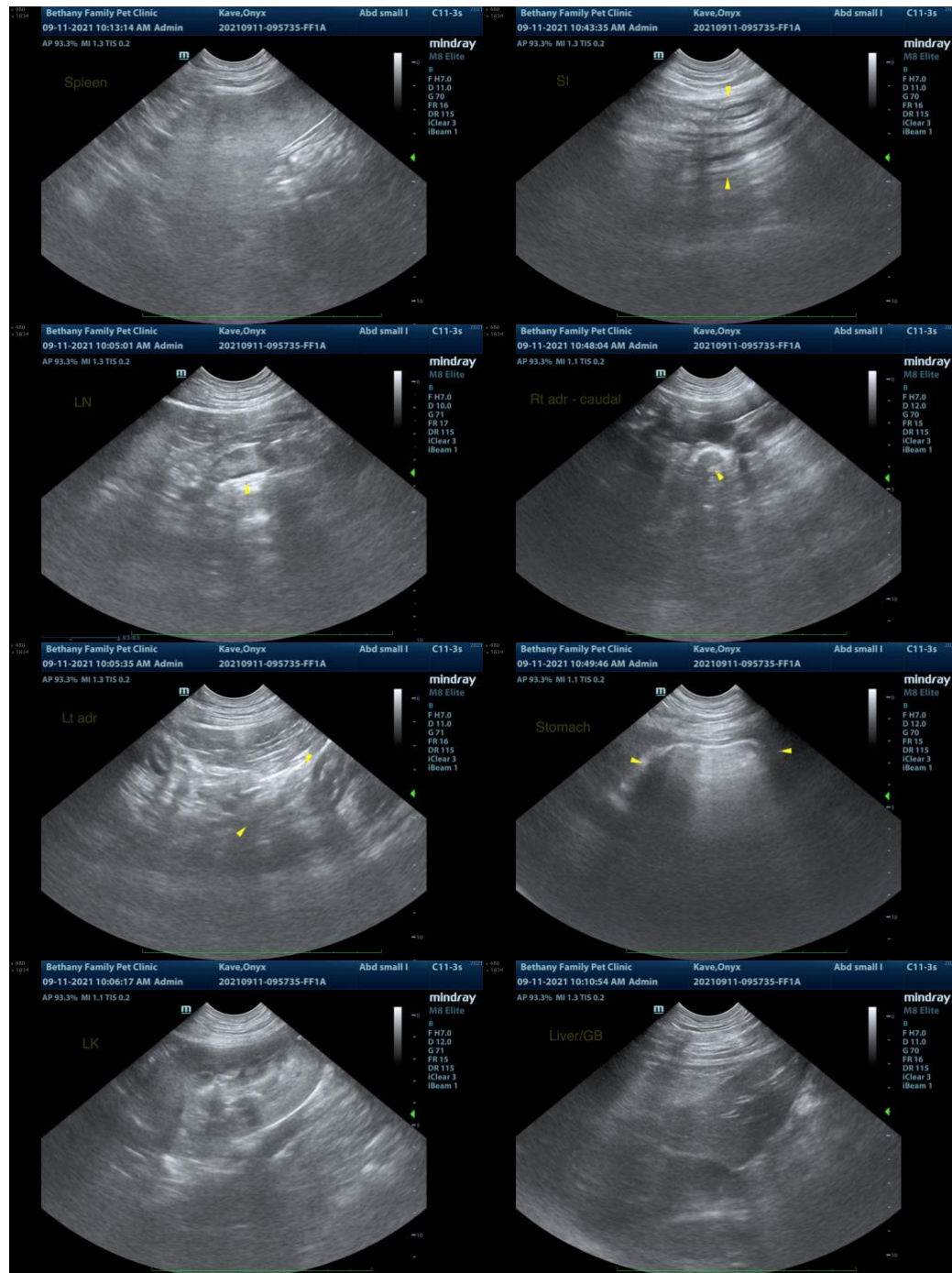
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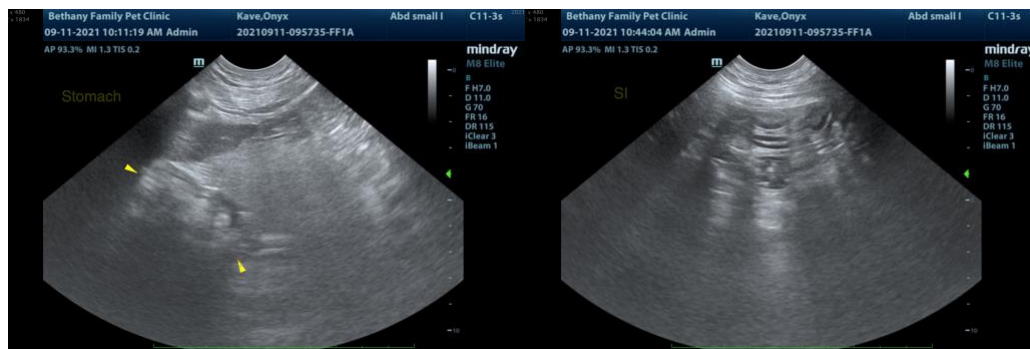
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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