

PATIENT PRESENTING CLINICAL SIGNS

Lucy Engel History: Patient presented on 9/27 for vomiting x 3 days, treated with Cerenia and SQ fluids, 9/28 patient re-presented due to anorexia, lethargy, and had a temperature of 103.4 degrees (the day before temp was 101.8), radiographs showed ingesta in the stomach and possible interstitial pattern in left caudal lung lobe. Treated with Convenia, Baytril inj., Cerenia, and SQ fluids. Still not eating, seemed perkier, temp 100.8, no vomiting. Radiographs show movement from stomach but seems slightly dilated, even possibly thickened gastric walls, want to make sure no foreign body. Current meds: Convenia on board, Cerenia and Baytril injection on board until 3pm.

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 23.91, neuts 16.06, mono 1.58, eos 1.24.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX 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.

AGE The left kidney presented normal size (3.94 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.

WEIGHT The right kidney presented normal size (4.32 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 (0.25 cm at cranial pole) (0.31 cm at caudal pole) (1.17 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 (0.51 cm at cranial pole) (0.30 cm at caudal pole) (1.16 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 with a normal capsular contour. Using a high frequency probe, a light micronodular pattern is visualized. No focal lesions are observed. Splenic vasculature is normal. The spleen measures 1.07 cm.

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

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
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HOSPITAL NAME

AG on the Hudson

REFERRING VET

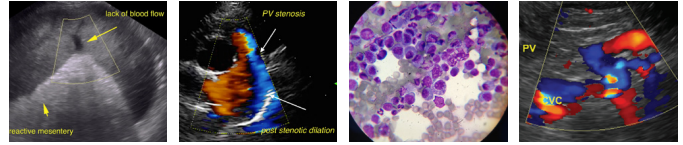
Dr. Daniel Tierney

INVOICE NUMBER

13348

DATE

9/29/21



PATIENT of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1:1, making a congenital extrahepatic portosystemic shunt unlikely.

Lucy Engel

The gall bladder is mildly distended. The wall is slightly thickened up to 0.16 cm and with a “double walled” defect. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. 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 not dilated. The small intestinal wall thickness is normal (xxx cm) 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.

BREED

Sheepadoodle

Pancreas

SEX

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Intact Female

AGE

Other

3 Months

The uterine body is visualized and is normal, measuring 0.40 cm in width. The left ovary is subjectively normal in size, measuring 0.46 cm x 0.40 cm. No obvious pathology is observed.

WEIGHT

Free Abdomen

6.9 Pounds

Several prominent lymph nodes are observed throughout the abdomen, particularly the mesenteric nodes.

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There is no evidence of free fluid.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric stasis without evidence of foreign body or gastrointestinal obstruction
- The prominent abdominal lymph nodes are likely secondary to immunologic immaturity and/or reactive change

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Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended
- The gallbladder wall changes could be consistent with anaphylaxis (if applicable), artifact (i.e., secondary to lack of full repletion), cholecystitis, other. Correlation with clinical findings is recommended
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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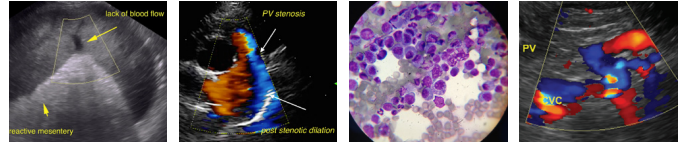
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

- Supportive care for acute gastroenteritis and possible aspiration pneumonia is recommended
- If the patients' gastrointestinal signs do not improve within 48-72 hours of supportive care, a more advanced GI work up may be warranted

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Sheepadoodle

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Intact Female

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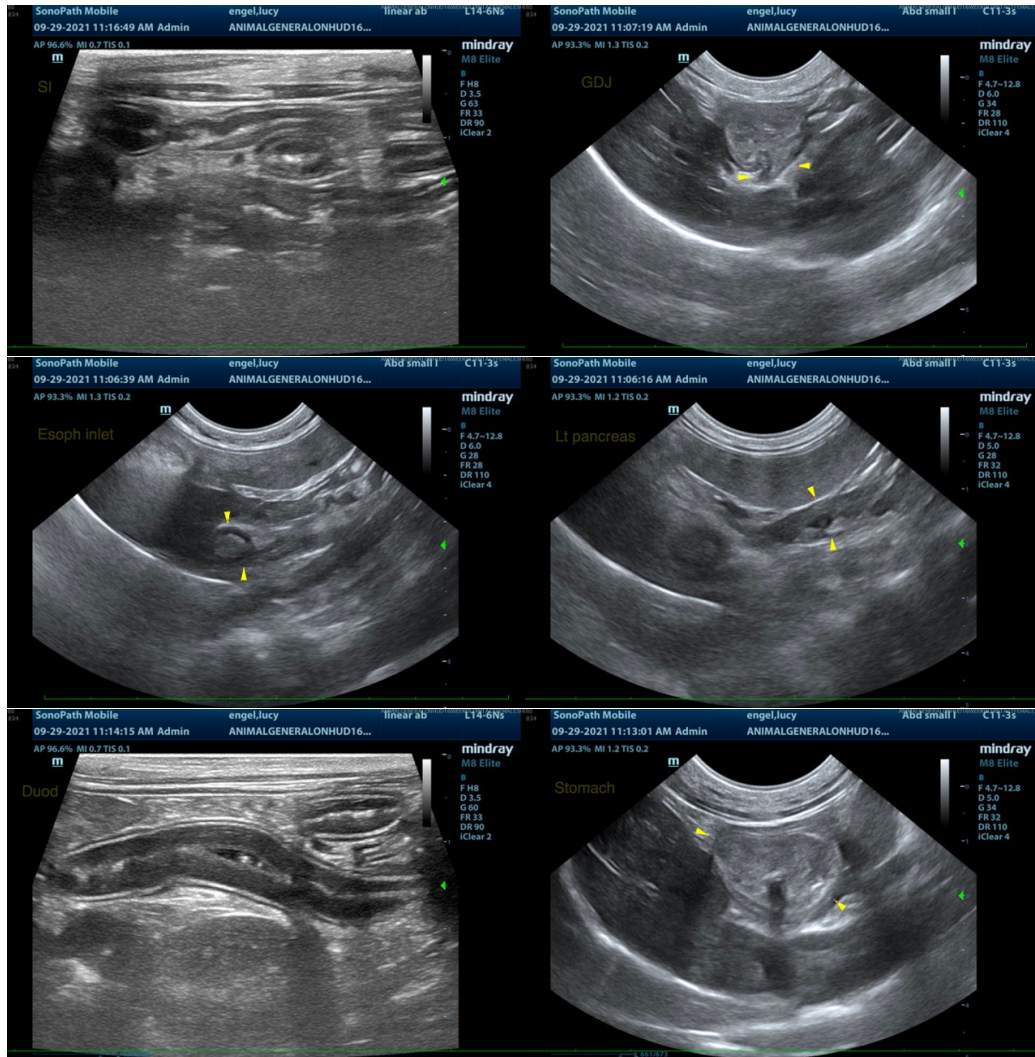
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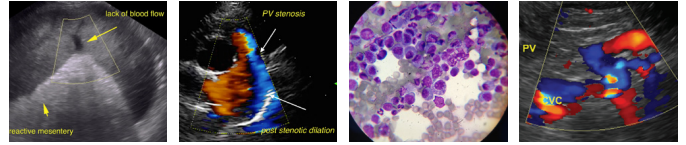
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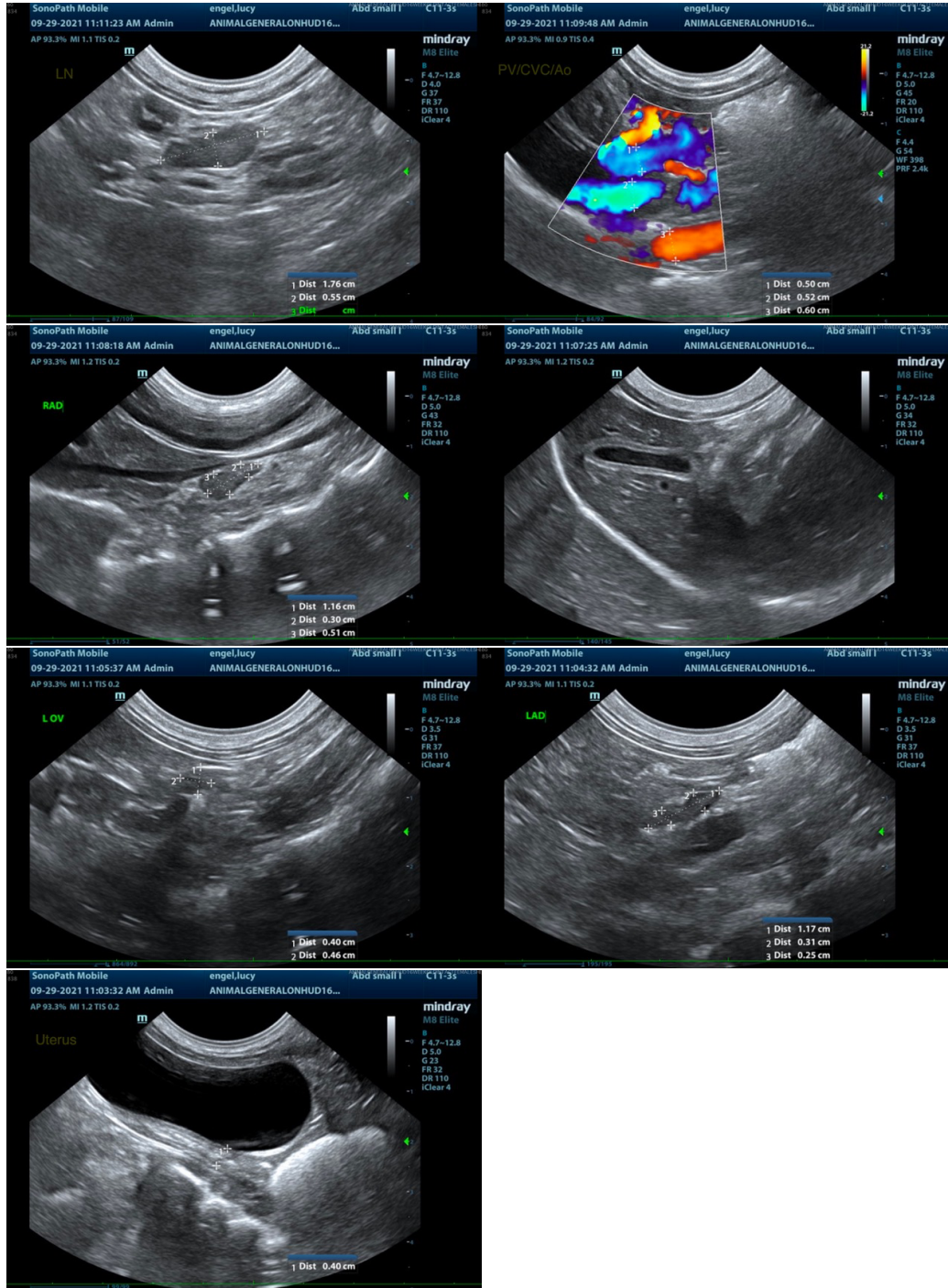
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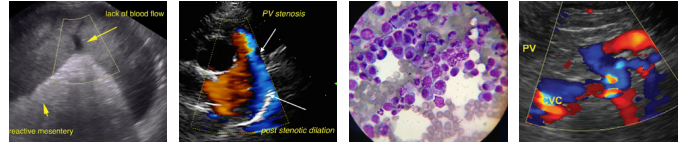
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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.

Lucy Engel

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