

PATIENT

Bella Haigh

PRESENTING CLINICAL SIGNS

History: V+, HGE, dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.03 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.

SEX

Female

The right kidney is normal size (5.92 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.

AGE

6 Months

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.43 cm at caudal pole) (1.96 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.

WEIGHT

Not Given

The right adrenal gland is normal size (0.69 cm at cranial pole) (0.39 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.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

Spleen

The spleen is normal in size (1.20 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Shari Reffi CVT

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.

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

Gastrointestinal

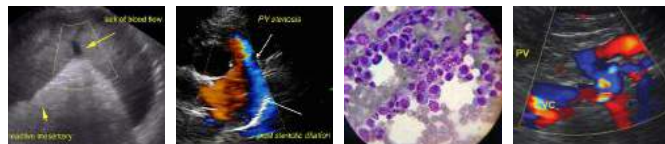
The gastric wall is subjectively, mildly thickened with retention of the normal layering pattern. The gastric lumen is minimally fluid-distended. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with fluid and chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.52 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

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Pancreas

Bella Haigh

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.

SPECIES

Free Abdomen

Canine

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several prominent to enlarged lymph nodes are observed throughout the abdomen. One of the larger nodes measures 3.93 cm in length.

BREED

Labrador

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Female

- The gastric and colonic wall changes are most consistent with gastritis/colitis. There is no evidence of a foreign body/obstruction.

Secondary Findings:

AGE

6 Months

- 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).
- The prominent abdominal lymph nodes are most likely secondary to immunologic immaturity and/or reactive lymphadenitis.

WEIGHT

Not Given

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Supportive care for acute gastroenteritis is recommended. If clinical signs do not improve with medical management, a more advanced GI work up may be warranted.

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BREED

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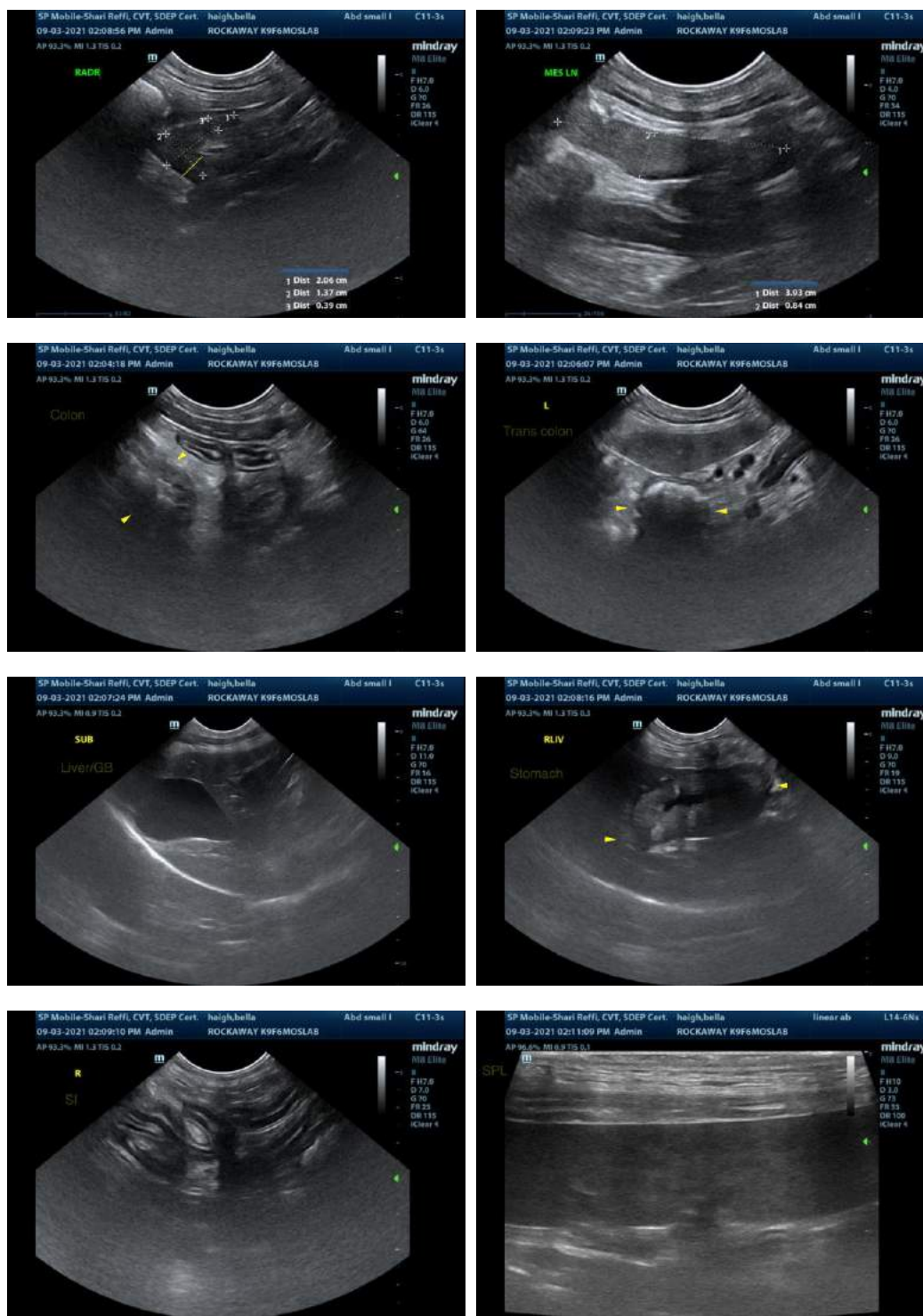
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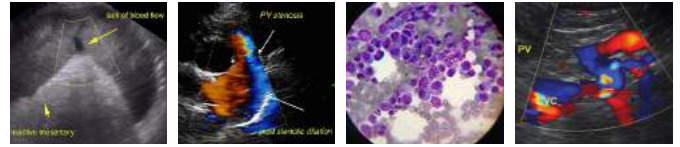
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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SEX

Female

AGE

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