

PATIENT

Stella Hussain

SPECIES

Canine

BREED

German Shephred Mix

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

31.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Fischer

DATE

2/27/23

INVOICE

14647

PRESENTING CLINICAL SIGNS

History: FUO 7 days prior, soft stools, hyporexia, occ vomiting
Abnormal PE/Chem/CBC/UA Results: Current Medications doxycycline 150mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (5.59 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.

The right kidney is normal size (5.52 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.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.48 cm at caudal pole) (1.93 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 mildly enlarged (1.10 cm at cranial pole) (0.76 cm at caudal pole) (1.53 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

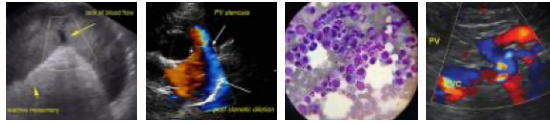
Spleen

The spleen is normal in size (1.82 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 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.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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. There is no evidence of an obstructive pattern.

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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.

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- The mild right adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations for a fever of unknown origin include infectious or inflammatory disease, occult neoplasia and autoimmune disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

For a fever of unknown origin, the following diagnostics can be considered:

1. Baseline labwork including a CBC chemistry panel, urinalysis and T4 to assess overall metabolic function.
2. Urine culture and sensitivity to evaluate for occult pyelonephritis.
3. Fecal evaluation for ova and Giardia as well as a fecal PCR infectious disease panel.
4. Three-view thoracic radiographs to assess for occult pathology in the chest.
5. Comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab). <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>.
6. Echocardiogram to assess for endocarditis.
7. Orthopedic and neurologic examinations +/- arthrocentesis with cytology and culture.
8. +/- CSF tap to evaluate for meningitis.
9. Consider initiation of a probiotic while awaiting test results.

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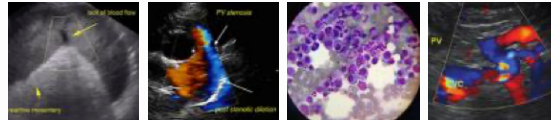
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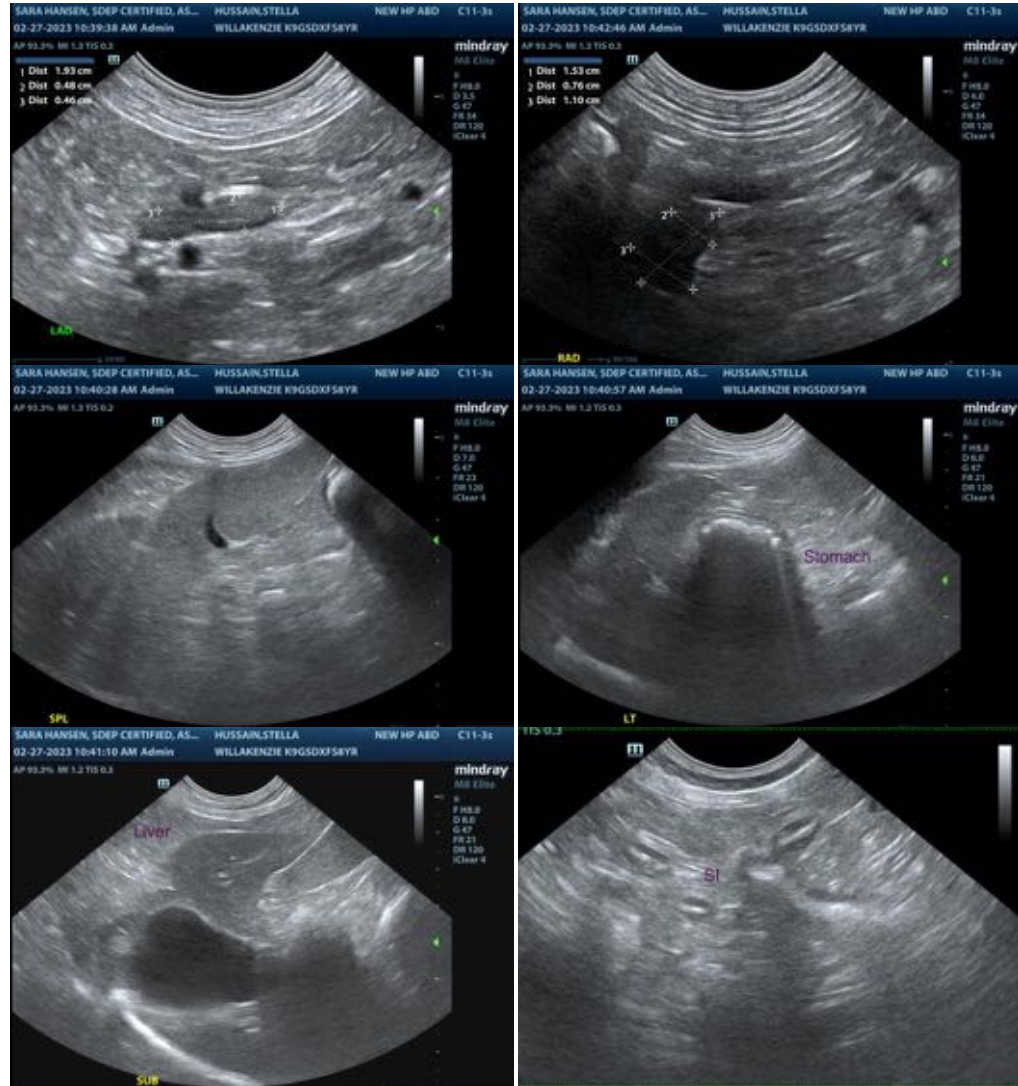
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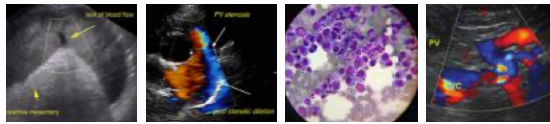
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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