

PATIENT PRESENTING CLINICAL SIGNS

Nitro Baughn History: Had resection on Tuesday. Ate on Wednesday. Appetite started declining yesterday. Last night, owner noticed discharge from incision. Worse today. High fever. Uncomfortable.

SPECIES

Canine

Current medication: Fentanyl patch; gabapentin; tramadol; Cerenia

Lab work and radiographs are pending.

BREED

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male neutered

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 cm, are normal.

AGE

4/1/14

The prostate is enlarged (4.65 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to slightly heterogeneous in appearance with a few small, ill-defined, cystic areas. The prostatic urethra is not overtly dilated.

WEIGHT

78 lbs

The left kidney is normal size (6.89 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.38 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 hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.65 cm at caudal pole) (3.52 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.

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The right adrenal gland is normal size (0.84 cm at cranial pole) (0.94 cm at caudal pole) (2.71 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.

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Spleen

The spleen is subjectively normal in size (2.12 cm in width at the level of the hilus) with a slightly irregular contour at the medial aspect. A 2.50 cm hypoechoic nodule is observed in the caudal medial area. The nodule causes capsular expansion. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Mokos

INVOICE

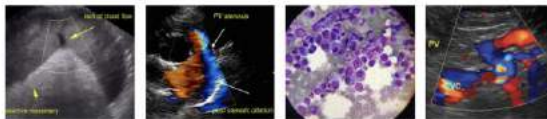
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Liver

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

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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

The gastric lumen is fluid-distended and hypomotile. The gastric wall is 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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

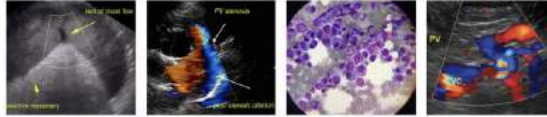
A moderate amount of echogenic free fluid is present within the abdomen. In the mid-abdominal cavity, an irregular area of aggregated, echogenic tissue with adhered mesentery is observed. A 2.41 cm sublumbar lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

- The peritoneal changes are concerning for peritonitis. Septic peritonitis is a concern given the time frame post-operatively. The echogenic tissue in the mid-abdomen may represent the prior surgery site with adhered mesentery.
- The hypoechoic splenic nodule may represent a neoplastic lesion. Alternatively, benign pathology (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis) may be present.
- Gastric ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the sonographic changes and clinical history, a repeat abdominal exploratory is recommended to assess for bowel dehiscence.
2. Cytology on the free abdominal fluid is recommended prior to surgery to assess for intracellular bacteria.



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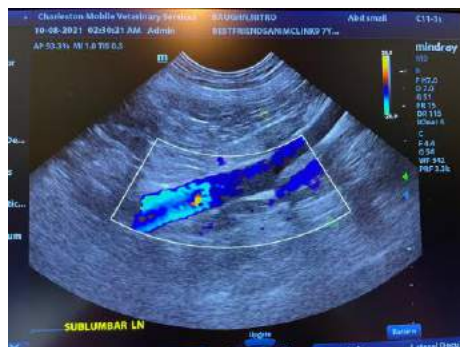
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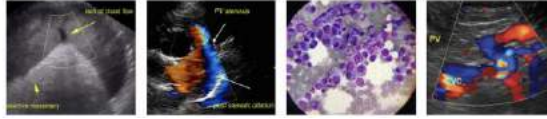
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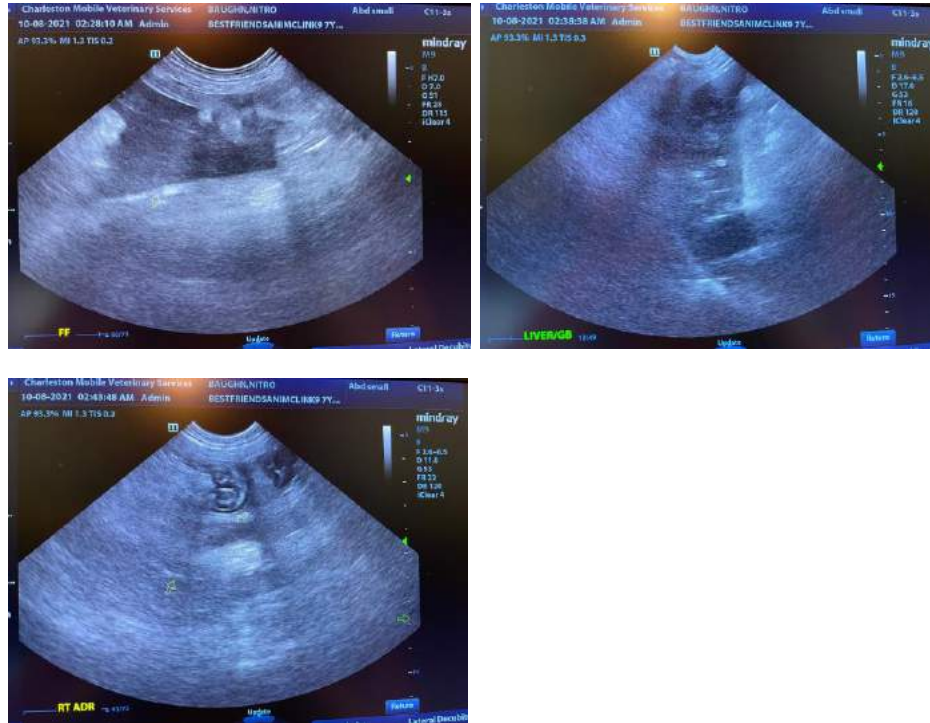
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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