



PATIENT PRESENTING CLINICAL SIGNS

Lucky Seckinger
The patient presented with a history of chronic diarrhea since early December.

SPECIES
12/7/2021 seen at VCA in Rincon GA for poss FB (chicken bones) - O declined hospitalization, only wanted medical treatment
Canine
12/21/2021 seen at VCA again - given Metronidazole, ProPectalin, Panacur, Purina EN can

BREED
12/31/2022 seen at SSAH - JWC palpated gas in abdomen and P was painful, rads no FB/masses, started metronidazole, ProPectalin, SQ fluids, cerenia injection
Dachshund mix
1/6/2022 fecal with giardia negative, diigel given

SEX
1/28/2022 seen again at SSAH - P has wgt loss, still painful in abdomen, rads - gas in intestines, sent CBC/Chem 25/resting Cortisol to Idexx
Male, intact
Meds: Metronidazole – ProPectalin

AGE
6/30/21
Rads:
12/31/2021 - no FB/masses
1/28/2022 - no FB/masses, lots of gas in intestines

WEIGHT
Labs – albumin 1.9. Elevated white count with neutrophilia
13.4 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

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 cm, are normal.

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The prostate is not definitively visualized due to its pelvic location.

HOSPITAL NAME

Southside AH

The left kidney is normal size (4.66 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.

REFERRING VET

Dr. Carroll

The right kidney is normal size (5.07 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.

INVOICE

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Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.37 cm at caudal pole) (1.78 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.

DATE

2/1/22



PATIENT

Lucky Seckinger

The right adrenal gland is normal size (1.00 cm at cranial pole) (0.38 cm at caudal pole) (2.66 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.

SPECIES

Canine

Spleen

The spleen is normal in size (1.17 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.

BREED

Dachshund mix

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 portal vein: caudal vena ratio is approximately 1:1. 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.

SEX

Male, intact

AGE

6/30/21

Gastrointestinal

The gastric lumen is mildly distended with fluid. The gastric wall is mildly thickened (up to 0.61 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The proximal duodenum and the jejunum are normal in thickness with a normal layering pattern. A few small intestinal loops are mildly fluid distended. At what appears to be the level of the ileocecolic junction, a large intussusception is present, measuring several centimeters in length. The mesentery effacing the serosal surface in this region is mildly hyperechoic. The colonic wall is normal.

WEIGHT

13.4 lbs.

Pancreas

The pancreas is diffusely prominent in size with slightly swollen peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly edematous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

A small amount of anechoic free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.18 cm in length.

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ULTRASONOGRAPHIC FINDINGS

- Intussusception, suspected to be at the ileocecal colic junction. Regional peritonitis is present.
- Suspected mild pancreatitis, possibly secondary to the presence of the intussusception.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The mild gastric wall thickening is most consistent with gastritis.

HOSPITAL NAME

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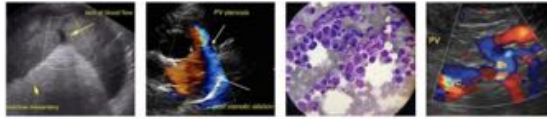
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory with correction of the intussusception is recommended along with GI biopsies to assess for microscopic gastrointestinal disease.

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- Other considerations include a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI) as well as prophylactic deworming with fenbendazole, if not already performed.

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Dachshund mix

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Male, intact

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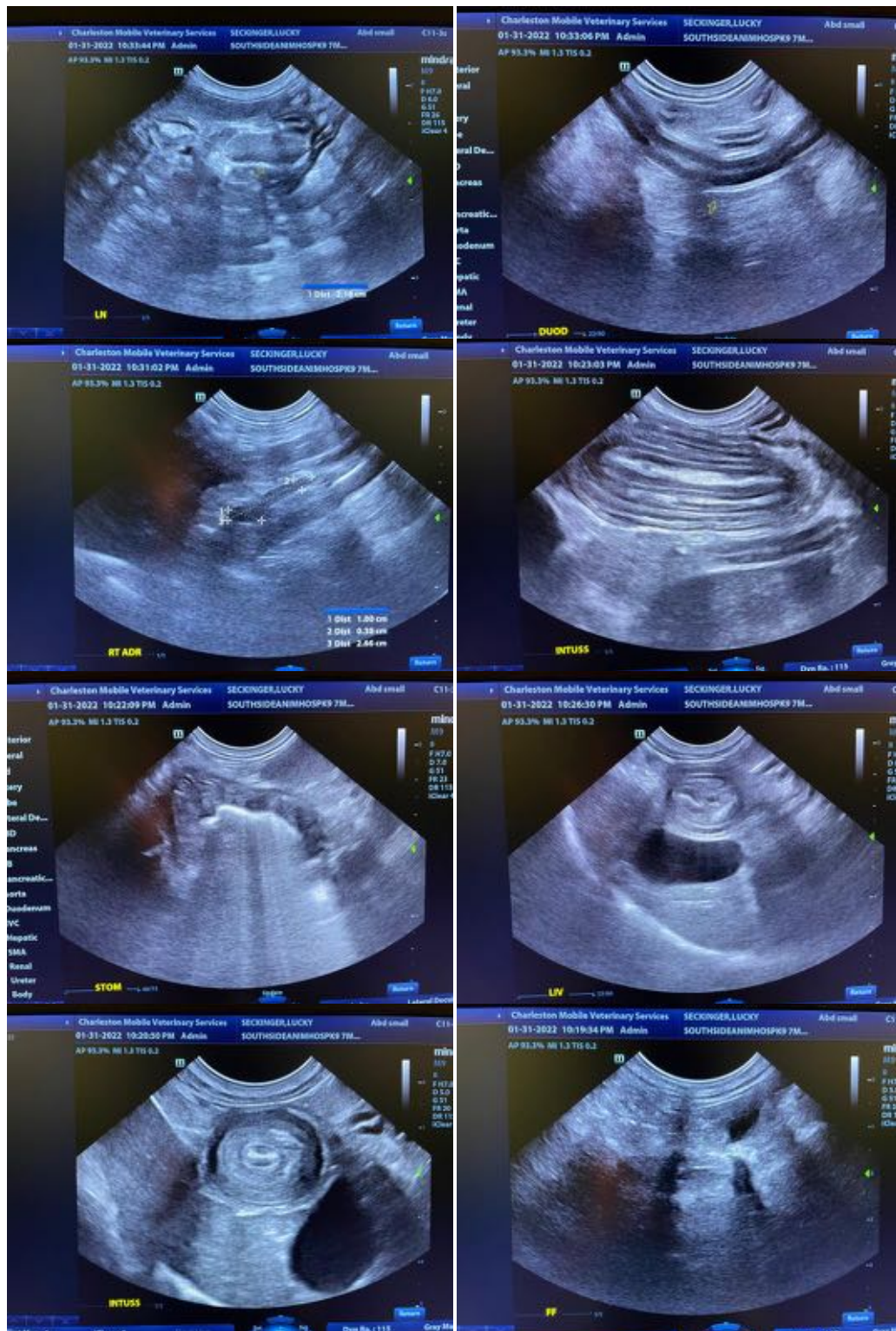
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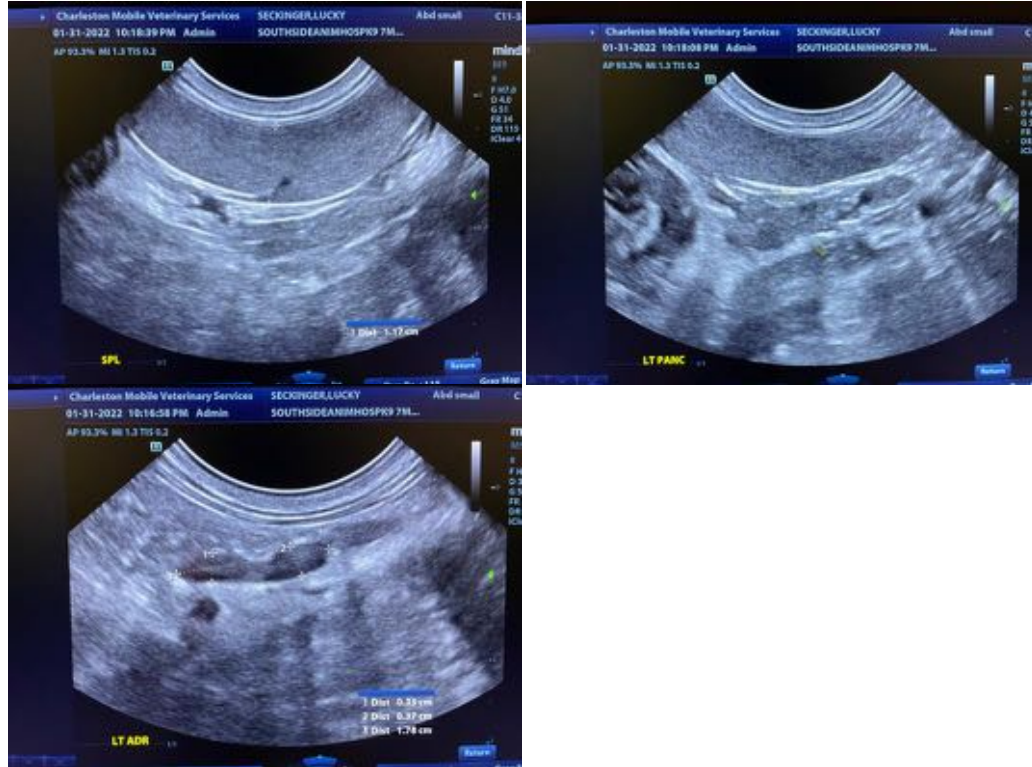
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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