



PATIENT PRESENTING CLINICAL SIGNS

Patient: Pippin Stone
Species: Canine
Breed: Australian shepherd
Sex: Male, intact
Age: 3/7/2021
Weight: 47 lbs.

Vomiting for 1 week duration. P vomits after every meal, about 1- 1.5 hours after eating. O was feeding chicken and rice for a few days, but now just feeding rice. P vomited 2-3x on 3/7 and ate his own feces, which is new for P. P will dry heave at night. E/d normal, urinating normal, normal formed stools but smaller amount and less frequent. On PE, abdomen palpates WNL. Large hair clump (suspect human hair) was pulled out of rectum and orange/yellow fluid dripped out of rectum after. P has been fasted overnight. Has not vomited since 3/7/22.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is enlarged (2.89 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (5.69 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.

The right kidney is normal size (7.70 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.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.42 cm at caudal pole) (2.31 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 (0.99 cm at cranial pole) (0.60 cm at caudal pole); 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 (1.94 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

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HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Abby Clayton

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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.

SPECIES

Canine

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

BREED

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Pancreas

SEX

Male, intact

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.

AGE

3/7/2021

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent to slightly enlarged mesenteric lymph nodes are visualized, the largest measuring 2.29 cm in length. The larger node is slightly heterogeneous in appearance and subtly rounded.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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The testicles are subjectively normal in size (left testicle 3.15 x 2.61; right testicle 3.67 x 2.35 cm) and symmetrical with homogenous parenchyma. No focal lesions are observed.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

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*An obvious cause for the patient's vomiting is not identified in this study. Given the patient's history, dietary indiscretion/gastroenteritis is a possibility. Other considerations include underlying metabolic issue, emerging neoplasia, low-grade pancreatitis, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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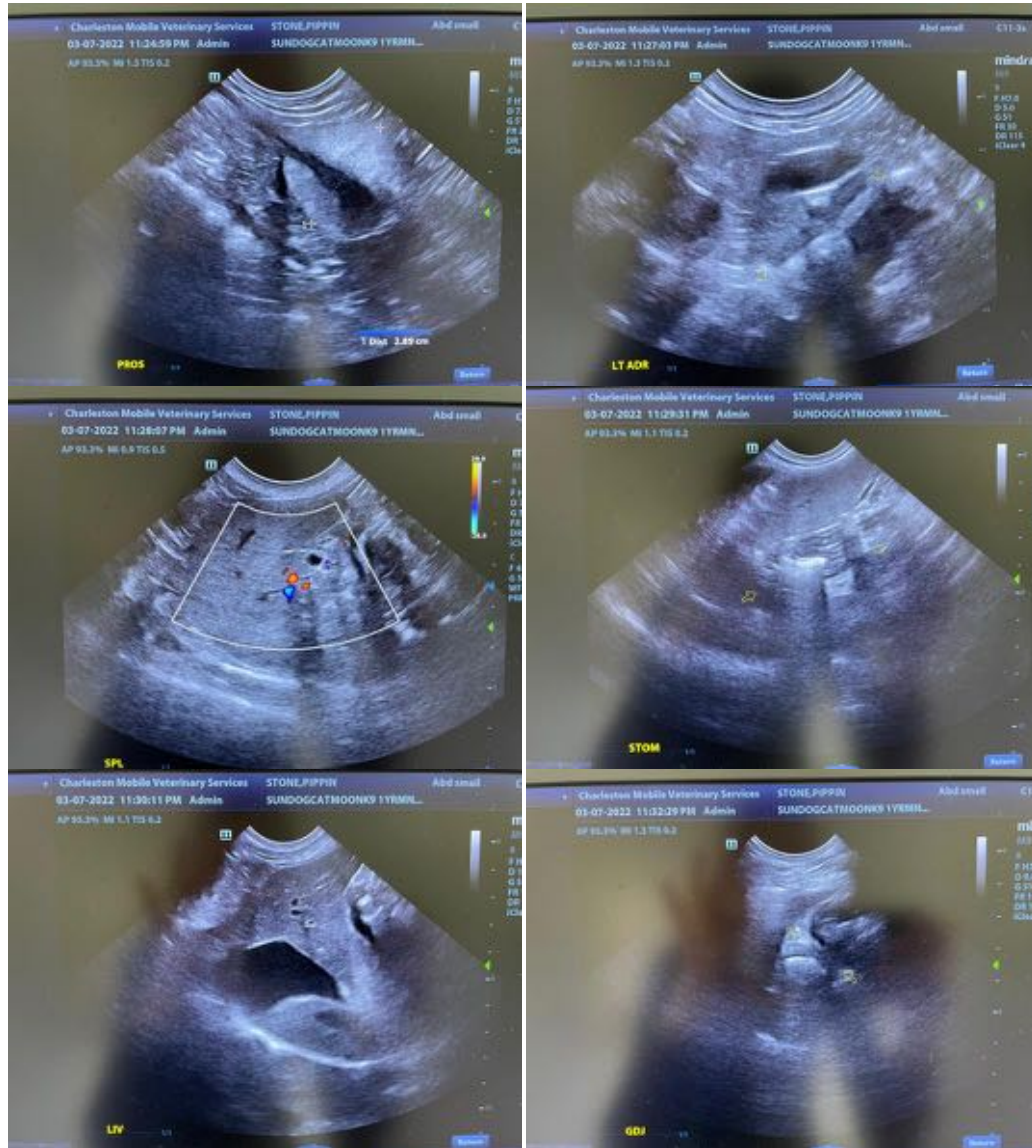
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Supportive care for acute gastroenteritis is recommended. If the patient's clinical signs do not improve within 48-72 hours of medical management, further workup (i.e., malabsorption panel, fecal evaluation for ova and giardia, repeat ultrasound to reevaluate the mesenteric lymph nodes, +/- GI biopsies) may be warranted.





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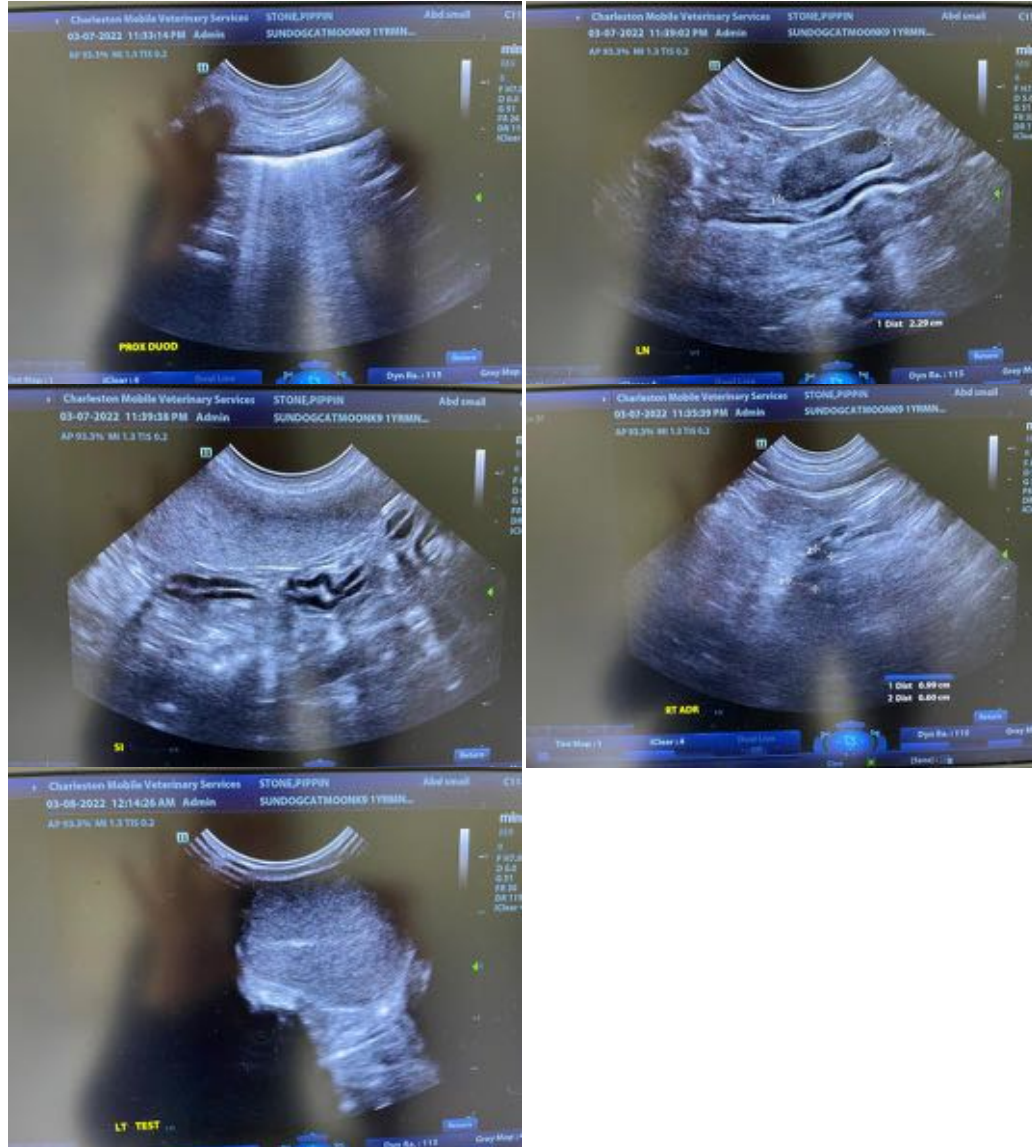
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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