



PATIENT PRESENTING CLINICAL SIGNS

Mookie White
SPECIES Canine
BREED Saint Bernard

Reviewed pt hx and PE findings. Noted that pt is anxious but lethargic on exam, clinically dehydrated, has some ocular changes (do not think this is primary problem), and poor pulse quality. Discussed possible causes for non-specific symptoms including underlying gastroenteritis and secondary dehydration, other systemic disease (metabolic, endocrine, infectious, other), toxin ingestion (none known) ,other. Recommended bloodwork to evaluate for electrolyte abnormalities or underlying systemic or metabolic causes of GI upset, including T4 and SDMA, Urinalysis to help evaluate renal function as pt has hx of elevated SDMA and screen for UTI, abdominal x-rays to look for a foreign body, gastrointestinal obstruction, enlarged organs, or any evidence of a mass, and a blood pressure. O approves estimate and plan.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Male, neutered
Urinary System

AGE 10/19/2019
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT 67.4 kg.
The prostate is normal in size (1.54 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY
The left kidney is normal size (7.64 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.

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

The right kidney is normal size (9.25 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
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Adrenal Glands

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

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The right adrenal gland is normal size (1.24 cm at cranial pole) (0.48 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.

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Spleen

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The spleen is normal to slightly prominent in size (2.65 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Liver



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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 to caudal vena cava 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.

Gastrointestinal

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.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- The splenic changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) or emerging neoplasias. The remainder of the abdomen is unremarkable.
- An obvious cause for the patient's clinical signs is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended to assess for non-metabolic causes for the patient's clinical signs.
- Consider a fine needle aspirate of the spleen if clotting status is appropriate. A 25 gauge needle should be used.
- Also consider a comprehensive tick panel (send to NC State Vector Borne disease lab).
- Consider a resting cortisol level to screen for atypical hypoadrenocorticism.
- While awaiting test results, symptomatic care is recommended. If the patient's clinical signs do not improve and the above diagnostics are inconclusive, a more comprehensive workup may be warranted.



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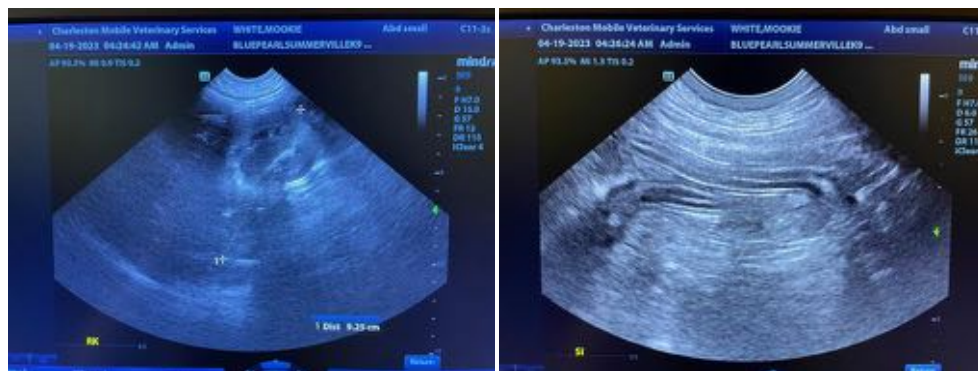
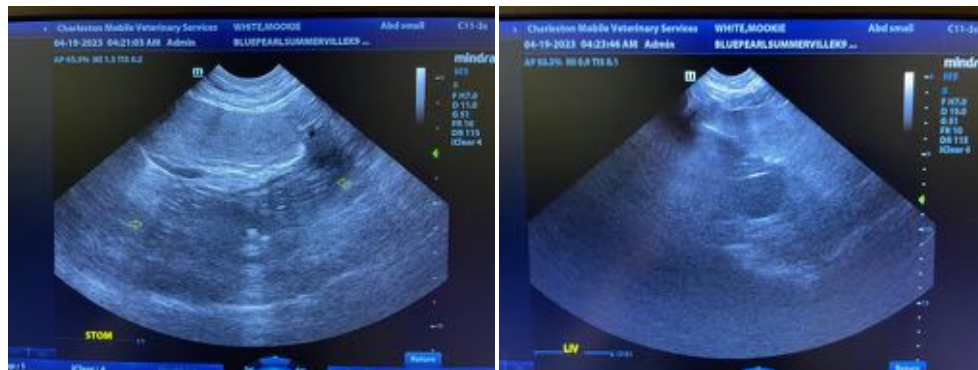
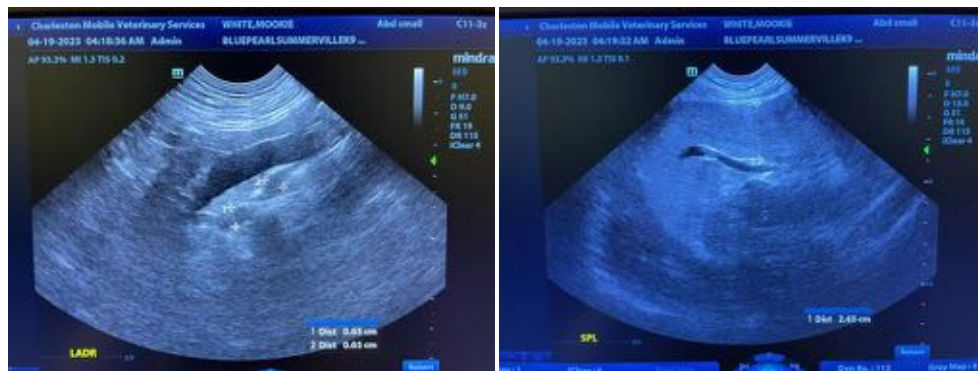
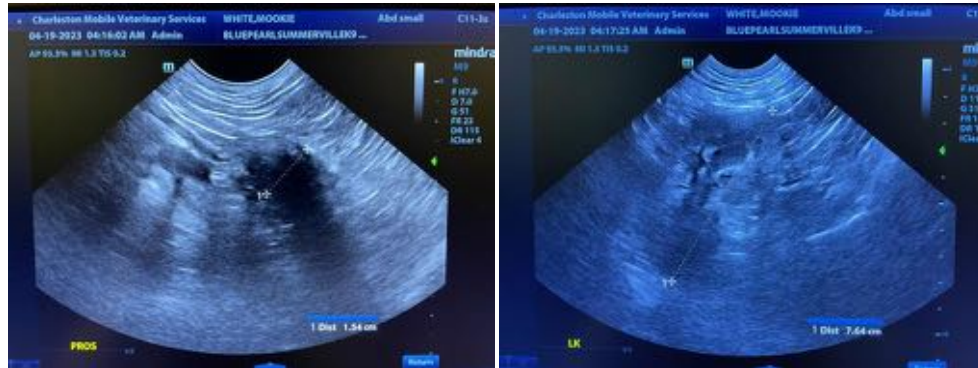
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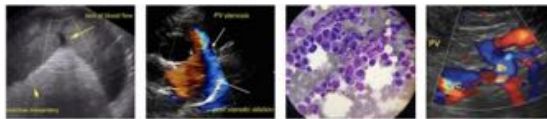
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

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