


PATIENT PRESENTING CLINICAL SIGNS

Chloe Marchand History: r/o neoplasia, diagnosed with pancreatitis 3 weeks ago, another flare up yesterday (vomiting, inappetence)
 Abnormal PE/Chem/CBC/UA Results: CBC WNL. Chemistry shows elevated pancreatic enzymes and spec cPL. Normal T4.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Boxer

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (6.21 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.

AGE

7 Yrs.

The right kidney is normal size (5.77 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.

WEIGHT

26.2 kg.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.68 cm at caudal pole) (2.28 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.

INTERPRETED BY

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

The right adrenal gland is normal size (2.36 cm at cranial pole) (0.68 cm at caudal pole) (2.37 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.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

The spleen is normal in size (1.47 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.

HOSPITAL NAME

Preston AC

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Coghlan

INVOICE

12422

Gastrointestinal

The gastric lumen is mildly to moderately distended with soft shadowing ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not

DATE

10/26/21



PATIENT

Chloe Marchand

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.

SPECIES

Canine

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.

BREED

Boxer

Free Abdomen

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

SEX

Female, spayed

AGE

7 Yrs.

ULTRASONOGRAPHIC FINDINGS

- The gastric contents may represent ingesta and/or foreign material (i.e., grass).

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, infectious/parasitic), low-grade pancreatitis, occult neoplasia, underlying metabolic disease, other.

WEIGHT

26.2 kg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Other diagnostic considerations include the following:
 1. A fecal evaluation for ova/Giardia
 2. GI panel including serum cobalamin, folate, TLI and PLI
 3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
 4. A 6-week limited antigen diet trial to assess for food allergies
 5. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Preston AC

REFERRING VET

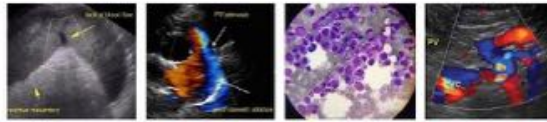
Dr. Coghlan

INVOICE

12422

DATE

10/26/21



PATIENT

Chloe Marchand

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

26.2 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Coghlan

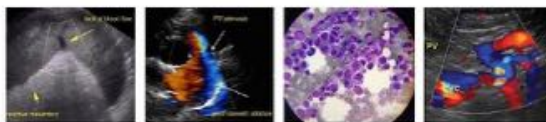
INVOICE

12422

DATE

10/26/21





PATIENT

Chloe Marchand

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.

SPECIES

Canine

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.

BREED

Boxer

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

Andrea.nicastro@sonopath.com

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

26.2 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Coghlan

INVOICE

12422

DATE

10/26/21