

PATIENT PRESENTING CLINICAL SIGNS

Jill Reiderer

History: Currently not interested in her kibble much, eating some home cooked (various meats rice, veggies) --past week no c/s/v/d drinking fine A few mornings ago 2 other times over the past few mths pet has what o feels are strokes pet starts with dry heaving (panting),no vomiting except some bile once , then pet starts to sway and controlled fall to ground usually lateral position, pet can be still or whole body spasms. O says whole episode is finished almost as fast as it starts.

SPECIES

Canine

Currently on: Gabapentin (100mg/ml) 0.2mls PO Q12hrs Famotidine Susp (5mg/ml) 0.5mls PO Q12hrs Nexgard Spectra PO Q30 days

BREED

Poodle Mix

Abnormal PE/Chem/CBC/UA Results: CBC--PLT 597(148-484),PCT 66(14-46) 15p-NSF lytes-NSF SDMA 16(0-14)- may be early renal insufficiency or inflammatory induced (GI issues?/other siezures etc) IDEXX spec Cpli--1258(0-200) Serum Spec cPL concentration is significantly increased which occurs with pancreatic inflammation.

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

11 Years

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 is normal.

WEIGHT

3.8 kgs.

The left kidney is normal size (3.54 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (3.42 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

IMAGING PERFORMED BY

Kelly Reshny, RVT

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.33 cm at caudal pole) (1.35 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.

HOSPITAL NAME

Chedoke AH

The right adrenal gland is normal size (0.84 cm at cranial pole) (0.26 cm at caudal pole) (1.38 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.

REFERRING VET

Dr. Harris

Spleen

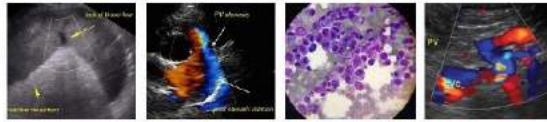
INVOICE

11969kk

The spleen is normal in size (0.82 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.

DATE

10/7/21



PATIENT *Liver*

Jill Reiderer

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated, hyperechoic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with fluid and gas. 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Gall bladder sludge, non-mucocele. Otherwise, unremarkable geriatric abdomen.

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary neurologic disease, underlying cardiac disease/arrhythmia, metabolic issue, and other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs, echocardiogram, ECG and blood pressure measurement should be considered as well as a thorough neurologic evaluation.
- Also consider pre- and post-prandial serum bile acids and blood ammonia level to assess for occult hepatic dysfunction/hepatic encephalopathy.
- Referral to a board-certified veterinary neurologist may be warranted for further work up.

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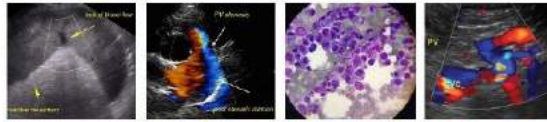
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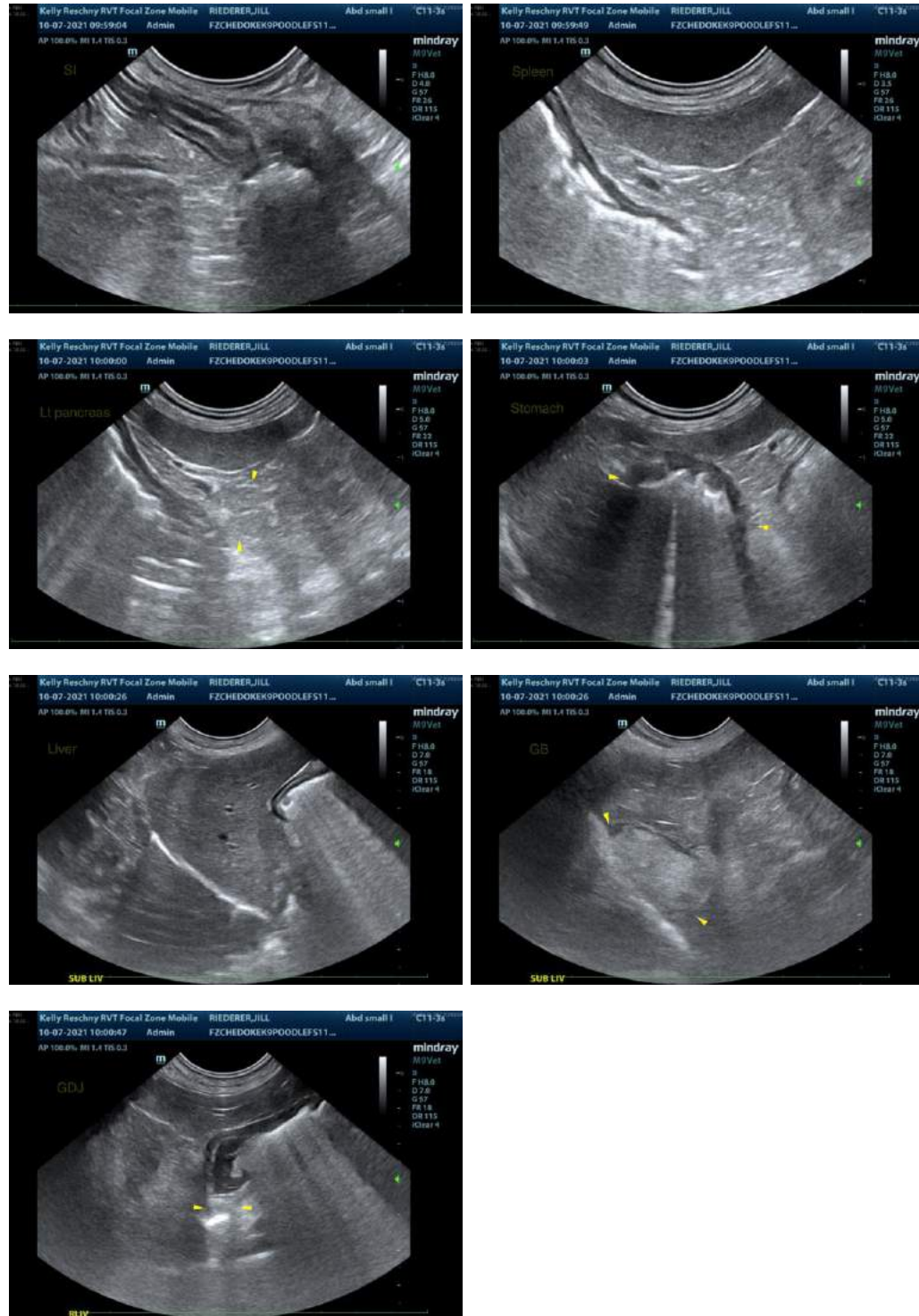
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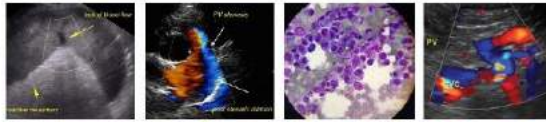
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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