


PATIENT PRESENTING CLINICAL SIGNS

Chevy Moses

History: Pyometra and OVH surgery performed on Oct 16th at emerg- normal post op with 7 days of Baytril, Metronidazole and Metacam. Ate raw sweet potato on Friday, urgent diarrhea started Saturday. Not eating, lethargic. Currently on Ampicillin, Metronidazole, Baytril, Famotidine, Omeprazole, Sulcrate and Hydro.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Marked leukocytosis and bands with some toxic changes on smear. Increased BUN and Creatinine, no sign improvement after 24 hours of 2X maint fluid therapy. Sp Grav - 1.018 after 24 hours fluids, few leuks and RBCs and Rods present on U/A. Non-regenerative anemia 29%, leukocytosis with a neutrophilia, monocytosis. Mild elevation in BUN and creatinine.

BREED

Mastiff

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Female, spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is over 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.

AGE

6.5 Yrs.

The left kidney is normal size (8.15 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.

WEIGHT

66 kg.

The right kidney is normal size (8.81 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (1.12 cm at cranial pole) (1.08 cm at caudal pole) (4.09 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

Crystal Hill

The right adrenal gland is normal size (1.64 cm at cranial pole) (0.75 cm at caudal pole) (3.67 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

New Hamburg VC

Spleen

The spleen is normal in size (1.67 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.

REFERRING VET

Dr. Schroeder

Liver

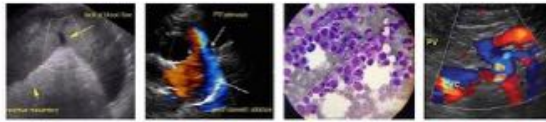
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The 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.

INVOICE

12454

DATE

11/2/21



PATIENT

Gastrointestinal

Chevy Moses

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the left cranial abdomen a fluid distended bowel loop is visualized. The remaining small intestinal segments are difficult to visualize due to the large fluid filled structure which occupies a large percentage of the abdomen and is thought to represent the urinary bladder. The colonic wall is normal.

SPECIES

Canine

Pancreas

BREED

Mastiff

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.

SEX

Female, spayed

Free Abdomen

The mesentery in the caudal abdomen is reactive. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

AGE

6.5 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

66 kg.

- Severely distended urinary bladder (vs separate fluid filled structure in the mid-abdominal cavity). The X-rays from 11/1, however, do not reveal a mid-abdominal mass effect. Therefore, an over distended bladder is suspected and is obscuring the majority of the GI tract.
- The reactive mesentery in the caudal abdomen is likely normal resolving post-operative inflammation from the ovariohysterectomy on 10/16.
- The bowel distention in the left cranial quadrant may be secondary to ileus or obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult disease in the chest (i.e., aspiration pneumonia).
- Supportive care for acute gastroenteritis is recommended. If no improvement in the patient's clinical signs is seen within another 24 hours of aggressive supportive care, consider a repeat abdominal ultrasound after emptying the urinary bladder (i.e., via catheterization).
- Given the mild azotemia, consider the following:
 1. Urine culture and sensitivity (preferably on a pre-antibiotic sample)
 2. Leptospirosis testing (i.e., blood and urine PCR, serology)
 3. UPC (if proteinuria is present)

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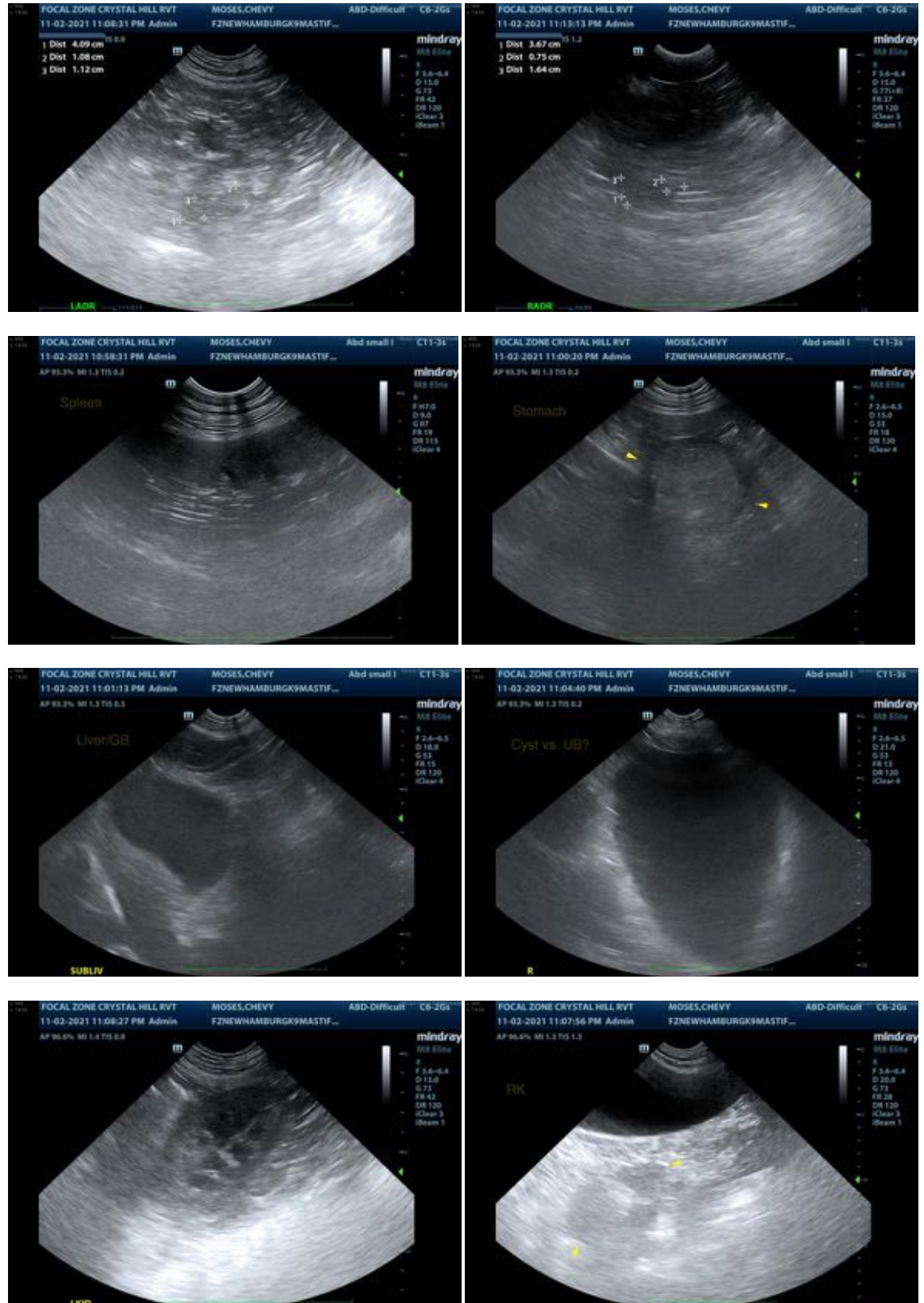
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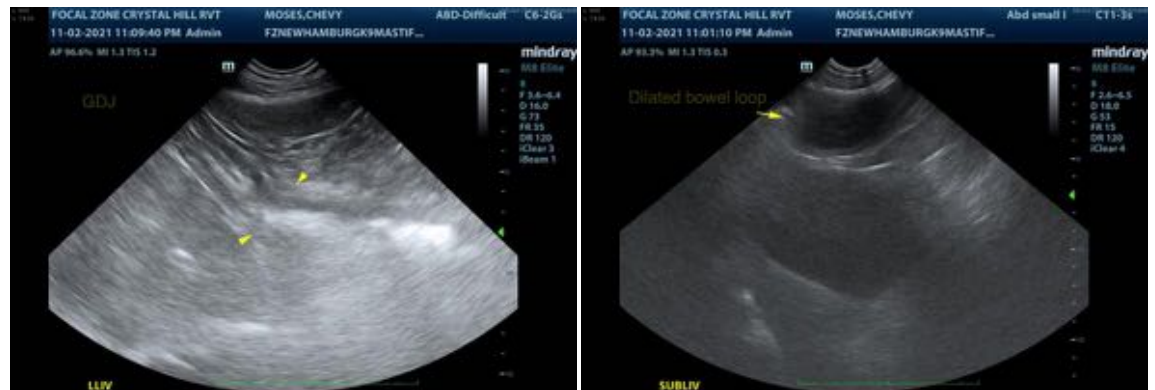
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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