
**PATIENT**

Helmutt Kemp

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Female, spayed

**AGE**

8 Months

**WEIGHT**

8.3 kg

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Orchard AH

**REFERRING VET**

Dr. D'Amico

**INVOICE**

12735

**DATE**

12/21/21

**PRESENTING CLINICAL SIGNS**

History: - Intermittent vomiting starting early December, progressed to frequent times daily - Owner believes fb is very low risk - Improved with Cerenia and gastro diet but still having intermittent vomiting - PE 12/11/21 - no abdominal pain or sensitivity, no mass/fb palpable, T:39.1, rest of PE wnl  
 Abnormal PE/Chem/CBC/UA Results: Baseline bloodwork shows a normal CBC. Chemistry shows mildly elevated SDMA.

**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 left kidney is normal size (4.21 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.75 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.32 cm at cranial pole) (0.32 cm at caudal pole) (1.44 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 (0.71 cm at cranial pole) (0.50 cm at caudal pole) (1.84 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.

**Spleen**

The spleen is normal in size (0.95 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



## PATIENT

Helmutt Kemp

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.

## 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 segmentally dilated with chyme. 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

French Bulldog

## SEX

Female, spayed

### ***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.

## AGE

8 Months

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 2-3 prominent lymph nodes are observed in the cranial to mid-abdomen, the largest measuring 0.70 cm in length.

## WEIGHT

8.3 kg

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

The prominent abdominal lymph nodes are likely secondary to immunologic immaturity or reactive change. The abdomen is otherwise unremarkable. An obvious cause for the patient's vomiting is not identified in this study. Differentials include primary gastrointestinal disease (i.e., food allergy/intolerance, intestinal dysbiosis, inflammatory bowel disease, infectious/parasitic), pancreatic disease, underlying metabolic issue, other.

## IMAGING PERFORMED BY

Kelly Reshny, RVT

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

Orchard AH

## REFERRING VET

Dr. D'Amico

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. Consider pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
5. A 6-week limited antigen diet trial to assess for food allergies
6. Three-view thoracic radiographs are recommended to assess for esophageal disease.

## INVOICE

12735

## DATE

12/21/21



**PATIENT**

Helmutt Kemp

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Female, spayed

**AGE**

8 Months

**WEIGHT**

8.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Orchard AH

**REFERRING VET**

Dr. D'Amico

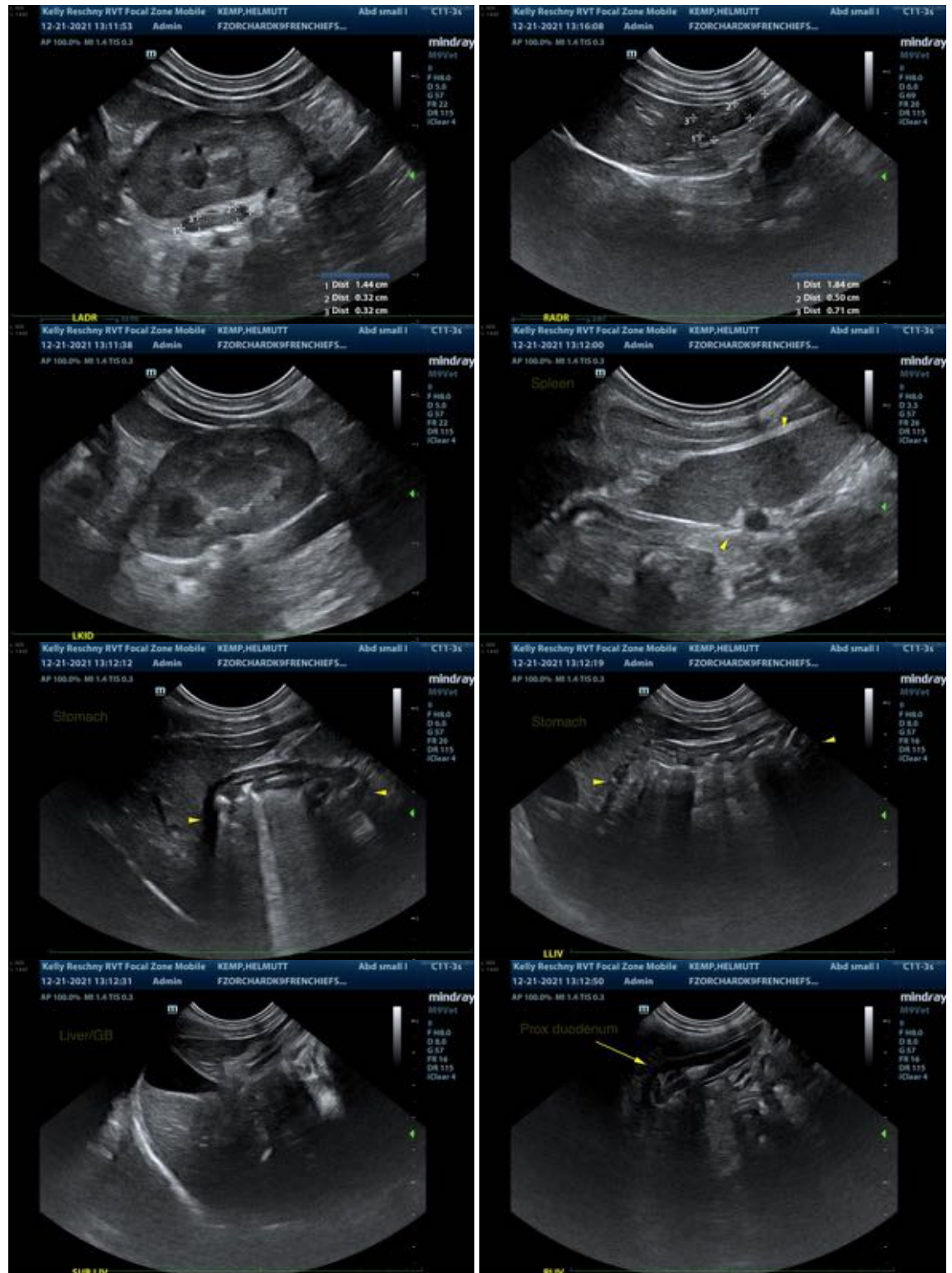
**INVOICE**

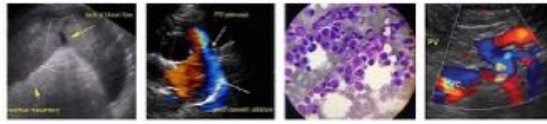
12735

**DATE**

12/21/21

7. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





**PATIENT**

Helmutt Kemp

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

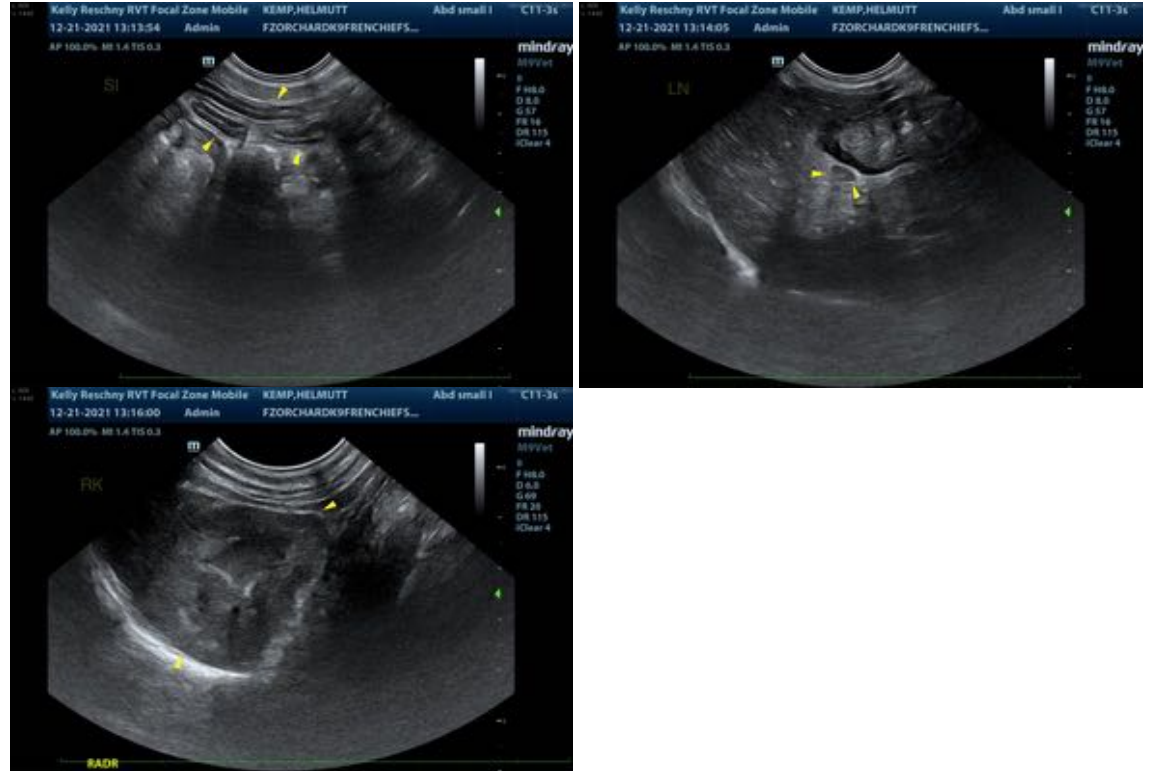
Female, spayed

**AGE**

8 Months

**WEIGHT**

8.3 kg



**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Orchard AH

**REFERRING VET**

Dr. D'Amico

**INVOICE**

12735

**DATE**

12/21/21

**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)

Andrea.nicastro@sonopath.com