

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Woods
SPECIES Canine
BREED Doodle
SEX Female Spayed
AGE 12 Years
WEIGHT 19 kgs.

History: Seen July 26/21 for chronic inappetence and weight loss. Vomiting is also chronic. no reactive/enlarged LNs noted. Thin body condition - went from 22.5kg to 19kg in a few months. Vomit is on and off for months - usually with food but sometimes just bile. no cough or sneeze noted After treatment for pancreatitis - still not eating well at all. Seems nauseated - goes to eat and then turns away. currently on: Mirtazapine, Cerenia, Previcox.

Abnormal PE/Chem/CBC/UA Results: Chem 17 and cbc - Glob mildly elevated, rest WNLs. CPL abnormal on snap. CBC wnl as well. Reported positive snap - treated for pancreatitis but warned O's snap pos just means inflammation of the system/pancreas/intestines

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney is normal size (5.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.55 cm at cranial pole) (0.60 cm at caudal pole) (1.97 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 (1.04 cm at cranial pole) (0.40 cm at caudal pole) (1.57 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 subjectively prominent in size (2.43 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.

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

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HOSPITAL NAME

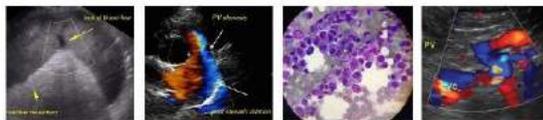
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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

SPECIES

Canine

The gastric lumen is not distended. The gastric wall and pylorus are subjectively borderline thickened with apparent retention of the 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. No obstructive disease is noted.

BREED

Doodle

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.

SEX

Female Spayed

Free Abdomen

The mesentery in the cranial abdomen is mildly hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings:

- Questionable mild gastric wall thickening. Differentials include normal variant, inflammation, hypertrophy, emerging neoplasia.
- Cranial peritonitis. The cause of which is unclear and may be secondary to upper GI inflammation, mild pancreatitis or other.

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Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor, bilateral, age-related renal pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest as well as esophageal disease.
2. Other diagnostic considerations include the following:
 - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - b. A fecal evaluation for ova/Giardia
 - c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 - d. Fine needle aspirate of the spleen (to rule out infiltrative neoplasia).
 - e. Endoscopic or surgical gastrointestinal biopsies.

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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



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Daisy Woods can be of any further assistance, please contact me.
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