



PATIENT PRESENTING CLINICAL SIGNS

Macho Nemethy

History: Dull, sternal recumbency (able to stand up if prompt), mm pink tacky, crt <2s Normal skin tent, ~5-8% dehydrated Not doing better - still No in food. No vomiting since cerenia, but not eating Just lying around at home, minimal defecation and urination - but p not eating nor drinking O started noticing small skin scabs on back and near penis - was not thre couple days ago Vomiting - has not in the last 24hrs Na;K 28, Mild leukocytosis with band cells Musculoskeletal: Hard to assess ambulation as p not wanting to move. Able to stand, but weak. Did not respond to neck palpation on exam today (appears more dull >> painful today) . The patient is also having an echocardiogram performed today.

SPECIES

Canine

BREED

Poodle

Currently on: Buprenorphine Oral, Metronidazole, Metacam, Methocarbamol, Gabapentin, Forti Flora

SEX

Male Neutered

Rads: The thorax is normal for the patient's age with no evidence of metastatic disease at this time. The abdomen is normal and a definitive cause for the patient's clinical signs is not identified. This does not exclude the possibility of nonspecific or infectious gastroenteritis and pancreatitis. The musculoskeletal structures are normal with no evidence of overt narrowing of the cervical intervertebral disc spaces.

AGE

11 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

5.6 kgs.

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A moderate amount of aggregated, echogenic, suspended debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

INTERPRETED BY

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

The prostate is not visualized in its entirety due to its pelvic location. In the visualized portion, there are smooth curvilinear peripheral contours and homogeneous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (3.94 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

The right kidney is normal size (3.89 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Beattie Pet Hospital
Burlington

Adrenal Glands

REFERRING VET

Dr. Murota

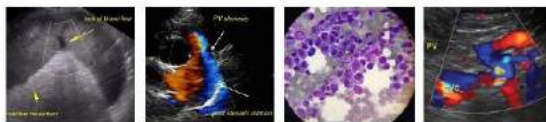
The left adrenal gland is normal size (0.37 cm at cranial pole) (0.45 cm at caudal pole) (1.26 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is mildly enlarged (1.14 cm at cranial pole) (0.69 cm at caudal pole) (1.19 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.

DATE

9/28/21


PATIENT
Spleen

Macho Nemethy

The spleen is subjectively normal in size (1.42 cm in width at the level of the hilus) with undulating peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

SPECIES

Canine

Liver
BREED

Poodle

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.

SEX

Male Neutered

Gastrointestinal
AGE

11 Years

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenum is not dilated and is normal in thickness. A focal segment of small intestine is thickened (up to 0.62 cm) and irregular with a loss of normal layering pattern. It appears plicated with at least one other bowel loop adhered to it. The mesentery effacing the serosal surface in this region is hyperechoic. A second segment of small intestinal wall also appears thickened with a loss of the normal layering pattern. The small intestinal lumen is not overtly dilated. The colonic wall is normal.

WEIGHT

5.6 kgs.

Pancreas
INTERPRETED BY

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

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**IMAGING
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Free Abdomen

The mesentery throughout the abdomen is hyperechoic and irregular. A moderate amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS
Primary Findings:

The focal bowel wall changes are concerning for infiltrative neoplasia or a severe inflammatory process (i.e., secondary to foreign material). Diffuse peritonitis is present. Given the constellation of sonographic and clinical findings, septic peritonitis (i.e., secondary to bowel perforation) is a concern.

Secondary Findings:

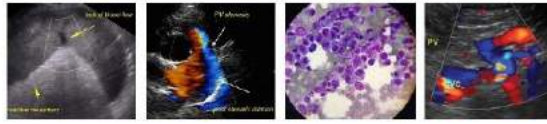
Dr. Murota

- Mild right adrenomegaly.
- The medullary bands seen in both kidneys may represent a benign incidental finding. Alternatively, subclinical renal disease is possible.
- Urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
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A fine needle aspirate of the free abdominal fluid is recommended to assess for intracellular bacteria,



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which would be consistent with septic peritonitis. Ultimately, an abdominal exploratory with evaluation of the bowel and gastrointestinal biopsies would be necessary to get a definitive diagnosis. If surgery is to be pursued, it should be performed as soon as possible. It should be noted that if septic peritonitis is present, the prognosis is guarded due to the high perioperative mortality rate.

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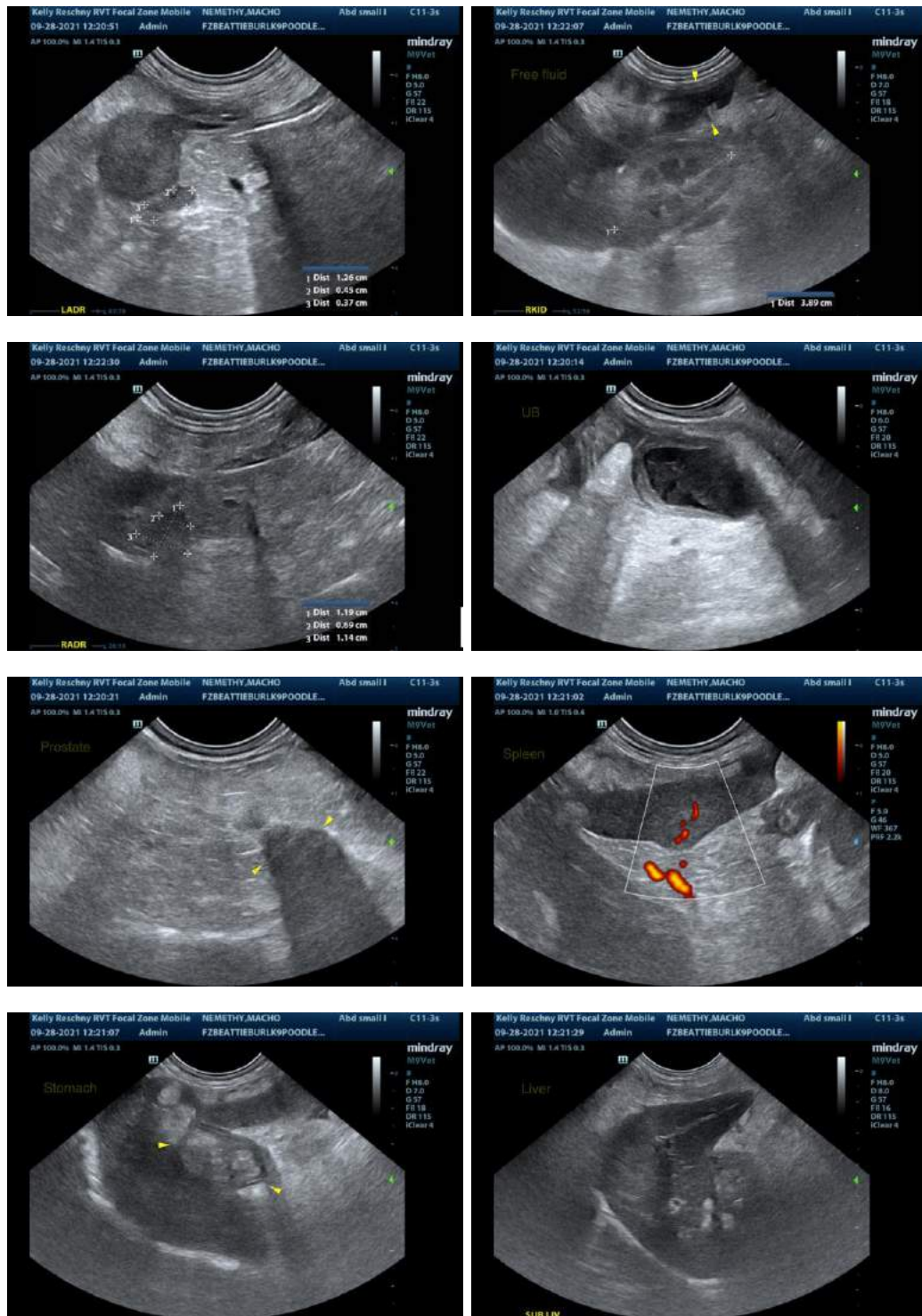
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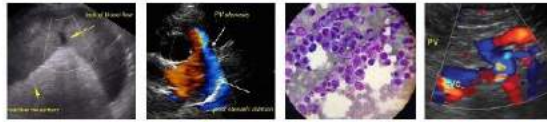
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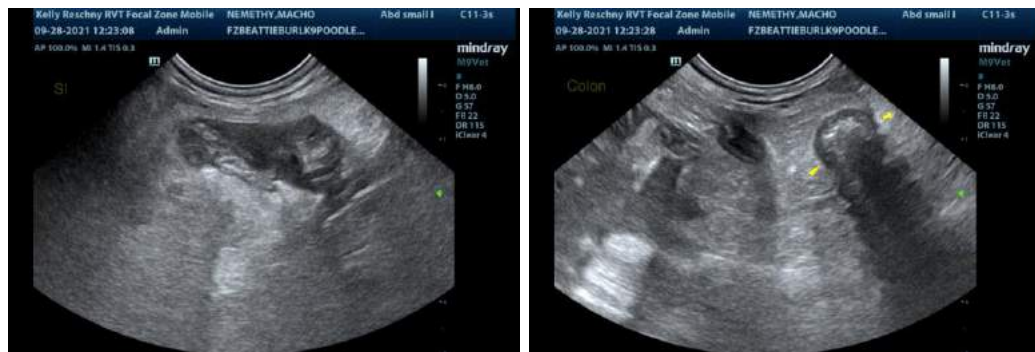
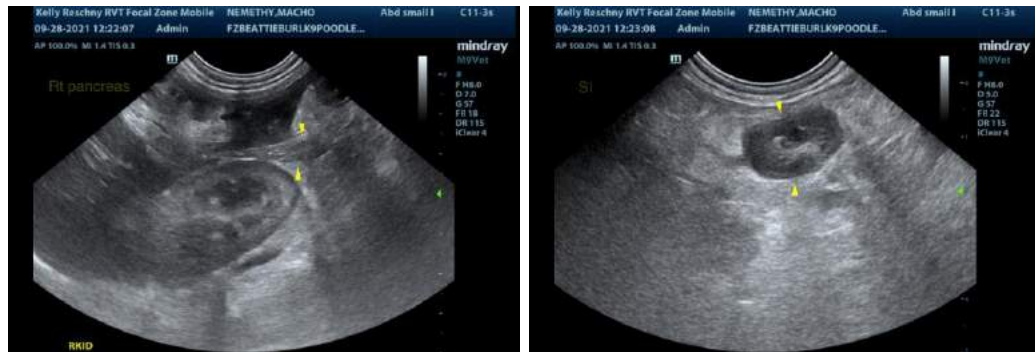
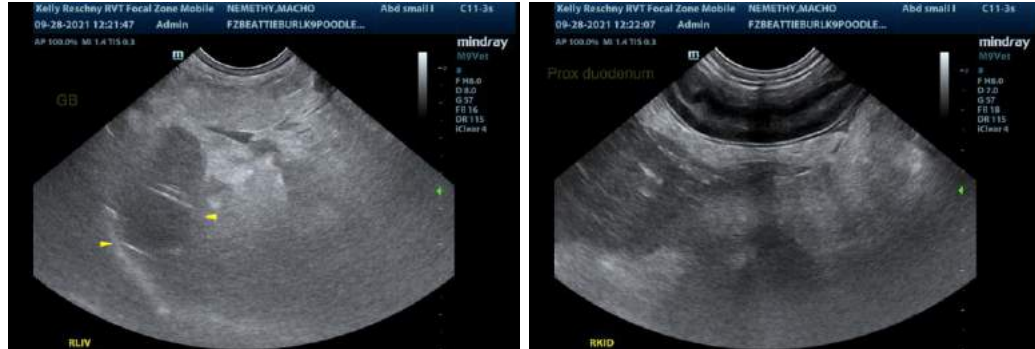
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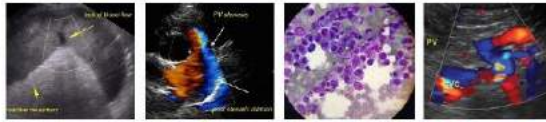


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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