

PATIENT PRESENTING CLINICAL SIGNS

Cola Do History: BAR/nervous, CRT<2S, MM pink, tacky Not eating since Sunday. Not drinking today. Decreasing appetite for about 1.5 weeks. Diarrhea started last week. Very loose, green/yellow colour. No blood/mucus seen Vomited yesterday ~4x. Did not vomit today Energy been decreased, but still wants to play Was at cottage about 1 week ago

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: CBC: Moderate monocytosis (3.90) ddx: stress, chronic inflammation, foreign body, immune-mediated, Eosinopenia (0.02), Bands neutrophils (RBC - Normochromatic, normal cells spacing, PTL - normal in appearance, some were very big but most were normal in size, 5-7 ptl per field. no lymphocytes observed, neutrophils seems slightly toxic, banded neutrophils on about 1/4 of the cells observed, Monocytes ++ and basophiles ++) Electrolytes, Chem: Decreased TP (48), Globulin (24) ddx: liver, hemorrhage, malabsorption.

BREED

Doodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Female Spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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

8 Years

The left kidney is normal size (5.87 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

17 kgs.

The right kidney is normal in size (5.97 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

Adrenal Glands

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

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.59 cm at caudal pole) (1.89 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

Kelly Reshny, RVT

The right adrenal gland is normal size (1.31 cm at cranial pole) (0.66 cm at caudal pole) (2.25 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

Beattie Pet Hospital
Burlington

Spleen

REFERRING VET

Dr. Ruggieri

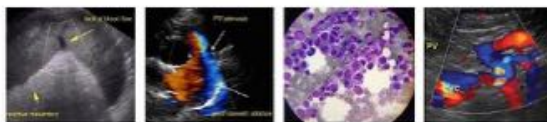
The spleen is normal in size (1.72 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

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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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile



PATIENT ducts are normal.

Cola Do ***Gastrointestinal***

SPECIES The gastric lumen is mildly to moderately fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The majority of the small intestinal lumen is mildly fluid distended. In one segment in the caudal abdomen, which is thought to be small intestine, the wall is thickened (up to 0.82 cm) with a loss of the normal layering pattern. In the remaining segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The colonic lumen is diffusely fluid distended. No obstructive disease is noted.

BREED ***Pancreas***
Doodle

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***

AGE There is no evidence of free fluid. The mesenteric lymph nodes are enlarged (up to 3.93 cm in length), irregular and hyperechoic. Surrounding mesentery is hyperechoic.

8 Years

WEIGHT **ULTRASONOGRAPHIC FINDINGS**

17 kgs.

Primary Findings:

- The segmental small intestinal wall thickening is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a severe inflammatory process. Diffuse gastrointestinal ileus.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia.

Secondary Findings:

- Bilateral age-related renal changes with right dystrophic mineralization.
- 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).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the enlarged abdominal lymph nodes +/- the thickened bowel segment (if accessible) are recommended if clotting status is appropriate. 25-gauge needles should be used. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel should also be considered.



PATIENT

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SPECIES

Canine

BREED

Doodle

SEX

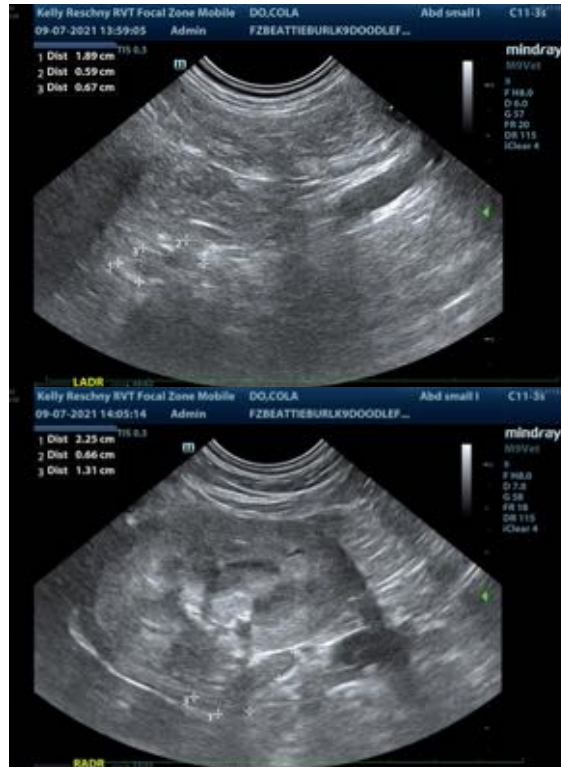
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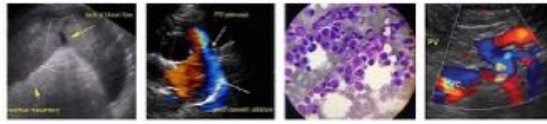
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Kelly Reshny, RVT

Andrea Nicastro, DVM, Diplomate ACVIM *(Small Animal Internal Medicine)*
Andrea.nicastro@sonopath.com

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