



PATIENT

Ollie Daniels-Samelo

SPECIES

Canine

BREED

Coton du Tulear

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

8.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

13955

DATE

9/13/22

PRESENTING CLINICAL SIGNS

History: Patient presents for inappetence, anemia, and vomiting. Current meds: Cerenia and mirtazapine.

Abnormal PE/Chem/CBC/UA Results: HCT 26.7, RBC4.26, BUN 47.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.68 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is borderline small in size (2.98 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (2.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.52 cm at caudal pole) (1.47 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 (0.90 cm at cranial pole) (0.53 cm at caudal pole) (1.60 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a 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 muscularis layer at the level of the ileocecolic junction is slightly prominent. The colonic wall is normal. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

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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.

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Free Abdomen

The mesentery throughout the abdominal region is hyperechoic. Trace free fluid is observed. . 1-2 prominent cranial to mid-abdominal lymph nodes are visualized.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Peritonitis, the cause of which is unclear. Rule out sterile vs septic causes.

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Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Gallbladder sludge, non-mucocele.
- Minor, bilateral, age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspirate of the free abdominal fluid, if accessible.
- Given the anemia, a reticulocyte count is recommended to determine if regeneration is present.
- Other considerations include the following:
 1. Three-view thoracic radiographs to assess for occult disease in the chest.
 2. cPLI +/- a full GI panel (send to Texas A&M).
 3. Upper GI endoscopy with biopsies to assess for GI ulceration and other pathology.
 4. In the meantime, consider empirical treatment for gastric ulceration (i.e., proton pump inhibitor, Sucralfate).

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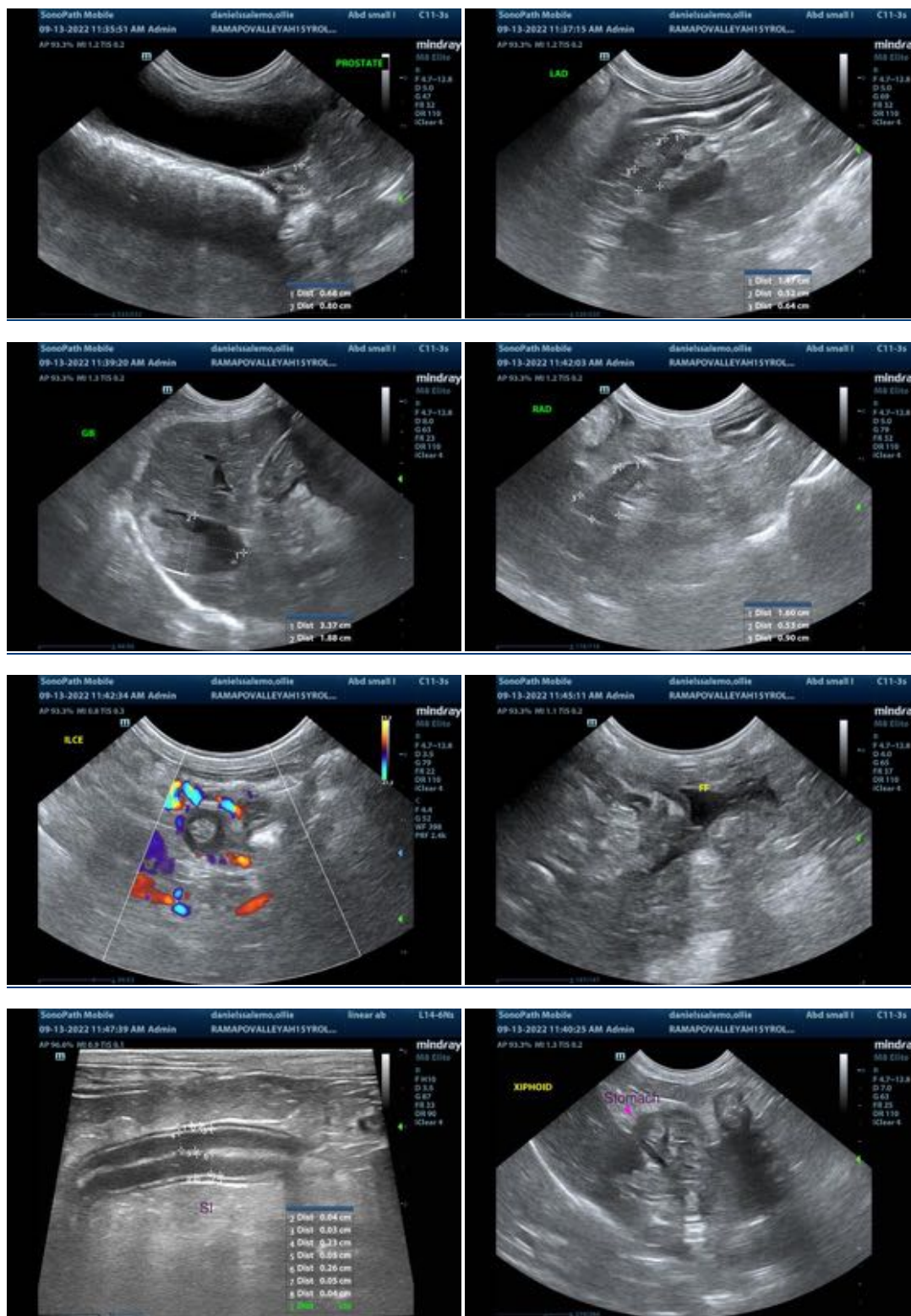
Dr. Katara

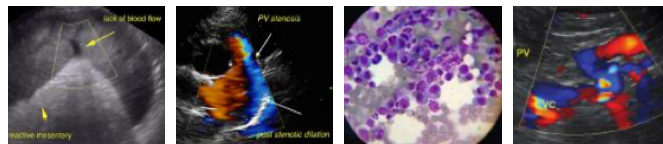
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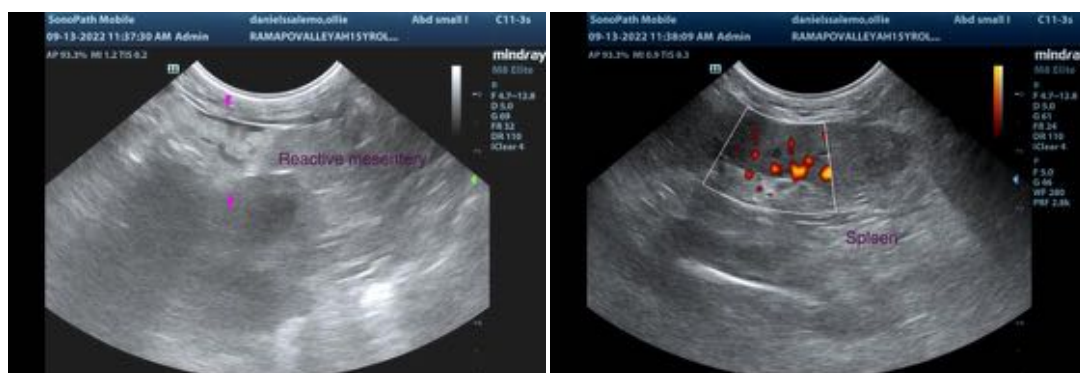
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com