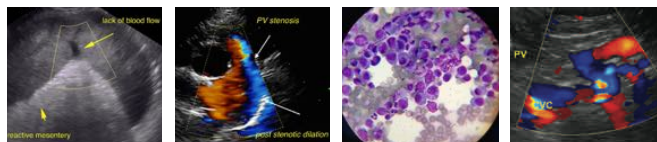




PATIENT	PRESENTING CLINICAL SIGNS
Bernie McEvoy	History: Acute vomiting and diarrhea, blood work WNL.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone, and there is no evidence of sediment, cystoliths, polyps or a mass.
Cavalier	
SEX	<i>Kidneys</i>
Neutered male	The left kidney measures 4.43 cm. The capsule is smooth. The normal definition of the cortico-medullary junction is mildly exaggerated due to mineralizations of the diverticulae. Small mineralizations of the pelvis are also present. There is no evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is mildly hyperechoic.
AGE	The right kidney measures 4.68 cm. The normal definition of the cortico-medullary junction is mildly exaggerated due to mineralizations of the diverticulae. Small mineralizations of the pelvis are also present. There is no evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is mildly hyperechoic.
8 years	
WEIGHT	
20 lbs	
INTERPRETED BY	<i>Aortic bifurcation/trifurcation</i>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	No abnormalities observed.
IMAGING PERFORMED BY	<i>Adrenal Glands</i>
Dr. Petrone	The left adrenal gland measures 0.50 cm at the cranial pole, 0.35 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
HOSPITAL NAME	The right adrenal gland is not visualized.
Long Branch AH	
REFERRING VET	<i>Spleen</i>
Dr. Petrone	The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
INVOICE	<i>Liver</i>
31116	There are no obvious signs of hepatomegaly. The liver's borders are smooth, but mildly rounded. It is mildly hyperechoic, i.e. it is isoechoic to the liver. A very subtle coarse or granular echotexture is
DATE	
6/20/22	



PATIENT	observed throughout. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels. The mesentery surrounding the liver is severely hyperechoic.
Bernie McEvoy	
SPECIES	The gallbladder (GB) is moderately distended with a moderate amount of free floating, gravity-dependent and inspissated echogenic material. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction. The parenchyma surrounding the GB is hyperechoic.
Canine	
BREED	Gastrointestinal
Cavalier	Gas and a small amount of ingesta are present within the lumen. The gastric wall is within normal limits in thickness and the wall layers are well defined. However, subjectively the mucosa submucosa muscularis are more prominent than usual and mild fogging of the mucosa and muscularis are present. Ineffective peristalsis is present i.e. a “to and fro” motion is observed. An obvious foreign body is not visualized. The mesentery surrounding the stomach is severely hyperechoic.
SEX	
Neutered male	A large amount of gas is present within the lumen of the small intestines. The small intestinal wall thickness, including the duodenum, is within normal limits. Although the definition of the wall layers is preserved, the mucosa, submucosa, and muscularis of a few segments of the jejunum are mildly prominent. The mesentery surrounding the small intestines is also diffusely hyperechoic (moderately).
AGE	
8 years	The colonic wall is mildly thickened. Fogging of the mucosa and muscularis are present and the submucosa is prominent. Gas is present in the colon.
WEIGHT	
20 lbs	
INTERPRETED BY	Pancreas
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The left limb is mildly to moderately enlarged and mildly hypoechoic. Its contours are slightly irregular. Hypoechoic nodules of variable size and pinpoint to punctate hyperechoic foci are scattered throughout the parenchyma. The former abnormalities are suggestive of active pancreatitis, while the latter are most likely due to age-related changes, such as nodular hyperplasia and fibrosis, respectively. Fibrosis may occur secondary to age, previous episodes of pancreatitis, mineralization, as well as amyloid deposition. The surrounding mesenteric fat is mildly to moderately hyperechoic. Overt signs of neoplasia are not noted.
IMAGING PERFORMED BY	
Dr. Petrone	Small portions of the body and right limb are visualized, however, similar changes are observed.
HOSPITAL NAME	Other
Long Branch AH	Lymph nodes
REFERRING VET	No abnormalities are observed
Dr. Petrone	Abdominal effusion is not visualized.
INVOICE	Mesentery
31116	The mesentery surrounding the GI tract is diffusely hyperechoic, which is suggestive of steatitis (inflammation).
DATE	
6/20/22	



PATIENT	ULTRASONOGRAPHIC FINDINGS
Bernie McEvoy	<ul style="list-style-type: none"> Pancreas: Mild to moderate active pancreatitis is suspected, as well as age related changes. Signs of overt neoplasia are not appreciated.
SPECIES	<ul style="list-style-type: none"> Gastrointestinal tract: Gastric changes are suggestive of inflammation secondary to recent vomiting, however, an underlying inflammatory process, such as inflammatory bowel disease cannot be excluded. Signs of inflammation of the jejunum and colon are present, i.e. <i>gastroenterocolitis</i> is present. <i>An underlying cause is not identified.</i> Therefore, a <i>chronic enteropathy</i> is a possible diagnosis and this current episode is an “acute on chronic” flare up. A foreign body and signs suggestive of a foreign body are not observed. Mesentery: Diffuse steatitis of the omentum is present, which is consistent with inflammation of the pancreas and GI tract. Liver: Vacuolar and reactive hepatopathies are suspected due to stress and an underlying systemic disease. Gastrointestinal disease may also induce the liver and enzyme activities. Gallbladder: Gallbladder <i>sludge</i> is often clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required.
Canine	
BREED	
Cavalier	
SEX	
Neutered male	
AGE	<p>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</p> <p>Dietary indiscretion? Evaluate dietary history, including raw meat diet, for example, <i>E. coli</i>, <i>Clostridium</i> spp., <i>Campylobacter</i> spp., <i>Salmonella</i>, etc.</p> <p>+/- spec cPL to confirm pancreatitis, although treatment will not change</p> <p>Analgesia fentanyl CRI, butorphanol CRI, methadone, gabapentin, etc.</p> <p>Anti-emetics</p> <p>Ensure properly hydrated to avoid further dehydration and hypovolemia; intravenous fluids 24-48 hours, electrolyte supplementation, including oral electrolyte solution if vomiting ceases</p> <p>Avoid antibiotics, unless signs of sepsis</p> <p>Montmorillonite clay paste for diarrhea</p> <p>+/- Probiotics and prebiotics (aka synbiotics) after a few days of paste</p> <p>Add small amount of soluble fibre to food in 3-5 days</p> <p>Small frequent meals</p> <p>Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid or proton pump inhibitor may be required. Note, ursodeoxycholic acid is not recommended for the moment.</p> <p>If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)</p>
8 years	
WEIGHT	
20 lbs	
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	
Dr. Petrone	
HOSPITAL NAME	
Long Branch AH	
REFERRING VET	
Dr. Petrone	
INVOICE	
31116	
DATE	
6/20/22	



PATIENT

Bernie McEvoy

Deworm if not recently dewormed.

SPECIES

Canine

*A baseline (random) cortisol is suggested if Bernie tends to experience chronic, intermittent episodes of vomiting and/or diarrhea, to exclude hypoadrenocorticism.

BREED

Cavalier

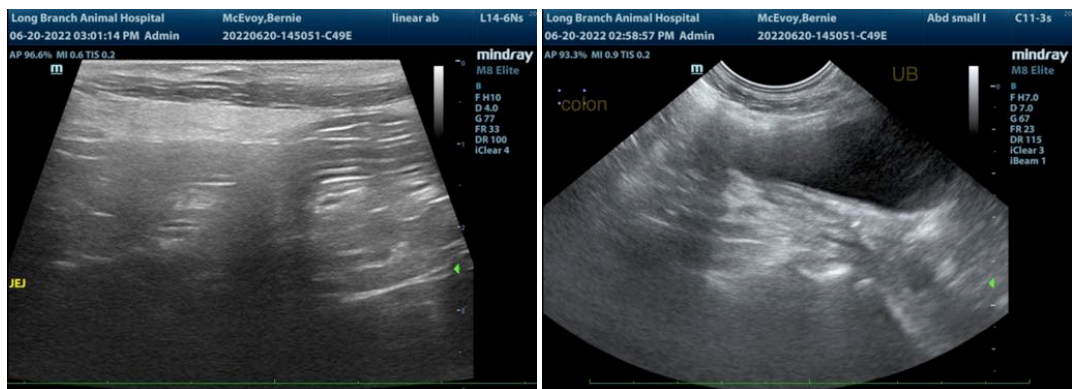
Once feeling better, can introduce low fat, hypoallergenic diet (Purina HA)

SEX

Neutered male

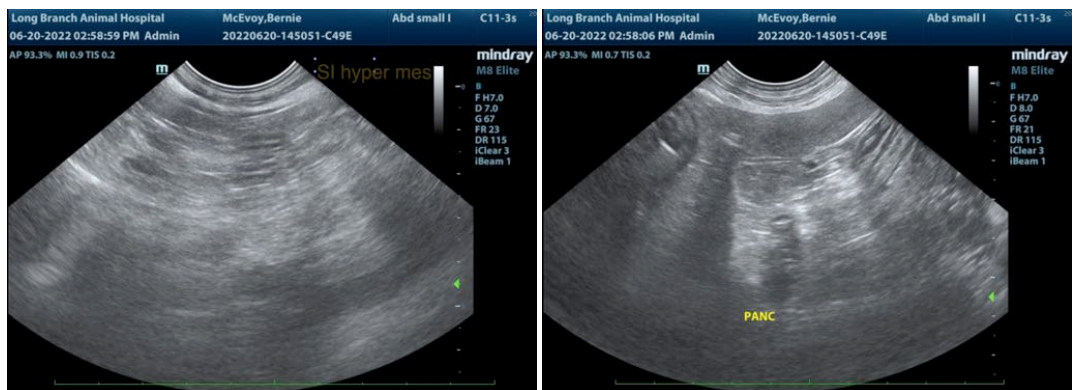
AGE

8 years



WEIGHT

20 lbs

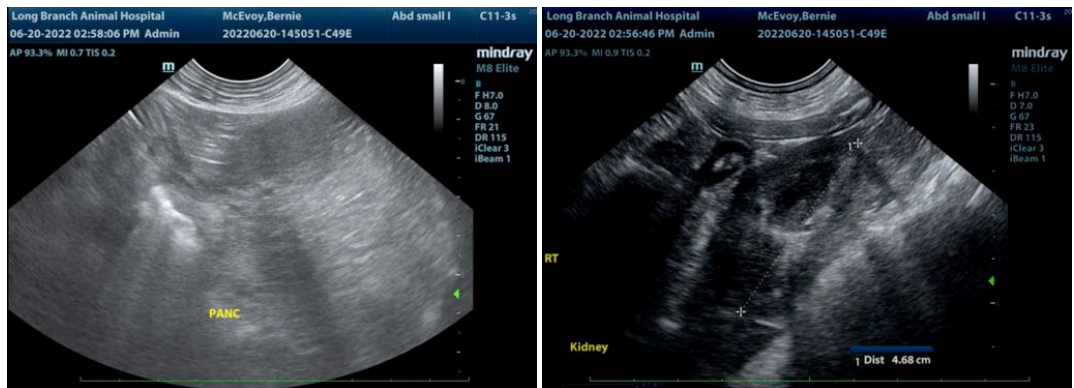


INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Petrone



HOSPITAL NAME

Long Branch AH

REFERRING VET

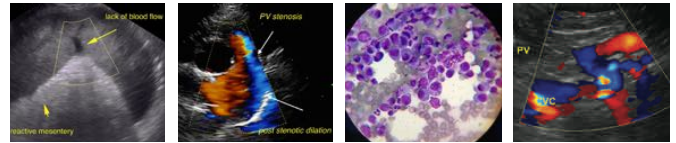
Dr. Petrone

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31116

DATE

6/20/22



PATIENT

Bernie McEvoy

SPECIES

Canine

BREED

Cavalier

SEX

Neutered male

AGE

8 years

WEIGHT

20 lbs

INTERPRETED BY

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DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

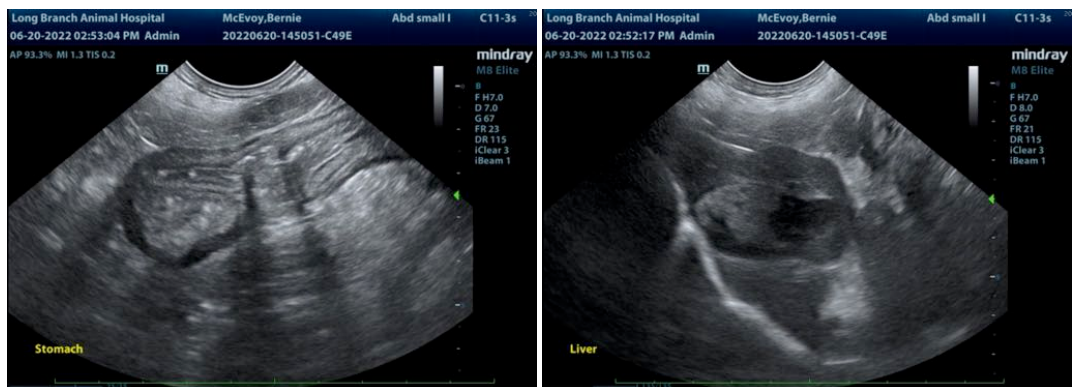
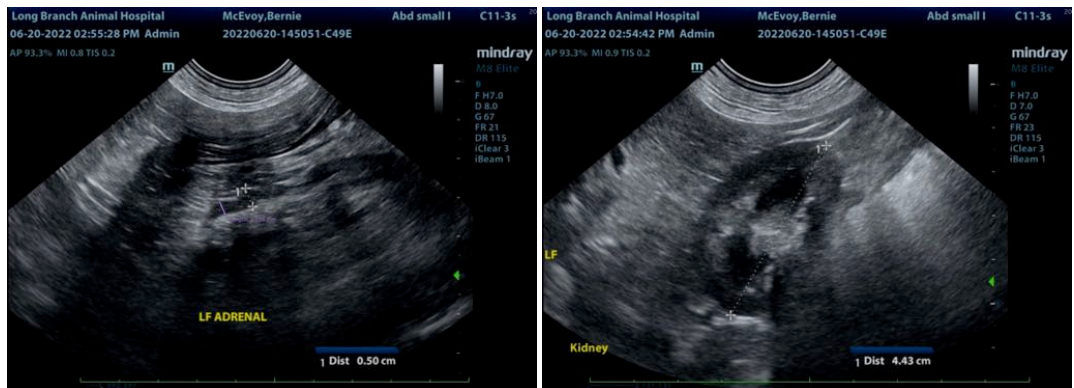
Dr. Petrone

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6/20/22

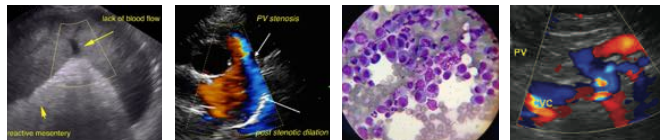


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com



PATIENT

Bernie McEvoy

SPECIES

Canine

BREED

Cavalier

SEX

Neutered male

AGE

8 years

WEIGHT

20 lbs

INTERPRETED BY

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ACVIM

**IMAGING
PERFORMED BY**

Dr. Petrone

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