

PATIENT

Penelope Casazza

SPECIES

Canine

BREED

English Bulldog

SEX

Female Spayed

AGE

10/11/2016

WEIGHT

16kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Holmes

INVOICE

22449

DATE

1-25-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: PE:

Mentation: Severe respiratory distress

Hydration: 5-7% dehydrated

Eyes, Ears, Nose: No ocular discharge OU; stenotic nares typical for breed, hyperkeratosis of dorsal nasal planum

Oral Cavity: Grade 4/4 periodontal disease; mucous membranes are pale to mildly cyanotic and tacky; hypersalivating; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated

Cardiovascular: Unable to auscultate through upper airway noises, pulses were strong and synchronous.

Respiratory: Marked starter with significant abdominal effort, crackles in the R ventral lung fields, generally increased BV sounds

Neurologic: PLR (direct & consensual) positive OU, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed).

Gastrointestinal/Urogenital: Tense abdomen, deep palpation impossible
Rectal: Not performed

Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical

Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale

Musculoskeletal: BCS 6/9, adequate musculature, no evidence of weakness or lameness during ambulation; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

Current Medications: Unasyn, Baytril, Cerenia, Ondansetron, Gabapentin, Trazadone

Radiographic Findings (most recent report):

6 radiographs of the abdomen are submitted for evaluation consisting of 2 separate studies acquired a day apart. Today's study is compared with the previous thoracic study. On the initial study, the stomach was filled with liquid and gas. On the subsequent study, the stomach is largely emptied, but still contains gas. On the left lateral views, the pylorus distends with gas and there is no evidence of a pyloric foreign body. There is also no evidence of small bowel dilation and formed fecal material is identified within the colon. The liver, spleen, kidneys, and bladder appear normal. Abdominal serosal detail is considered good. Air bronchograms are again identified in the right middle lung lobe. The cardiac silhouette is not well-seen but is likely normal. Other than spondylosis, the spine appears normal. Osteoarthritis of the right coxofemoral joint is evident.

Assessment:

There is no evidence of a foreign body or obstruction, but aspiration pneumonia persists. Given the history of continued vomiting, an ultrasound examination of the abdomen is recommended to determine the cause.

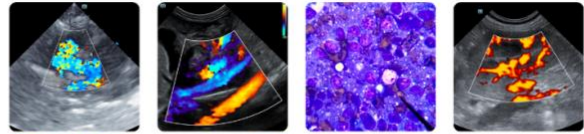
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.69 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.46 cm in length) with a normal shape, architecture and 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.



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Adrenal Glands

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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 in size (0.57 cm at cranial pole) (0.62 cm at caudal pole) with a normal shape and 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 (1.92 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 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.30 cm in width).

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Trace ascites, the cause of which is unclear. It may be secondary to increased vascular permeability (i.e., vasculitis), low oncotic pressure (if applicable), increased hydrostatic pressure (if applicable), other.

*There is no obvious evidence of a gastrointestinal foreign body/obstruction at the time of this study.



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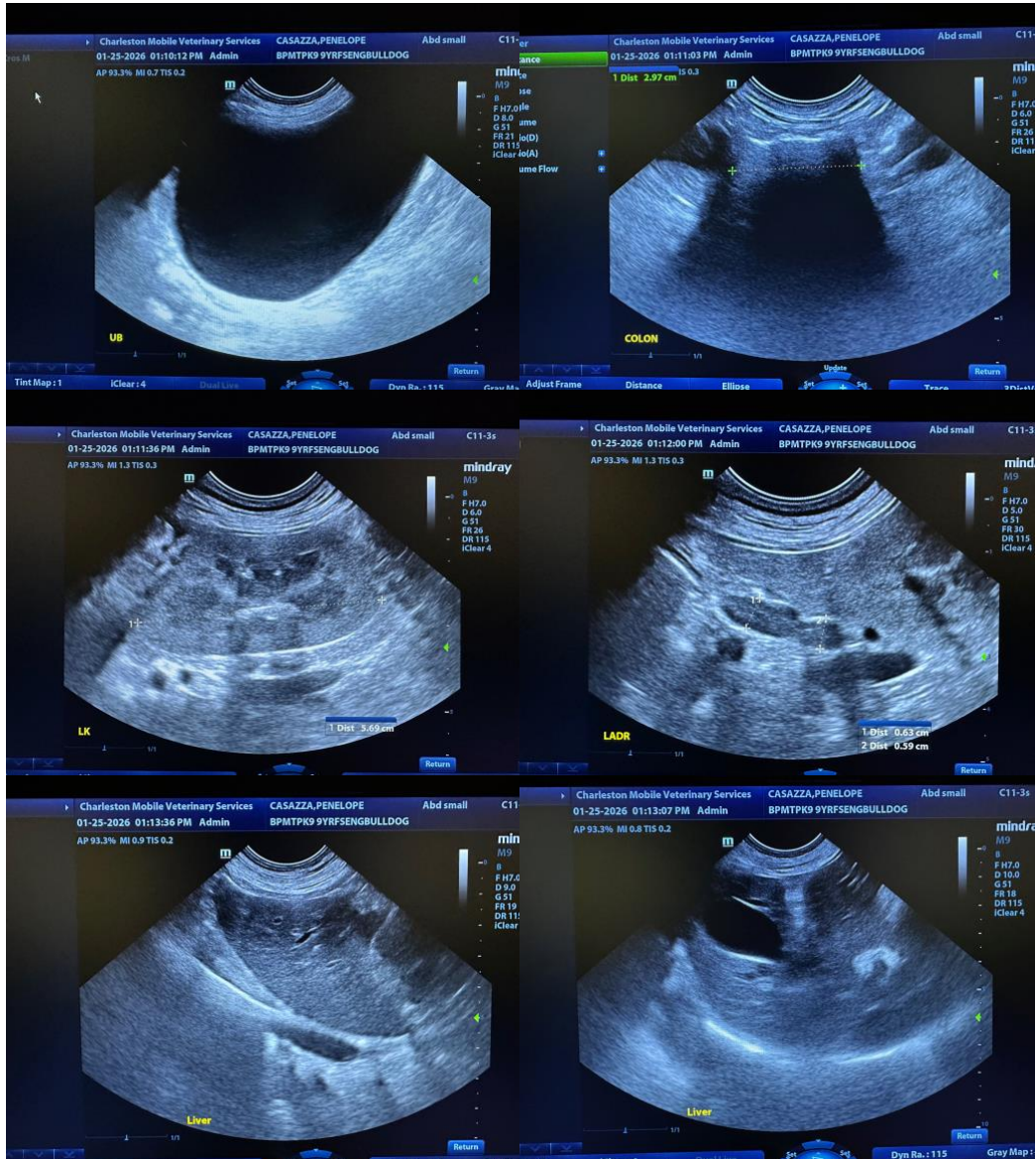
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued supportive care for dietary indiscretion/gastroenteritis/aspiration is recommended. If clinical signs persist despite medical management, further GI work-up may be indicated.



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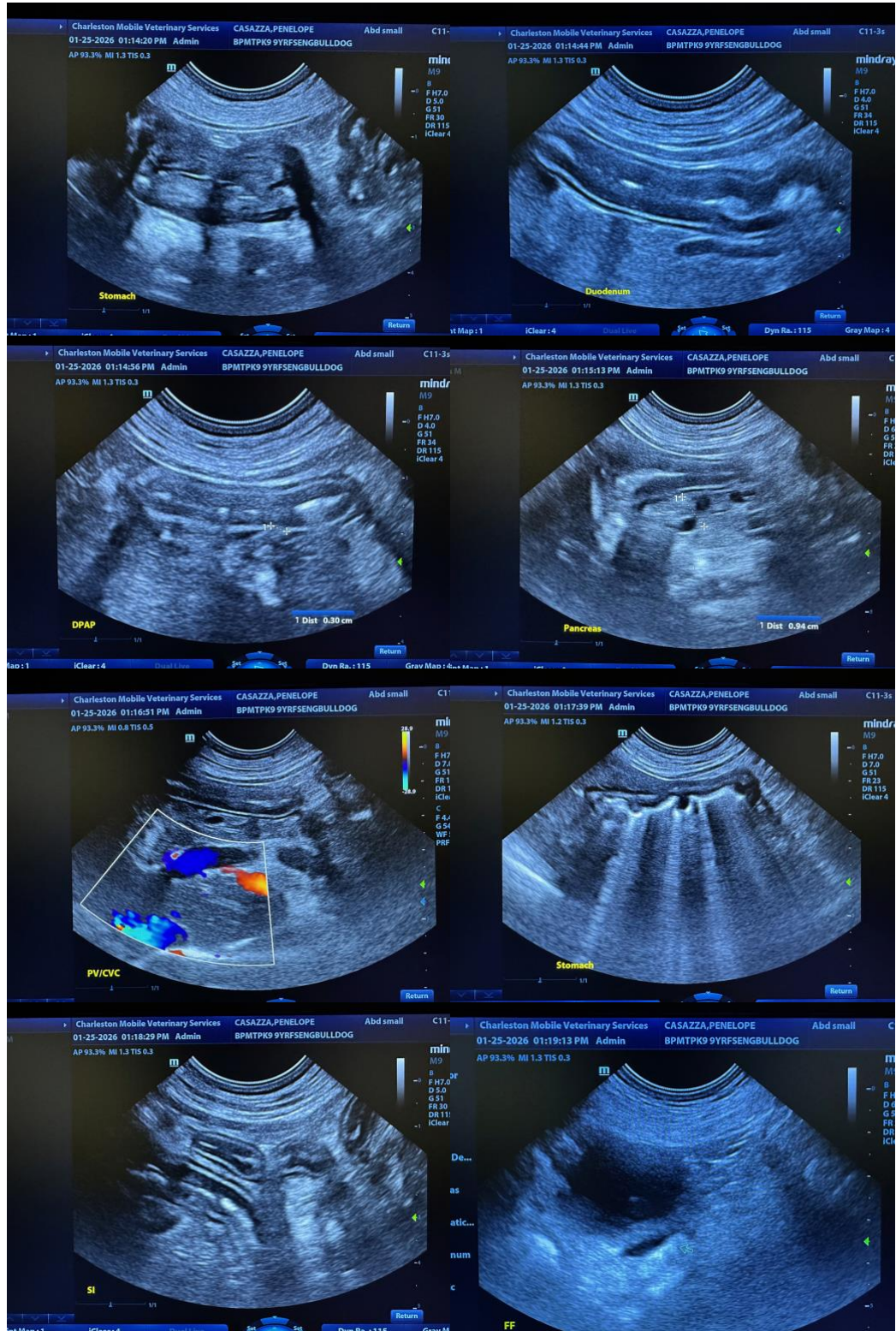
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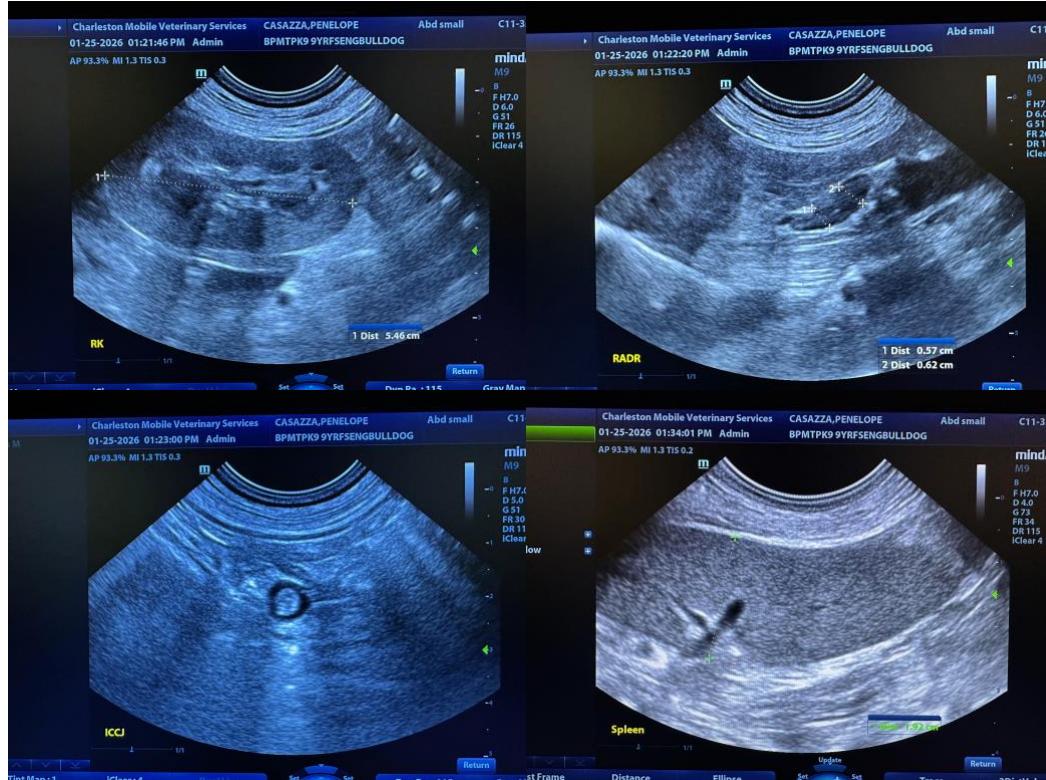
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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