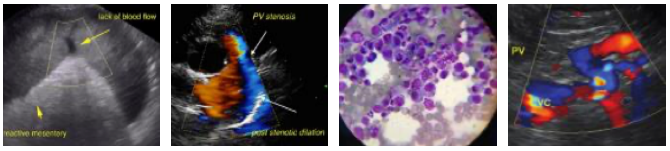
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Gator Fipp

**SPECIES**
Canine

**BREED**
Lab

**SEX**
Female, spayed

**AGE**
11 Yrs.

**WEIGHT**
67 lbs.

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

**IMAGING PERFORMED BY**
Amy Mayhew

**HOSPITAL NAME**
SVS Imaging Michigan

**REFERRING VET**
Dr. Gut

**INVOICE**
14530

**DATE**
1/31/23

## PRESENTING CLINICAL SIGNS

History: Vomiting, diarrhea (both intermittently contained blood) - Patient was treated at OVRS through ER and they recommended ultrasound to rule out an neoplasia contributing to symptoms. Has been much improved on bland diet and supportive meds.
Abnormal PE/Chem/CBC/UA Results: mild elevated ALT and amylase, rest of labs NSF - radiologist reviewed abdominal radiographs - no major concerns

## 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (6.76 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.10 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.64 cm at caudal pole); 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 (0.76 cm at cranial pole) (0.73 cm at caudal pole); 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.

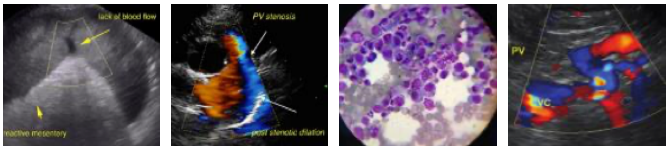
### *Spleen*

The spleen is normal in size (2.18 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 and subtly mottled in appearance. A 1.11 cm hypoechoic nodule is also seen. Vascular 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 small amount of mostly gravity-dependent echogenic debris 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 subjectively mildly thickened with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. What is thought to be ascending colon, is moderately fluid distended. The lumen of the descending colon contains gas and granular appearing fecal material. The colonic wall is normal.

### *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.

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- The gastrointestinal changes are most consistent with gastroenteritis/colitis. However, a small partial obstruction cannot be completely excluded.

**Secondary Findings:**

- The hepatic parenchymal changes are most consistent with age-related remodeling +/- regenerative nodular hyperplasia.

*An obvious cause for the patient's gastrointestinal signs is not identified in this study. A gastrointestinal foreign body is not definitively identified. However, a small foreign body/partial obstruction cannot be completely excluded. Other diagnostic considerations include primary gastrointestinal disease (i.e., dietary indiscretion, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease (if chronic)), underlying metabolic issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova/Giardia.
- Consider a fecal PCR infectious disease panel.
- Prophylactic deworming with Fenbendazole is recommended.
- Also consider initiation of a probiotic and fiber supplement along with other symptomatic care.
- If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI workup may be warranted.

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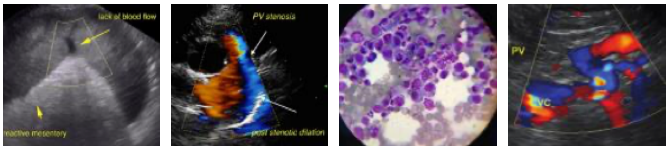

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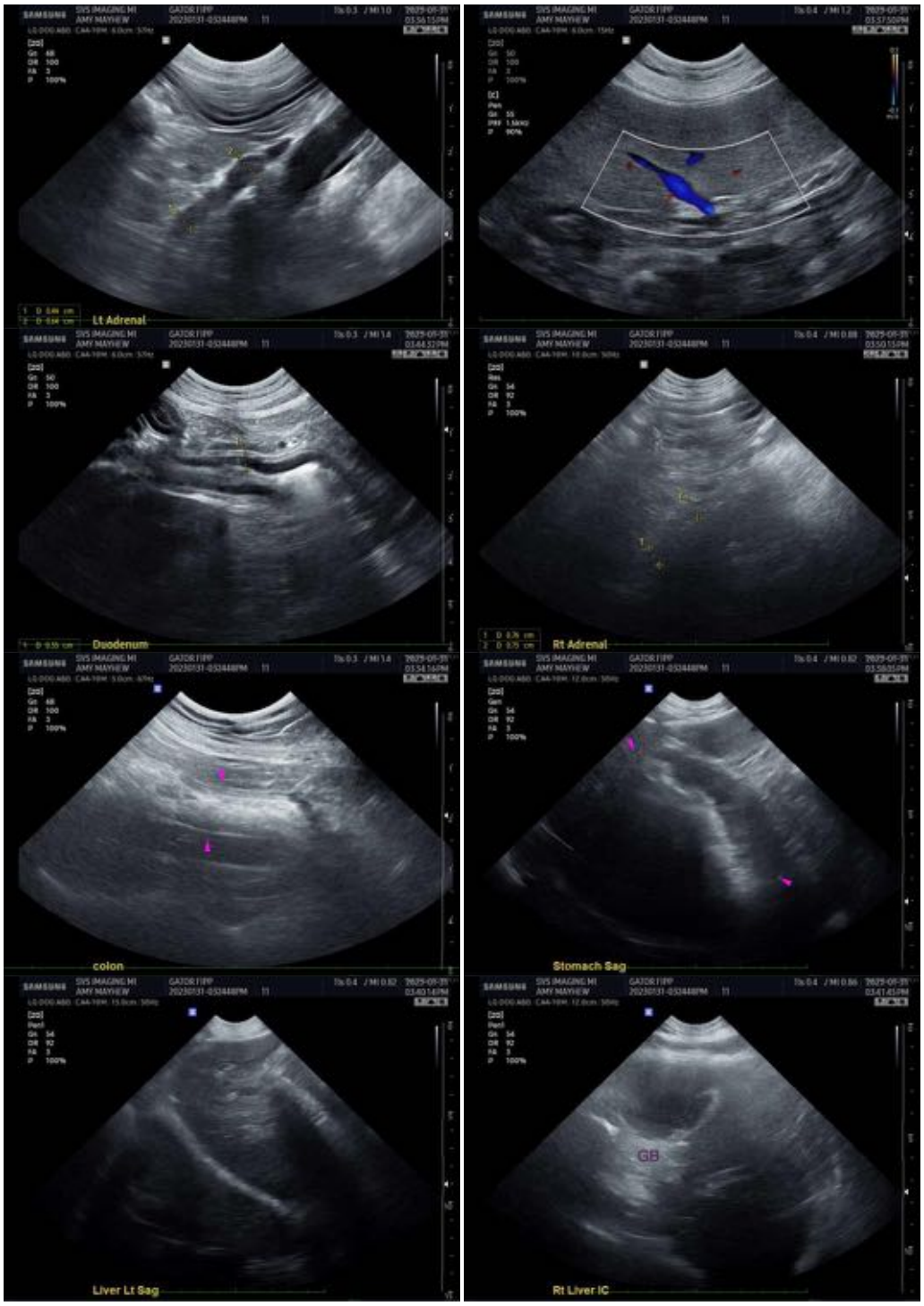

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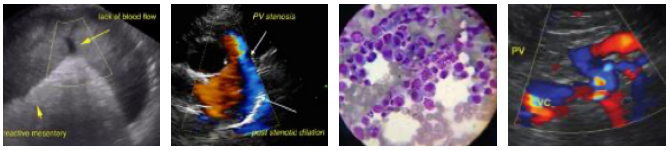

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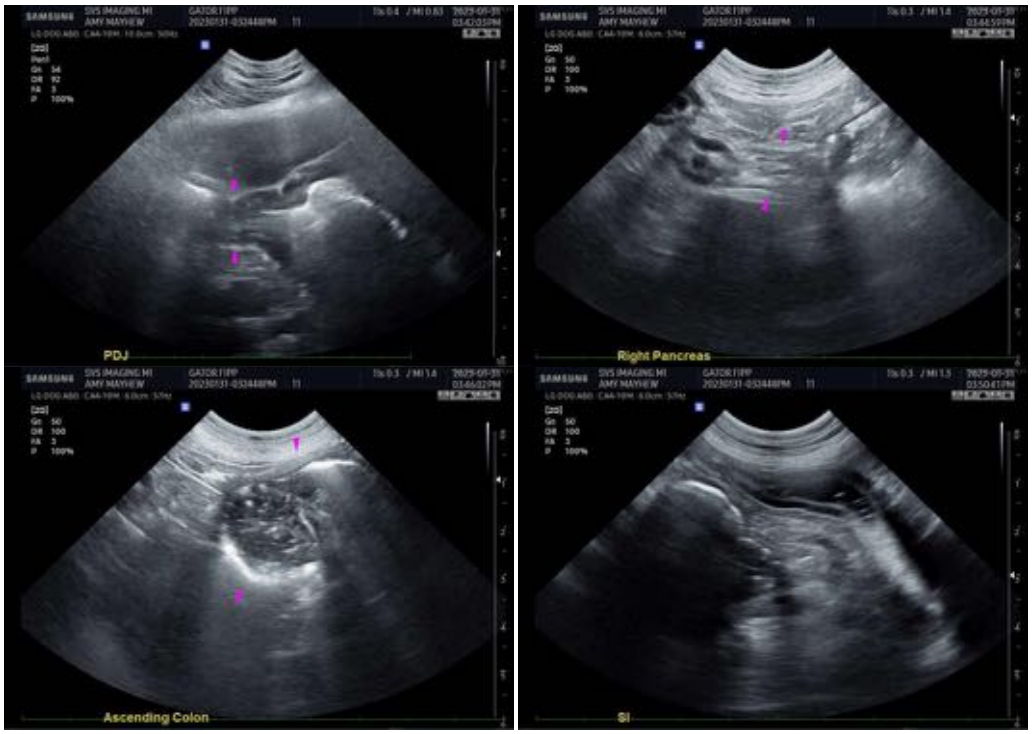


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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