SonoPath
Clinical Sonography & Telecytology
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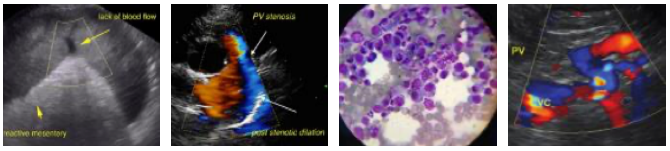

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tikku Briggs

SPECIES
Canine

BREED
Chihuahua mix

SEX
Male, neutered

AGE
8 months

WEIGHT
6.94 kg.

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

IMAGING PERFORMED BY
Tracy Lasarge

HOSPITAL NAME
SVS Imaging NW

REFERRING VET
Dr. Patton

INVOICE
14519

DATE
1/31/23

PRESENTING CLINICAL SIGNS

History: Tikku presented to the MVS Emergency Service on Jan 30, 2023, at 11:20A, for evaluation of hematemesis. He continued to have hematemesis at the clinic this am and was given cerenia before presentation for more supportive care. Hematemesis hematochezia hypotension
Abnormal PE/Chem/CBC/UA Results: Bloodwork is normal, AXR was also normal (some fluid filled SI, gas in the colon, stomach is small).

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 distended. A small amount of suspended echogenic debris is observed within the l umen. 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.

The prostate is normal in size (0.78 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.88 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.77 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.39 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 (0.45 cm at cranial pole) (0.34 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 (1.20 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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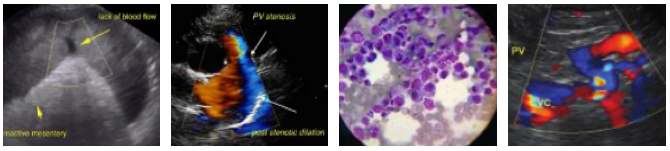

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Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. 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 diffusely distended with fluid and chyme (mild to moderate) and is hypomotile. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no obvious obstruction or foreign body.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence of free fluid. Prominent lymph nodes are observed in the cranial mid and caudal abdomen, the largest measuring 1.70 cm in length (mesenteric node). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse gastrointestinal ileus, suspected to be functional. However, a small or partial foreign body/obstruction cannot be completely excluded.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process (i.e., antigenic stimulation, splenitis, extramedullary hematopoiesis or lymphoid hyperplasia with a low possibility of emerging neoplasia.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include acute hemorrhagic gastroenteritis, infectious/parasitic disease, dietary indiscretion, food allergy/intolerance, partial GI obstruction, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia and parvovirus testing is recommended, if not already performed.
- Baseline labwork including a CBC chemistry panel and urinalysis are also recommended to assess underlying metabolic function.
- Supportive care for acute hemorrhagic gastroenteritis is recommended along with prophylactic deworming with Fenbendazole. If the patient's clinical signs do not improve with medical management, repeat abdominal imaging (i.e., radiographs and/or ultrasound) +/- a more comprehensive GI workup may be warranted.

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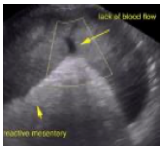
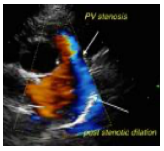
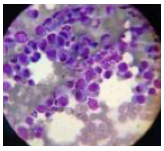
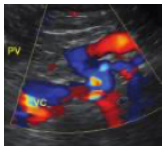

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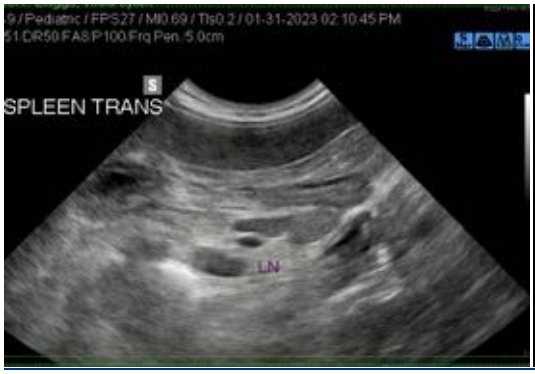

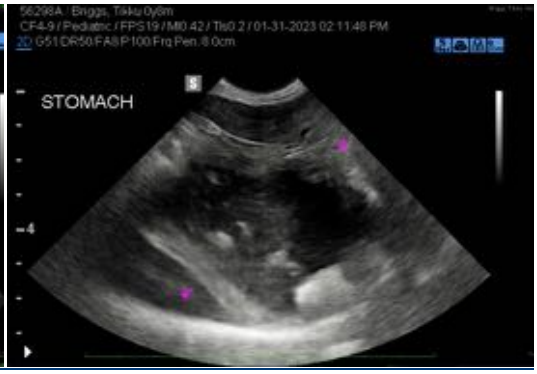

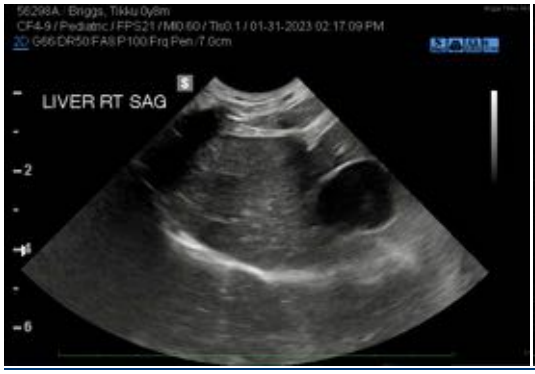

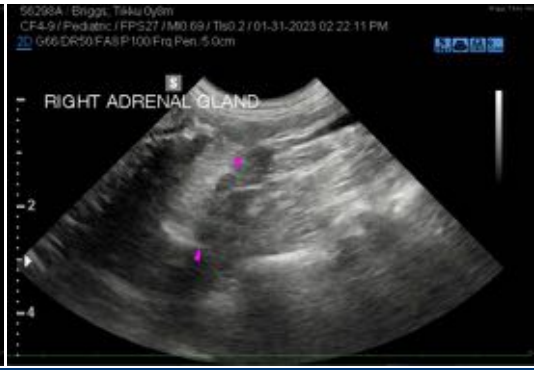

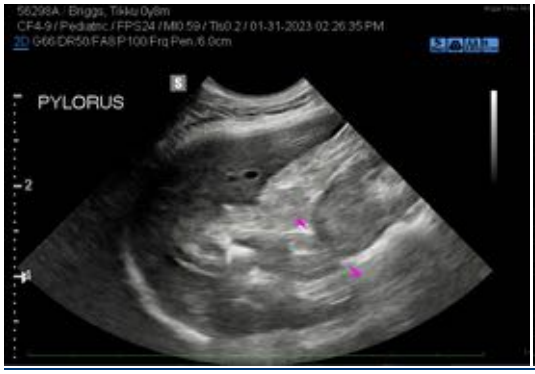

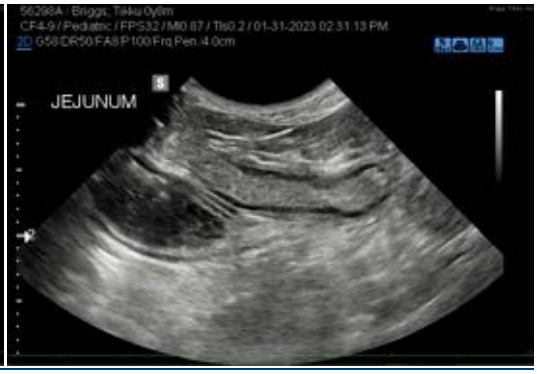

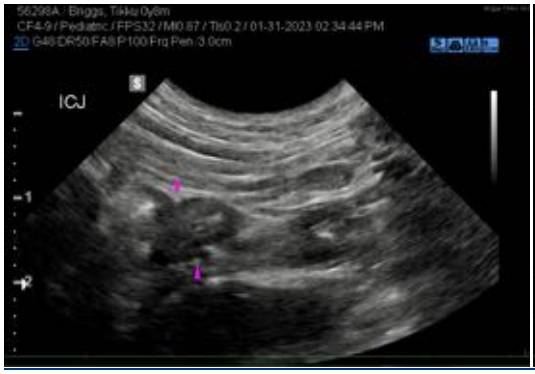

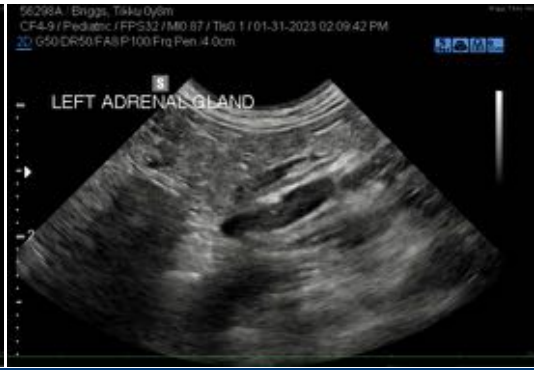

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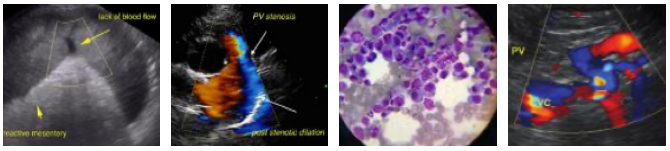

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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