

**DATE**

10/12/21

PRESENTING CLINICAL SIGNS

History: 4-day history of profuse diarrhea. Single episode of vomiting on 10/12/21. On bland diet x 4 days.

PATIENT

Diesel Standiford

Current Medications: LRS 200 ml SQ on 10/11. Cerenia 0.8 ml SQ on 10/11.

Lab Results: Not provided by the veterinarian.

Radiographs: Two view abd xrays - mild gas throughout SI and colon, mixed opacity feces in descending colon.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SPECIES

Canine

BREED

French bulldog

SEX

Male intact

AGE

5/6/21

WEIGHT

16.3 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 2 cm, are normal.

The prostate is normal in size (0.81 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 (4.34 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.

The right kidney is normal size (4.84 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) (0.50 cm at caudal pole) (2.11 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 (0.68 cm at cranial pole) (0.54 cm at caudal pole) (1.79 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 (1.25 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with fluid and gas 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 segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and

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REFERRING VET

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INVOICE

12341

appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. Several mid-abdominal lymph nodes are visualized.

Other

The testicles are subjectively normal in size and shape with smooth peripheral contours and homogeneous parenchyma. No focal lesions are observed.

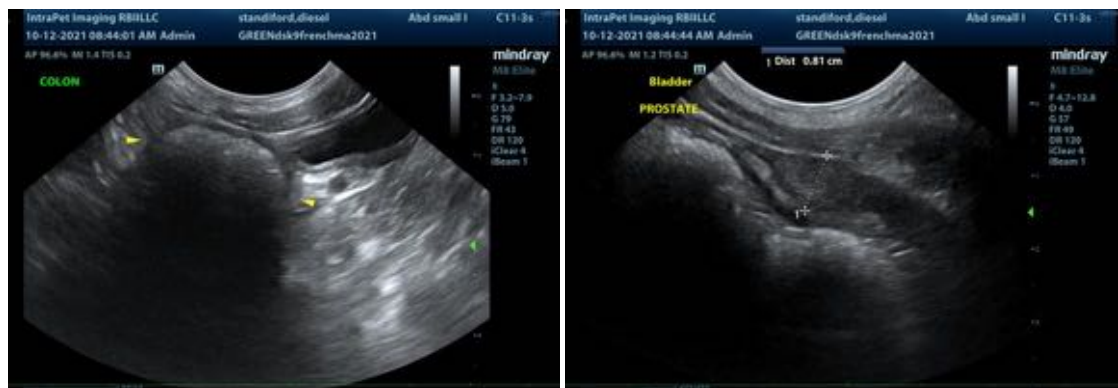
ULTRASONOGRAPHIC FINDINGS

- Gastric stasis. Focal gastric ileus is suspected. However, an intermittent outflow tract obstruction (i.e., due to a small foreign body) cannot be completely excluded.
- The pancreatic changes could be consistent with mild pancreatitis or may be a normal variant for this patient.
- The prominent abdominal lymph nodes are likely secondary to immunologic immaturity and/or reactive change.

*There is no obvious evidence of a foreign body in this patient. However, a small foreign body cannot be completely ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis is recommended along with a fecal evaluation for ova and Giardia. If the patient's clinical signs do not improve within 48-72 hours of supportive care, consider repeat abdominal imaging (i.e., radiographs, ultrasound). Baseline labwork including a CBC chemistry panel and urinalysis are also recommended to assess metabolic function.









The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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