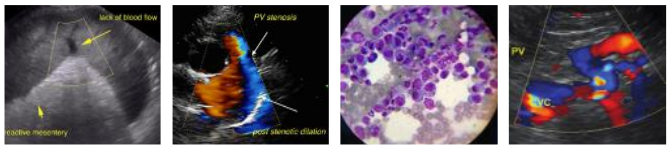
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Leo Sedney

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

2 Years 11 Months

WEIGHT

77.8 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Lee Gregory, DVM

HOSPITAL NAME

Casco Bay VH

REFERRING VET

Lee Gregory, DVM

INVOICE

13732

DATE

10/14/21

PRESENTING CLINICAL SIGNS

History: Vomiting undigested to partially digested food x 36 hours. Normal energy and appetite, holding down water. Stool softer than normal. Recent hx boarding, no previous hx GI issues. Patient currently doing well on courses of azithro, metronidazole, and received single dose cerenia 10/12 (images obtained on 10/12).

Abnormal PE/Chem/CBC/UA Results: T 103.5 Fecal cytol: campylobacter, occ. clostridia 2 view AXR: NSF-gastric lumen empty

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 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 2.0 cm, are normal.

The prostate is normal in size (1.50 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.85 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 presented normal size (7.66 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.

Adrenal Glands

The cranial pole of the left adrenal gland is visualized and is normal in size (0.70 cm in width) with normal glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated, and no obvious pathology is observed.

Spleen

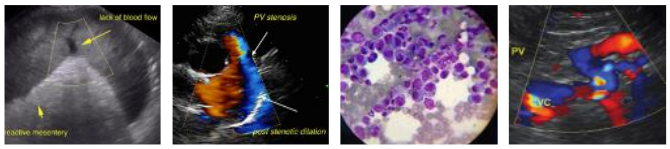
The spleen is subjectively prominent in size (3.24 cm at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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.

Gastrointestinal



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The stomach is not visualized in its entirety and the visualized portion, the wall is normal in thickness with a normal layering pattern. The lumen is not dilated. The visible small intestinal loops within the mid abdominal cavity are segmentally dilated with chyme. The walls are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the left limb of the pancreas is not well visualized. In the region of the right limb, the pancreas is isoechoic relative to surrounding omental fat. No obvious pathology is seen.

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

- An obvious cause for the patients' clinical signs is not identified in the study. Although, a foreign body/obstruction is not definitively identified, it cannot be completely ruled out as the GI tract is not visualized in its entirety.

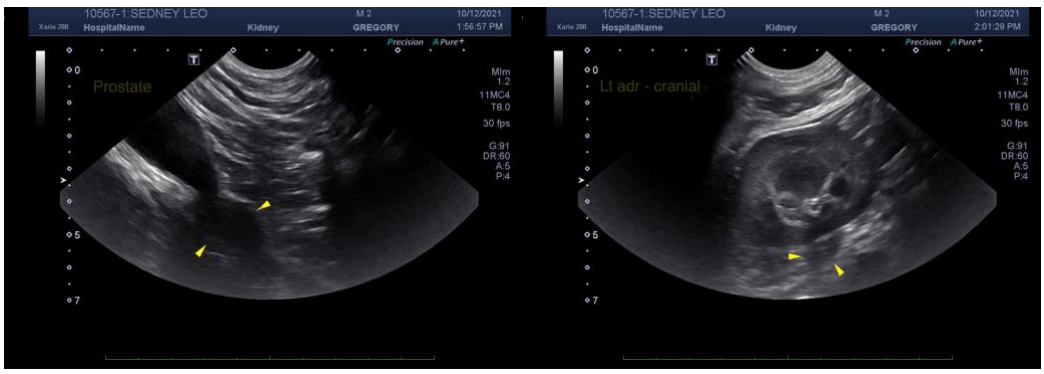
Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended along with a fecal evaluation for ova/Giardia as well as prophylactic deworming with fenbendazole.

- If the patients' clinical signs do not improve with supportive care in 48-72 hours, consider repeat abdominal imaging (i.e., radiographs, ultrasound) as well as baseline blood work +/- a more advanced GI workup.



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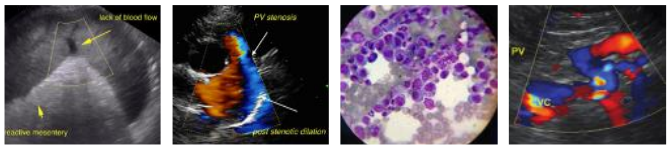

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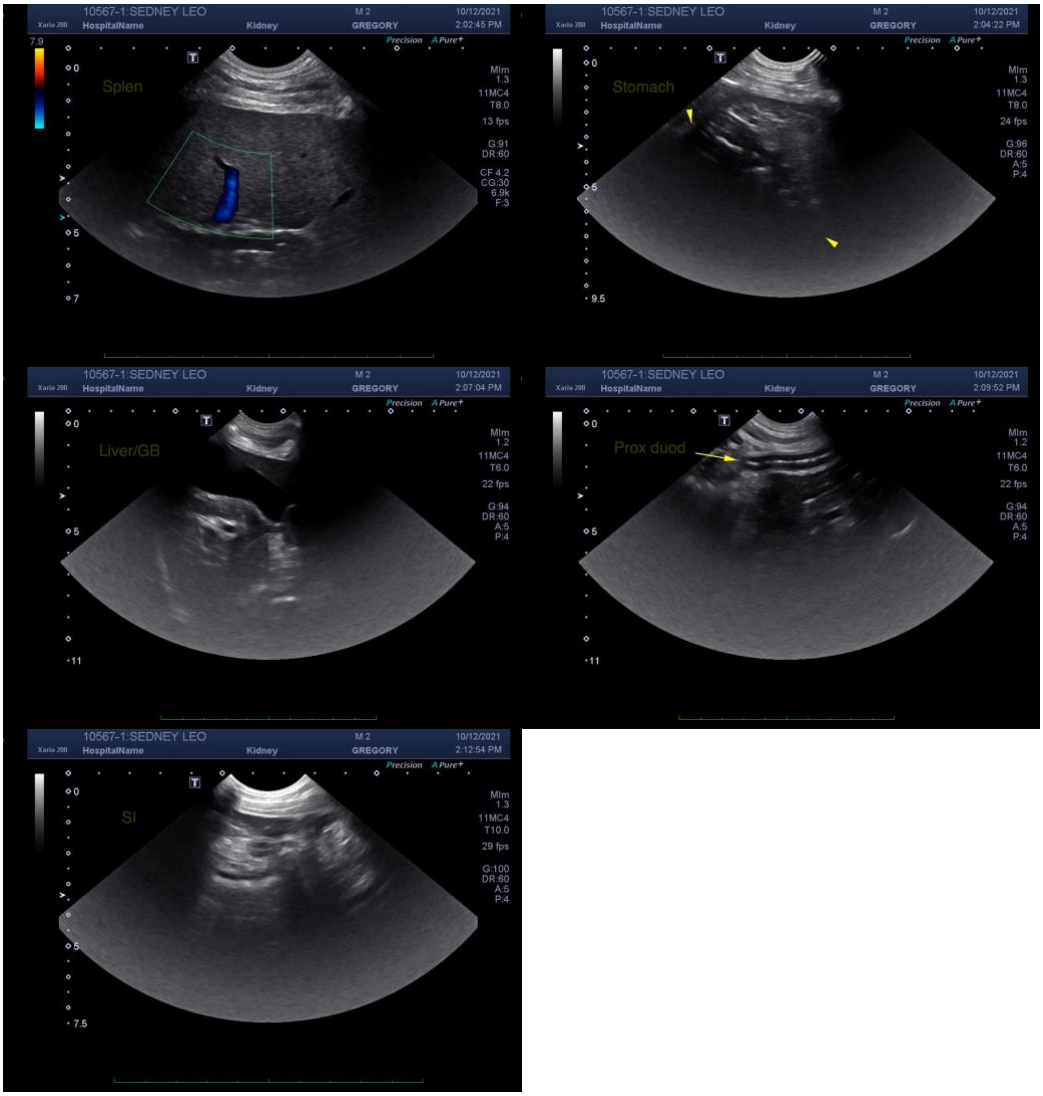

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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