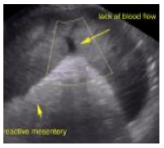
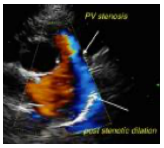
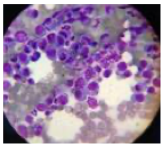
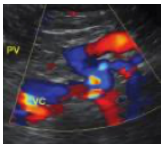
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**
Zion Dunford

**SPECIES**
Canine

**BREED**
Pitbull Mix

**SEX**
Neutered Male

**AGE**
5 years

**WEIGHT**
80 lbs

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

**IMAGING PERFORMED BY**
Dr Reyes

**HOSPITAL NAME**
Mobile Vet Ultrasound

**REFERRING VET**
Dr Beltran

**INVOICE**
11835

**DATE**
10.14.22

## PRESENTING CLINICAL SIGNS

History: Pet presented for burping episodes, no vomiting or diarrhea. Pet ate last night at 9:00 pm, fasted for u/s

Abnormal PE/Chem/CBC/UA Results: None

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is subjectively normal in size, with a 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 (6.64 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 region of the **adrenal glands** is evaluated. No obvious pathology is observed.

### *Spleen*

The **spleen** is normal in size (1.33 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. A moderate amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The **gastric lumen** is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### *Pancreas*

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

***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 presence of ingesta within the gastric lumen despite fasting suggests delayed gastric emptying. Considerations include primary motility disorder, gastric outflow tract obstruction, other microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance), underlying metabolic issue, other.

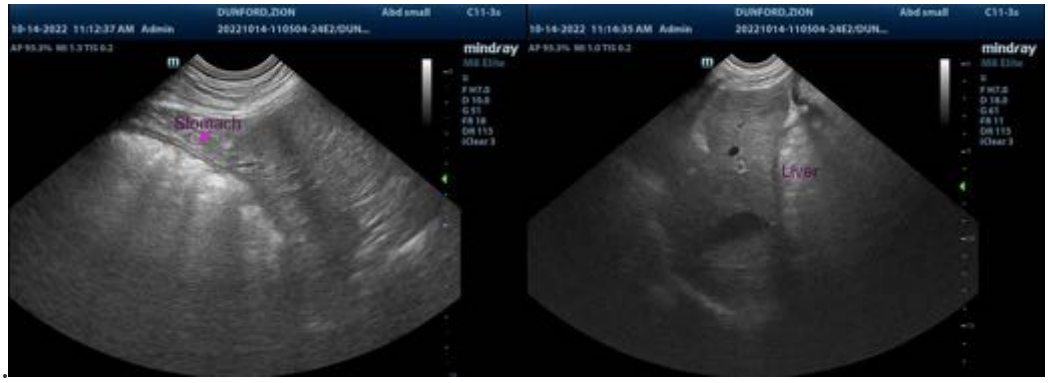
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 are recommended to assess overall metabolic function.

Also consider three-view thoracic radiographs to assess for occult esophageal disease.

Further GI work-up could include the following:

1. Malabsorption panel including serum cobalamin and folate, TLI and PLI
2. A fecal evaluation for ova and Giardia
3. Resting cortisol level to screen for hypoadrenocorticism
4. Upper GI endoscopy with biopsies
5. Metoclopramide trial (as a promotility agent) if a gastric outflow tract obstruction has been ruled out




**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