



PATIENT

Morgan Constance

PRESENTING CLINICAL SIGNS

History: Bloody diarrhea

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed breed

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

SEX

Male, neutered

The left kidney is normal size (4.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11 Yrs.

The right kidney is normal size (5.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

22.6 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.36 cm at caudal pole) (1.04 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 (0.81 cm at cranial pole) (0.48 cm at caudal pole) (1.75 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is normal in size (1.54 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.

HOSPITAL NAME

Rockaway

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 suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

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Gastrointestinal

The gastric lumen is mildly to moderately distended with soft shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not

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dilated. 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. The colonic lumen contains shadowing fecal material.

SPECIES

Canine

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.

BREED

Mixed breed

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

AGE

11 Yrs.

Primary Findings:

- The shadowing material within the gastric lumen could be consistent with normal ingesta and/or foreign material (i.e., grass, cloth). Correlation with the patient's clinical history is recommended.

WEIGHT

22.6 lbs.

Secondary Findings:

- The gallbladder sludge could be consistent with cholestasis, emerging mucocele or less likely, fasting.
- Minor, bilateral age-related renal changes.

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(*Small Animal Internal
Medicine*)

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

**IMAGING
PERFORMED BY**

Jenn

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Rockaway

- A fecal evaluation for ova/Giardia.
- Consider prophylactic deworming with Fenbendazole.
- Supportive care for acute hemorrhagic gastroenteritis is recommended. If clinical signs do not improve within 48-72 hours of initiating therapy, a more advanced GI workup may be necessary.
- Consider a recheck ultrasound in 24 hours to reassess the gastric luminal contents for movement into the small intestine.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele.

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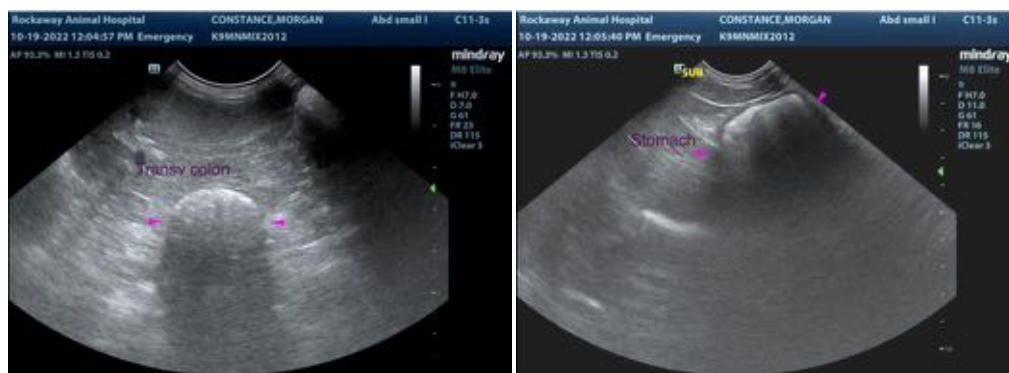
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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