

**PATIENT**

Ozzy Lemke 53944A

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact female

**AGE**

12 weeks

**WEIGHT**

8.7 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet Spec Dr.  
Calhoun

**INVOICE**

11855

**DATE**

10.20.22

**PRESENTING CLINICAL SIGNS**

History: Patient initially presented on 10/10 for acute onset of anorexia and hematochezia. Treated conservatively and patient improved. Represented today for recurrence of signs as well as onset of vomiting and a hacking cough. Radiographs revealed evidence of pneumonia.  
Abnormal PE/Chem/CBC/UA Results: T 105.2

**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 moderately distended with 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 **left kidney** is normal size (6.01 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. Moderate pyelectasia is present (0.57 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.83 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. Mild pyelectasia is present (0.25 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The **left adrenal gland** is normal size (0.44 cm at cranial pole) (0.49 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 (0.32 cm at cranial pole) (0.41 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 (1.10 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.

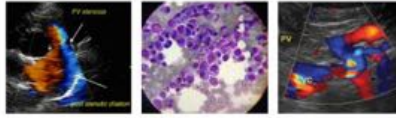
**Liver**

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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The **gastric lumen** is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. One jejunal segment is mildly fluid-distended and hypomotile. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic relative to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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**Free Abdomen**

There is no obvious evidence of free fluid. The medial iliac **lymph nodes** are visualized (left: 1.60 x 0.45cm) (right: 1.81 x 0.56 cm). In addition, numerous prominent lymph nodes are observed throughout the abdomen, the largest measuring 4.40 cm in length (mesenteric).

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**Other**

The left ovary measures 1.70 x 0.50 cm. The right ovary measures 1.31 x 0.52 cm. The ovaries are subjectively normal in size with normal shapes and homogenous parenchyma. The uterine horns and uterine body (0.31 cm in width) appear normal without evidence of luminal dilation.

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**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Suspected focal intestinal ileus with a lower possibility of a partial obstruction.

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**Secondary Findings**

- The bilateral pyelectasia may be secondary to IV fluid therapy (if applicable) or pyelonephritis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fecal evaluation for ova and Giardia is recommended along with prophylactic deworming with Fenbendazole is also recommended.
- Supportive care for acute hemorrhagic gastroenteritis is recommended including fluid therapy, gastric protectants, and a probiotic. Symptomatic care for pneumonia is also recommended including broad-spectrum antibiotics, +/- oxygen therapy if needed, along with nebulization and coupage. If the patient's GI signs do not improve with supportive measures, a more advanced GI work-up should be considered.
- Regarding the bilateral pyelectasia, consider a urinalysis +/- urine culture and sensitivity to assess for infection.

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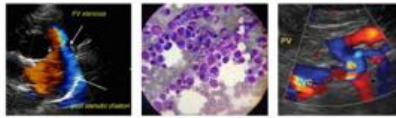
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)