



PATIENT

Pepper Joseph

PRESENTING CLINICAL SIGNS

History: V/D neighbor recently sprayed rat poison when symptoms started

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull Terrier

Urinary System

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.

SEX

Spayed Female

The **left kidney** is normal size (5.98 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 hydronephrosis. Renal vasculature is normal.

AGE

8 years

The **right kidney** is normal size (6.48 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

46 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.73 cm at cranial pole) (0.67 cm at caudal pole) (2.16 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** upper limits of normal size (0.88 cm at cranial pole) (0.84 cm at caudal pole) (3.37 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*)

Spleen

The **spleen** is normal in size (1.26 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.

IMAGING PERFORMED BY

Jenn

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous. No focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature is subjectively dilated.

HOSPITAL NAME

Rockaway AH

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Maniar

Gastrointestinal

The **gastric lumen** is moderately fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not 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. There is no evidence of an obstructive pattern.

INVOICE

11887

Pancreas

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

DATE

10.24.22

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 gastric luminal distention is likely secondary to ileus. However, a pyloric outflow tract obstruction cannot be completely excluded.

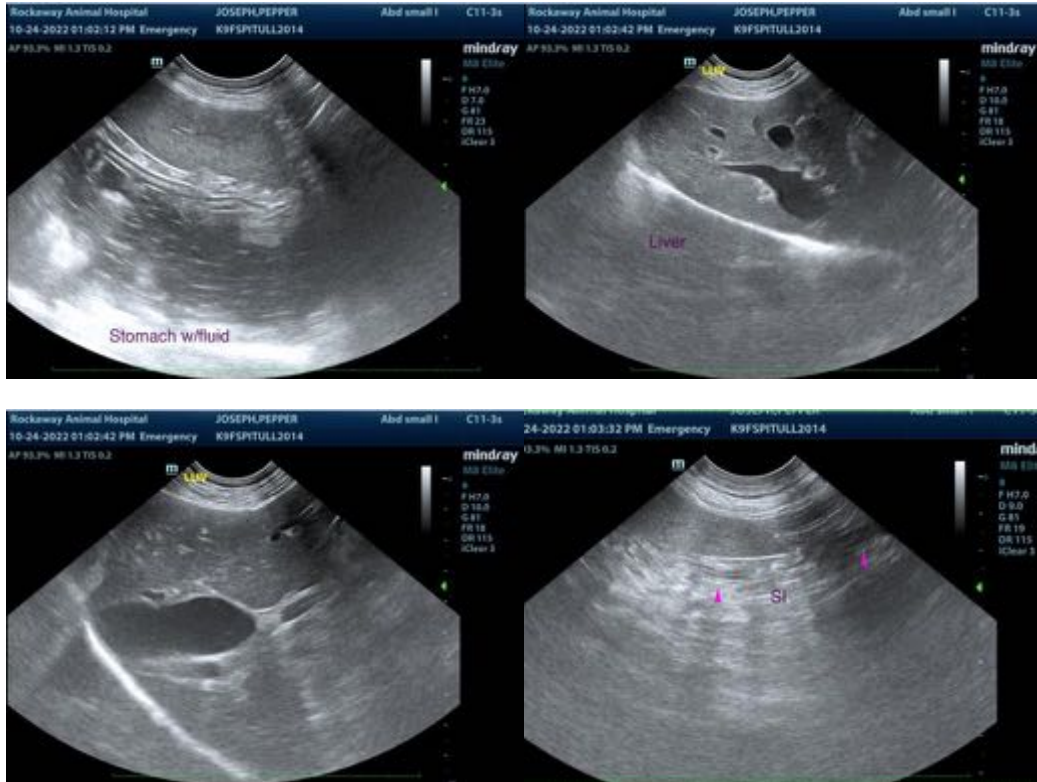
Secondary Findings

- The dilated hepatic vessels could be secondary to Dexdomitor sedation (if used) to perform the sonogram. Otherwise, differentials could include normal variation, right-sided congestive heart failure, obstruction of the thoracic caudal vena cava, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia
- Also consider prophylactic deworming with Fenbendazole.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, can be considered, depending on the chronicity of the patient's clinical signs.
- Supportive care for acute gastroenteritis is recommended. Initiation of a probiotic is recommended. Also consider fiber supplementation (Metamucil or Konsyl).
- Consider a repeat ultrasound in 12-24 hours to assess for persistent luminal distention.
- If the patient was not sedated with Dexdomitor for the study, consider thoracic radiographs to assess cardiopulmonary status.





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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