



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Nova Smith
PRESENTING CLINICAL SIGNS History: History: positive for b. bronchi on resp panel after vaccination; symptoms resolved then acute onset of coughing and hematemesis this AM

SPECIES Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: CBC WNL Other diagnostics available (ie. Blood pressure, radiographs, etc): rads alveolar pattern/consolidation consistent pneumonia/aspiration pneumonia
Canine Abnormal physical exam findings: coughing mucous and frank blood, emesis with foam and blood in exam room, ropy intestines, increased dorsal lung sounds Primary reason for ultrasound referral: r/o GI obstruction

BREED

Labrador Retr ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX Intact Female
 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 is normal.

AGE

18 weeks

The **left kidney** is normal size (6.52 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.

WEIGHT

11.8 kg

The **right kidney** is normal size (6.19 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 **left adrenal gland** is normal size (0.18 cm at cranial pole) (0.22 cm at caudal pole) (1.89 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 (0.32 cm at cranial pole) (0.40 cm at caudal pole) (0.64 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

Jolee Stegemoller,
 DVM

HOSPITAL NAME

No Idaho AH (VCA)

Spleen

The **spleen** is normal in size (1.50 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.

REFERRING VET

Talitha Neher, DVM

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/not seen.

INVOICE

11911

DATE

10.28.22

Gastrointestinal

The **gastric lumen** is moderately distended with liquid-appearing ingesta. 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.

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions no obvious abnormalities are seen.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.87 cm in length. A prominent lymph node is observed in the aortic trifurcation.

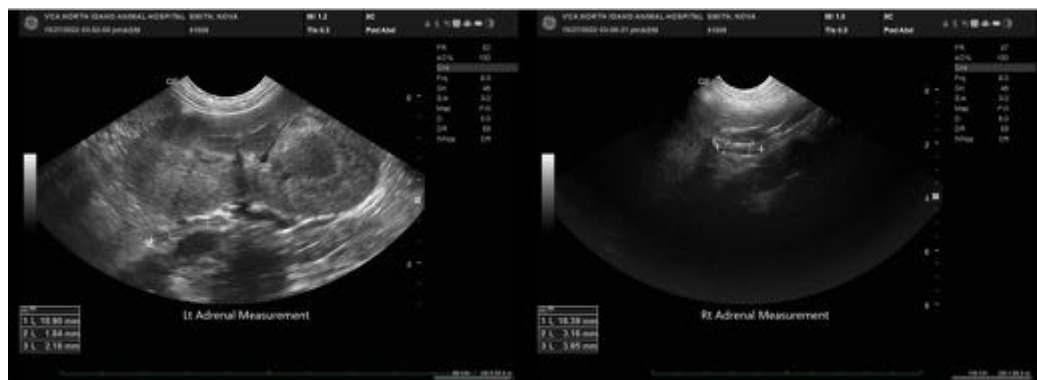
ULTRASONOGRAPHIC FINDINGS

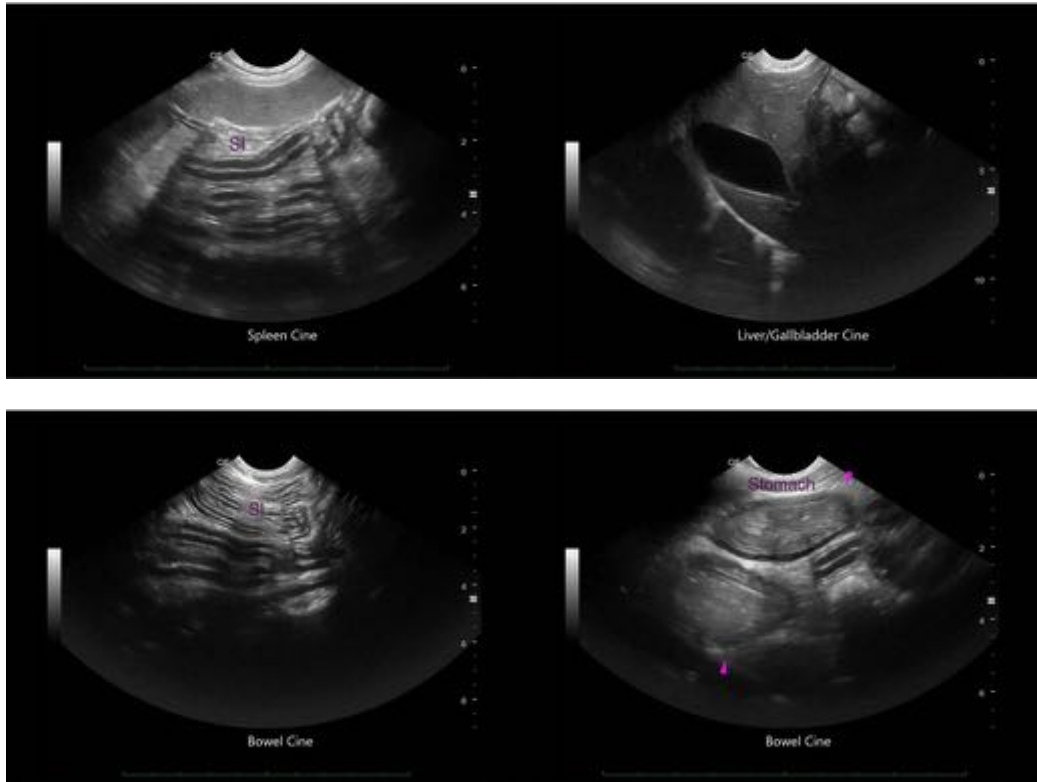
Primary Findings

- The gastric distention is suspected to be secondary to ileus. However, although a foreign body is not seen, a pyloric outflow tract obstruction due to a small foreign body cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis and aspiration pneumonia is recommended with a repeat ultrasound in 12-24 hours to reevaluate the stomach.





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