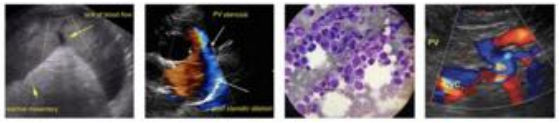


PATIENT

Richard Meeks

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

9 years

WEIGHT

30.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Bluepearl Mt Pleasant ER

REFERRING VET

Graham/Djani

INVOICE

11763

DATE

10.3.2022

PRESENTING CLINICAL SIGNS

Discospondylitis at L7-S1 and epidural empyema (diagnosed 9/27/22 via MRI) Pet received a short course of steroids and was started on cephalexin. Proteus mirabilis was cultured from the spinal column. Pet was switched to Clavamox on 10/1. He was home for 24 hours and returned on 10/2/22 for anorexia, melena and owner not being able to care for him at home. Pet is paraparaetic in hind limbs. He has movement but is non-weight-bearing and has no CPs. Though the night is HR and temp have been rising and pet seems uncomfortable. Bloodwork on intake 10/2 was normal, BG at 3 Am is 202 and rads show free gas in the abdomen. Fast scan showed free fluid and free gas in the abdomen. Current Medications: Unasyn, Cerenia, Protonix, Pregabalin, Ondansetron, Sucralfate, Entyce, Methocarb, Trazodone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (8.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of 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 (0.67 cm at cranial pole) (0.80 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.

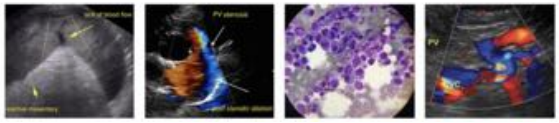
The **right adrenal gland** is normal size (0.92 cm at cranial pole) (0.71 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (2.07 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.



PATIENT

Richard Meeks

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

9 years

WEIGHT

30.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Bluepearl Mt Pleasant ER

REFERRING VET

Graham/Djani

INVOICE

11763

DATE

10.3.2022

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.

Gastrointestinal

The **gastric lumen** is distended with fluid and aggregated, avascular, echogenic material. The gastric wall is normal in thickness with apparent retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally fluid-distended (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. The base is visualized and is prominent and hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

Trace ascites is present. Free air is suspected. The mesentery in the right cranial quadrant is mildly hyperechoic. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.67 cm in length. The nodes are normal in shape and echogenicity.

Other

A 1.35 cm clot is observed in the distal caudal vena cava.

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

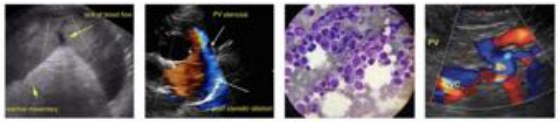
- Given the patient's clinical history, an upper GI ulcer is suspected, but not identified in this study. The echogenic material within the gastric lumen is suspected to be a large clot, although a mass cannot be completely excluded.
- Thrombus in the distal caudal vena cava
- The pancreatic changes are suggestive of mild to moderate pancreatitis.

Secondary Findings

- Minor bilateral age-related renal changes
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the strong suspicion of a perforated gastric ulcer (as the patient has free air on abdominal radiographs, profuse melena and a suspected clot in the gastric lumen), an abdominal exploratory should be strongly considered. Three-view thoracic radiographs are recommended prior to anesthesia, if not already performed.



PATIENT

Richard Meeks

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

9 years

WEIGHT

30.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Bluepearl Mt Pleasant ER

REFERRING VET

Graham/Djani

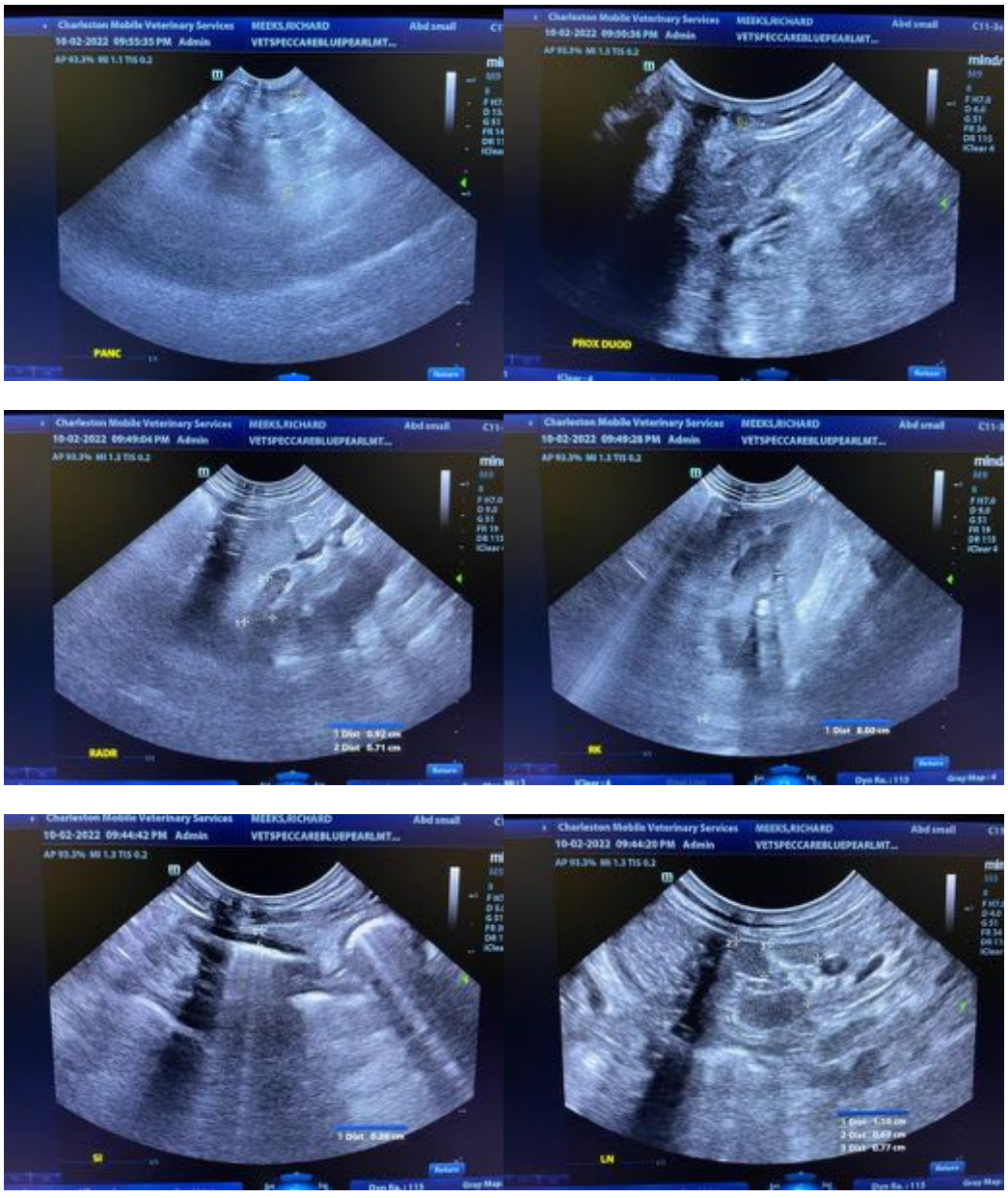
INVOICE

11763

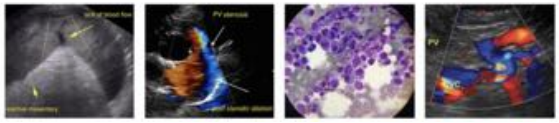
DATE

10.3.2022

Given the thrombus in the caudal vena cava, the patient should be evaluated for disseminated intravascular coagulation and other causes of hypercoagulability and managed accordingly.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Richard Meeks

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

9 years

WEIGHT

30.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Bluepearl Mt Pleasant ER

REFERRING VET

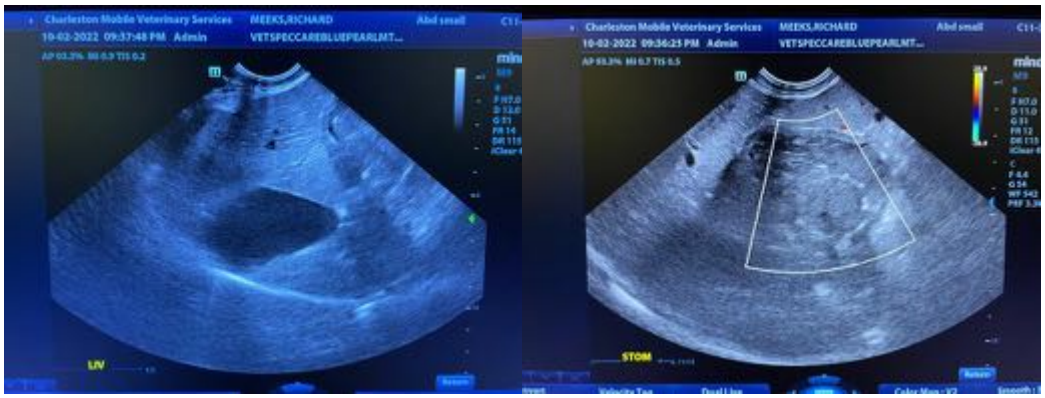
Graham/Djani

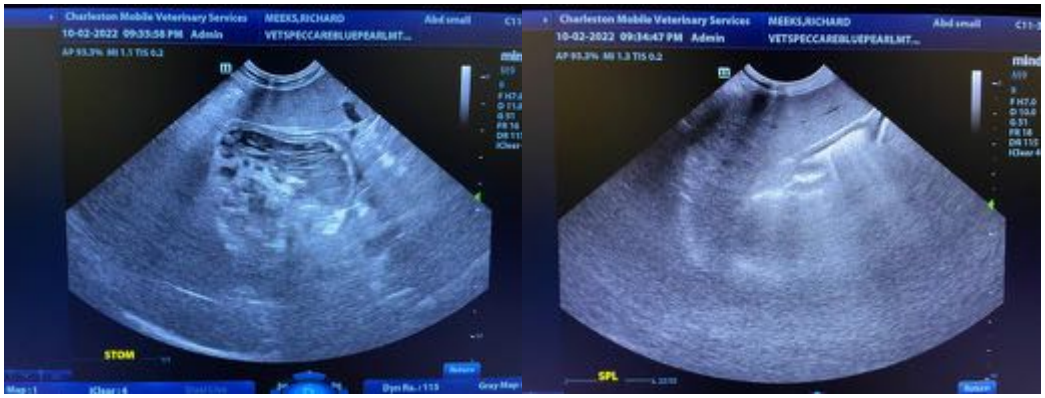
INVOICE

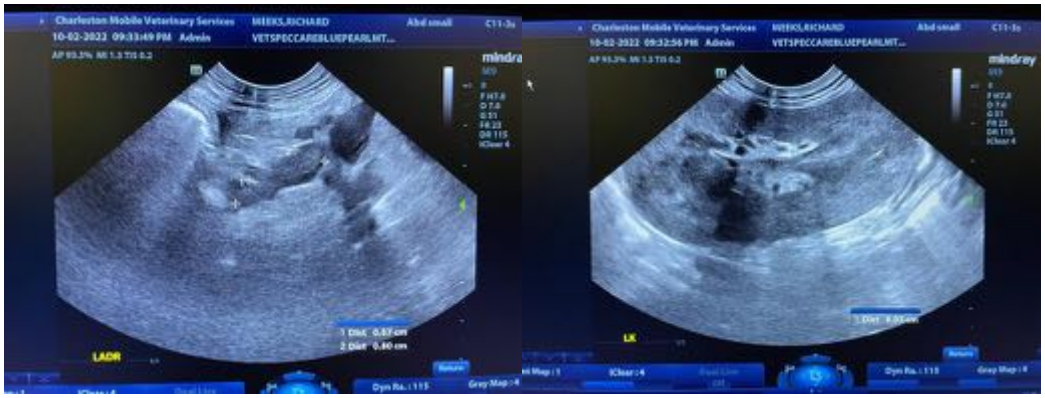
11763

DATE

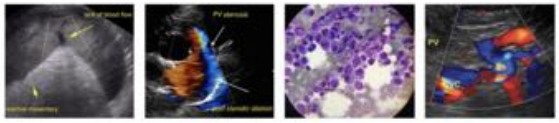
10.3.2022







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Richard Meeks

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

9 years

WEIGHT

30.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Bluepearl Mt Pleasant ER

REFERRING VET

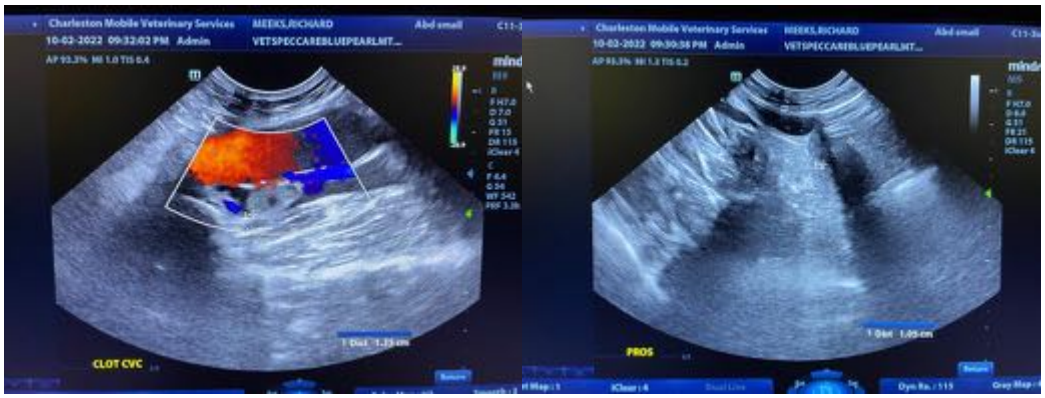
Graham/Djani

INVOICE

11763

DATE

10.3.2022



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