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Clinical Sonography & Telecytology
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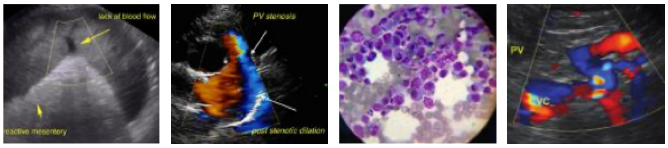

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PATIENT
Moose Duncan

SPECIES
Canine

BREED
Mastiff Cross

SEX
Intact Male

AGE
11 mos

WEIGHT
74 lbs

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

IMAGING PERFORMED BY
Dr. Maggiulli

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Maggiulli

INVOICE
11787

DATE
10.7.22

PRESENTING CLINICAL SIGNS

History: acute vomiting and hemorrhagic diarrhea for 24 hours. Fasted for 24 hours.

Abnormal PE/Chem/CBC/UA Results: PE = 102.5*F, melena on rectal, tacky MM, tachycardic - no murmur CBC = HCT 54%, mild leukocytosis 20.85k with stress leukogram, mild neutrophilia 16.92k, mild monocytosis 1.39k, chem17 = TP 3.9, Glob 0.7, amlyase 1747, all other wnl. Crea 0.9, BUN 12, ALT 104, Albumin 3.2

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

In the visualized portion of the **prostate**, it appears enlarged (2.27 cm in width) with normal curvilinear peripheral contours and homogenous parenchyma. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (6.84 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.

The **right kidney** is normal size (7.68 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 (0.43 cm at cranial pole) (0.38 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 region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (2.47 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 anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. Several bowel loops in the mid- to caudal abdomen, which are thought to be colon, are moderately

distended with echogenic fluid. The visible small intestinal segments are empty with normal wall thickness and layering pattern. Discreet masses are not identified.

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.

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

- Bowel changes consistent with gastroenteritis/colitis. There is no obvious evidence of a foreign body obstruction. However, a partial obstruction cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal evaluation for ova and Giardia is recommended.

Parvo virus testing is also recommended, if not already performed.

Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

Supportive care for acute hemorrhagic gastroenteritis is recommended.

If the patient's clinical signs do not improve within 12-24 hours, consider repeat abdominal imaging. A more advanced GI work-up may also be warranted.

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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