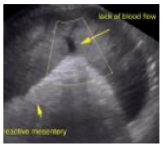
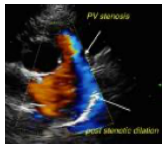
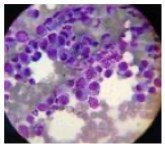
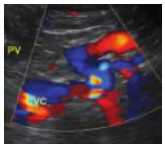
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Olive Rose Silvetti

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
6 years

WEIGHT
23.8 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Vet Emerg Center

REFERRING VET
Dr Lupole

INVOICE
11988

DATE
11.10.22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for diarrhea, lethargy, and vomiting. Owner says that last night patient started having diarrhea. Patient also refused to eat her dinner which is very abnormal. This morning patient still had diarrhea but did eat a very small amount of food. This evening did not want to eat dinner again and still lethargic. Owner brought her in and she vomited on the floor of lobby which was food and liquid.
Previous Health Concerns: none
Current Medications: melatonin; Proviable

Abnormal PE/Chem/CBC/UA Results:
Abdominal: very tense and reactive to abdominal palpation
Radiographs: ingesta vs inflammation of the stomach, subjectively small liver, on lateral view there a circular soft tissue opacity at the area of the pylorus/just caudal to the outline of the stomach.
CBC: all values within normal limits
Chem: all values within normal limits
EPOC: all values within normal limits

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 (6.10 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 (5.86 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 in length (0.35 cm at cranial pole) (0.51 cm at caudal pole) (2.27 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 in length (0.25 cm at cranial pole) (0.49 cm at caudal pole) (2.69 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.

Spleen

The spleen is normal in size (2.02 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is overly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is difficult to visualized due to gastric distention. 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 portion, no obvious pathology is observed.

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 severe gastric distention may be secondary to focal ileus or a small pyloric outflow tract obstruction (although not visualized).

Secondary Findings

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

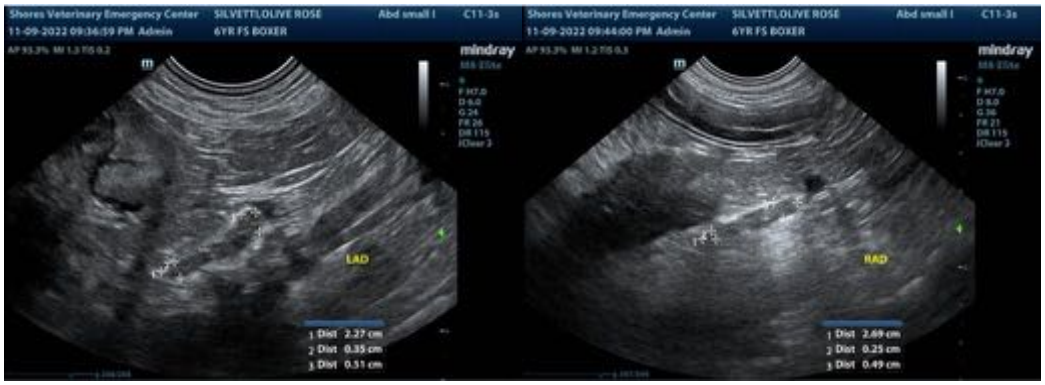
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

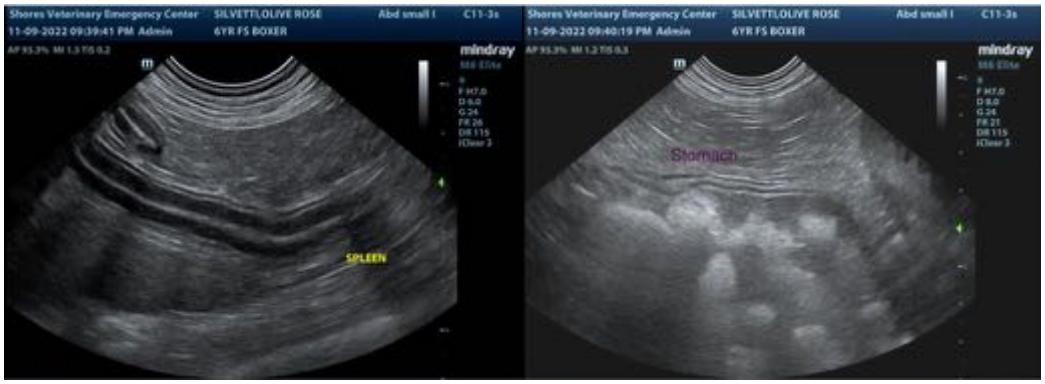
Considerations at this time include the following:

1. Aggressive supportive care for acute gastroenteritis along with fasting and a repeat ultrasound in 12-18 hours to reassess the stomach
2. An abdominal exploratory to assess for a pyloric outflow tract obstruction

Other diagnostic considerations include the following:

1. Fecal evaluation for ova and Giardia
2. Resting cortisol level to screen for hypoadrenocorticism
3. Three-view thoracic radiographs to evaluate for occult aspiration pneumonia





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