



PATIENT

Maya Posten

PRESENTING CLINICAL SIGNS

History: pancreatitis, allergic reaction with facial swelling

SPECIES

Canine

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. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Boxer

The left kidney is normal size (4.92 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.

SEX

Female, spayed

The right kidney is normal size (5.63 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

4 Yrs.

Adrenal Glands

The left adrenal gland is normal in length (0.44 cm at cranial pole) (0.41 cm at caudal pole) (1.74 cm in length) with a flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

40 lbs.

The right adrenal gland is normal size (1.10 cm at cranial pole) (0.74 cm at caudal pole) (2.29 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 (1.72 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 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall in the region of the fundus is mildly thickened (up to 0.84 cm) with retention of the normal layering pattern. 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. No obvious obstructive disease is noted.

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Pancreas

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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.

SPECIES

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Primary Findings:

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

AGE

4 Yrs.

Secondary Findings:

- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

WEIGHT

40 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis and anaphylaxis is recommended. If clinical signs do not improve with medial management, a more advanced workup should be considered.

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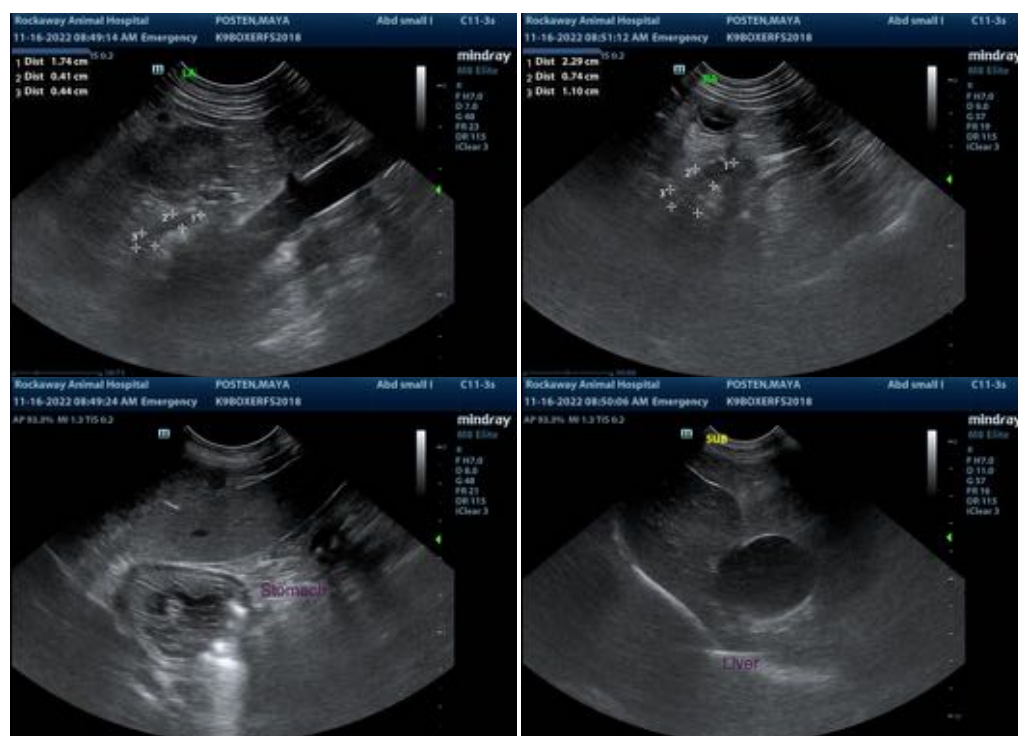
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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