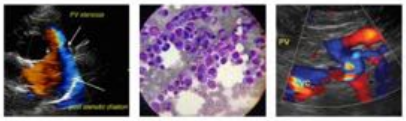

PATIENT

OG Gehrling

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Neutered Male

AGE

11.5 years

WEIGHT

56.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Holly Smith

INVOICE

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PRESENTING CLINICAL SIGNS

History: Not eating, nauseous, lethargic, painful abdomen, not himself for at least a week. Was on IV fluids and nausea care/supportive care from Wednesday 11/15/2022 until Friday 11/14/2022 and final radiographs showed possible radiolucent foreign body. Delayed gastric emptying and splenomegaly on radiographs, CBC - stress leukogram, Chemistries - BUN 28 with all other values WNL. Question you want answered with an ultrasound: Is there any evidence of gastrointestinal foreign body vs neoplastic process vs other causes of inappetence and nausea. Pet can be very nervous. Was initially very painful in his abdomen and only allowed brief examination without sedation. By Friday, he was more comfortable, and radiographs looked a lot more normal.

Abnormal PE/Chem/CBC/UA Results: Delayed gastric emptying and splenomegaly on radiographs, CBC - stress leukogram, Chemistries - BUN 28 with all other values WNL. Pet can be very nervous. Was initially very painful in his abdomen and only allowed brief examination without sedation. By Friday, he was more comfortable, and radiographs looked a lot more normal.

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 mostly 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.

The prostate is normal in size (0.91 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 (6.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (5.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 (0.57 cm at cranial pole) (0.51 cm at caudal pole) (2.35 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.

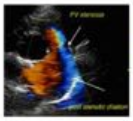
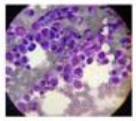
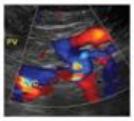
The right adrenal gland is normal size (1.34 cm at cranial pole) (0.61 cm at caudal pole) (2.03 cm in length); with a slightly irregular shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.77 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

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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. A small to moderate amount of gravity dependent, hyperechoic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 obvious evidence of an obstructive pattern.

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

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Secondary Findings

- Bilateral, degenerative renal changes
- The slightly irregular right adrenal gland may be a normal variant for this patient or may represent early hyperplastic change. An emerging tumor is possible, but considered less likely.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, motility disorder, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Also consider three-view thoracic radiographs to assess for occult esophageal disease.
- Medical management for gastroenteritis is recommended. If the patient does not respond to supportive care, and if the above diagnostics are inconclusive, a more advanced GI work-up (i.e., resting cortisol level, GI biopsies) may be warranted.
- Regarding the elevated BUN and the sonographic renal changes, consider a urinalysis (if not already performed) +/- a urine culture and sensitivity.

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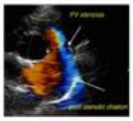
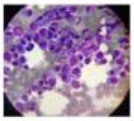
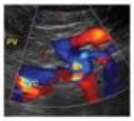

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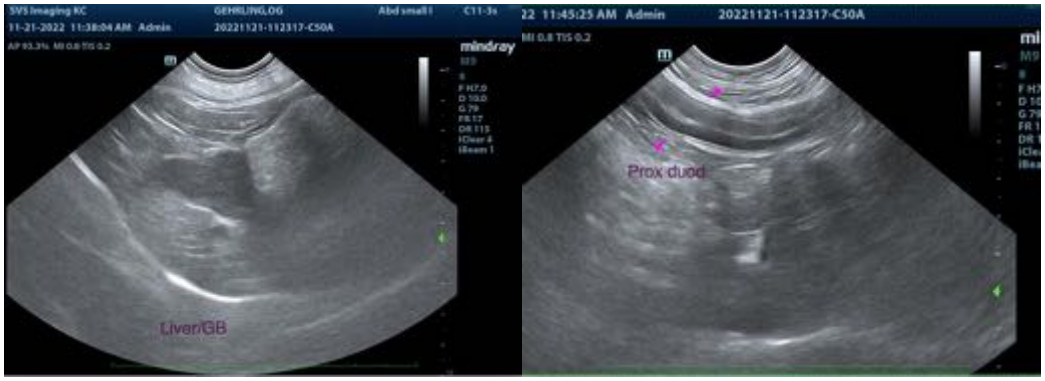

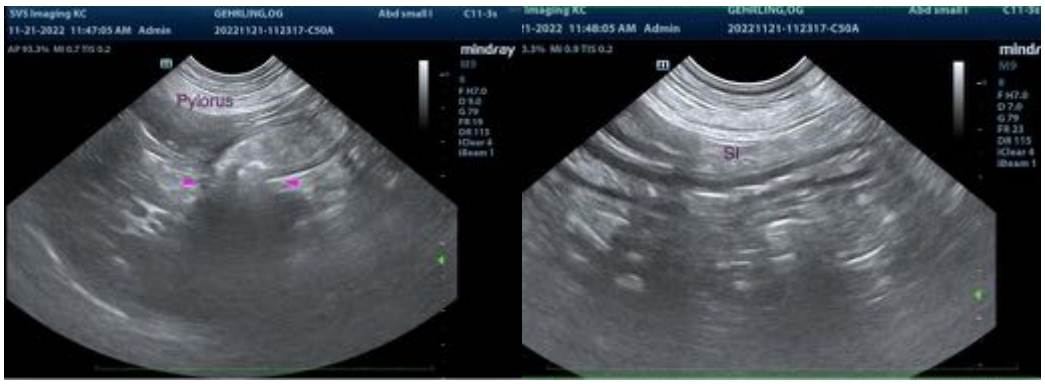

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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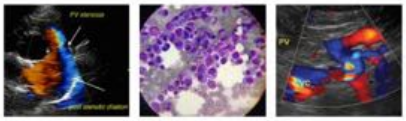

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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