



PATIENT

Scottie Sanders

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/25/13

WEIGHT

19.7 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

MP Blue Pearl ER

REFERRING VET

Dr. Marcario

INVOICE

11909

DATE

11.26.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Scottie's a 9yo MN Border Collie presenting for lethargy, vomiting and anorexia. O's said that he's been examined by his rDVM on 11/23 for vomiting and not being interested in his food for about 2 days. O said BW was done and they were sent home with 40mg of Cerenia. He has gotten 2 doses; last one was at 8pm 11/24.

**O's said their rDVM palpated something that she was concerned about and scheduled a u/s on Tuesday.

Last night he started vomiting again. The first time it was undigested food about 1hr after he ate and since it's been bile q hr or more. The bile varies from small to large amounts. He is also very lethargic and tired. Still drinking normal amounts, no d/c/s.

ON presentation patient is QAR

dehydrated

hypersalivating

mmb muddy, pale

muscle wasted over dorsum

CV/R no murmur/arrhythmia lungs clear mild tachycardia

PLNS wnl

integ nsf

abd palp - firm feeling mass effect caudal abdomen, cranial organomegaly, pendulous abdomen.

AFAST - Scant free fluid, area off dilated, material filled intestine.

Abnormal lab-work values:

Anemia - 25 %

Increased Plt - 507

Increased ALT - 307

Decreased CL-105

Current Medications: IVF, Cerenia, Famotidine, Buprenorphine

Radiographic Findings: There are multiple severely dilated intestinal bowel loops. Although a distinct foreign object is not visualized, primary consideration should be given to a mechanical obstruction.

Surgical exploration should be considered.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is distended. The wall is normal in thickness with a smooth mucosal surface. A few, small, cystic calculi (up to 0.20 cm) are observed within the urinary bladder and proximal urethral lumen. A scant amount of suspended, echogenic debris is also seen. The region of the trigone is normal. The proximal urethra is not overtly dilated.

The prostate is normal in size (1.22 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. Mineralization is observed within the prostatic urethra.

The left kidney is normal size (5.22 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.10 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.



PATIENT

Scottie Sanders

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/25/13

WEIGHT

19.7 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

MP Blue Pearl ER

REFERRING VET

Dr. Marcario

INVOICE

11909

DATE

11.26.22

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.58 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 (0.52 cm at cranial pole) (0.56 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 (1.07 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.

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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. A several-centimeter intussusception is observed at the ileocecolic junction. The wall in this region is mildly thickened. The colonic wall is normal in thickness with a normal layering pattern. The colonic lumen contains granular-appearing fecal material.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery in the midabdominal is hyperechoic. A small amount of free fluid is present. A few, prominent mesenteric lymph nodes are visualized, the largest measuring 1.36 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large intussusception, suspected to be at the ileocecolic junction. There is no obvious evidence neoplasia or a foreign body. However, these cannot be completely excluded. Midabdominal peritonitis is present, likely secondary to bowel pathology.



PATIENT

Scottie Sanders

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/25/13

WEIGHT

19.7 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

MP Blue Pearl ER

REFERRING VET

Dr. Marcario

INVOICE

11909

DATE

11.26.22

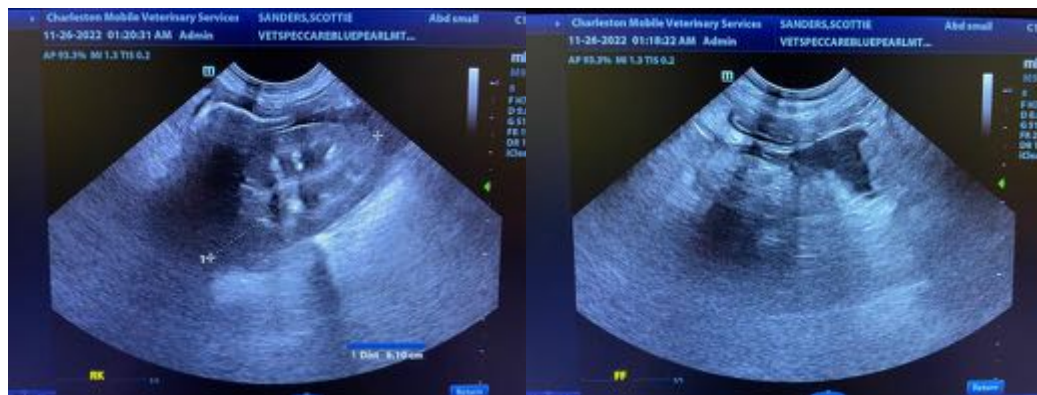
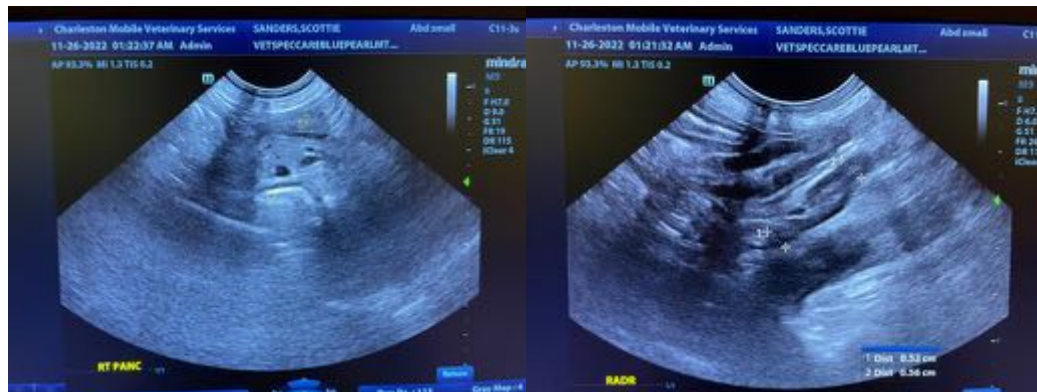
- Tiny cystic +/- proximal urethral calculi

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonobstructive nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to address the intussusception.
- A cystotomy with stone removal, analysis and culture can be considered at the time of surgery. However, given the small size of the stones, they may pass with normal voiding.





PATIENT

Scottie Sanders

SPECIES

Canine

BREED

Border Collie

SEX

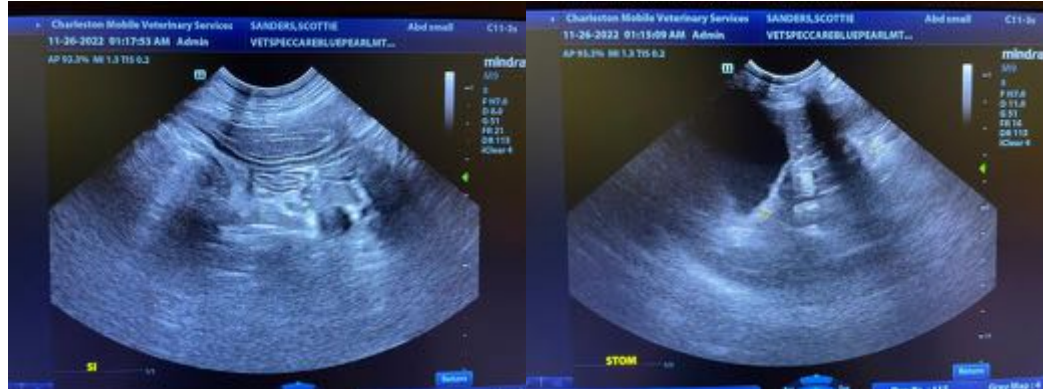
Neutered Male

AGE

11/25/13

WEIGHT

19.7 kg



SEX

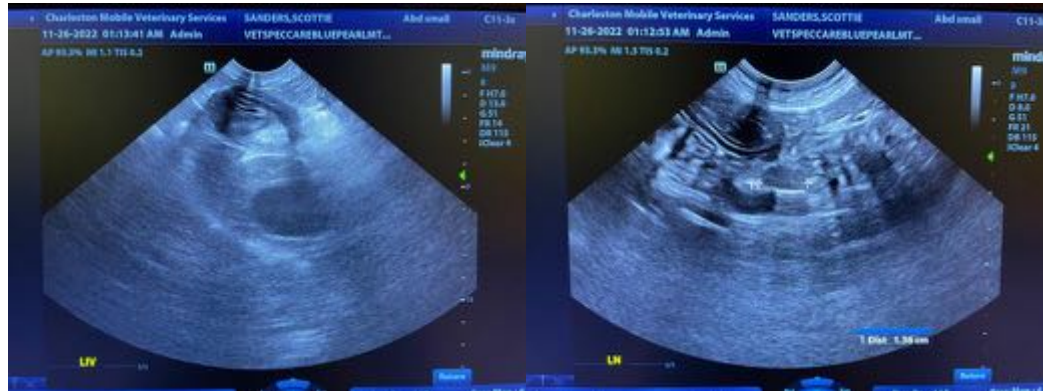
Neutered Male

AGE

11/25/13

WEIGHT

19.7 kg

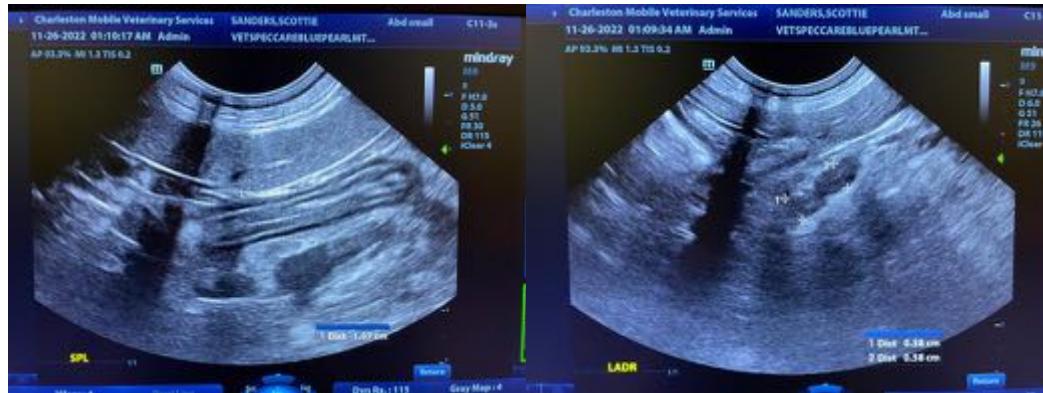


INTERPRETED BY

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

IMAGING PERFORMED BY

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



HOSPITAL NAME

MP Blue Pearl ER

REFERRING VET

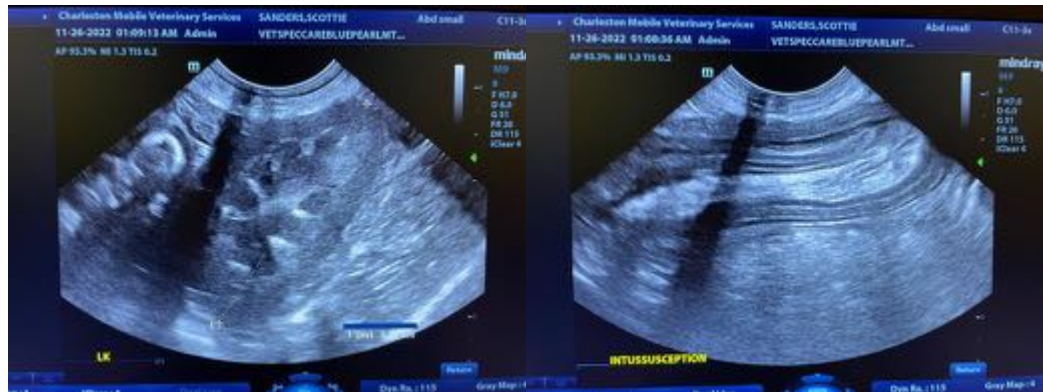
Dr. Marcario

INVOICE

11909

DATE

11.26.22





PATIENT

Scottie Sanders

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/25/13

WEIGHT

19.7 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

MP Blue Pearl ER

REFERRING VET

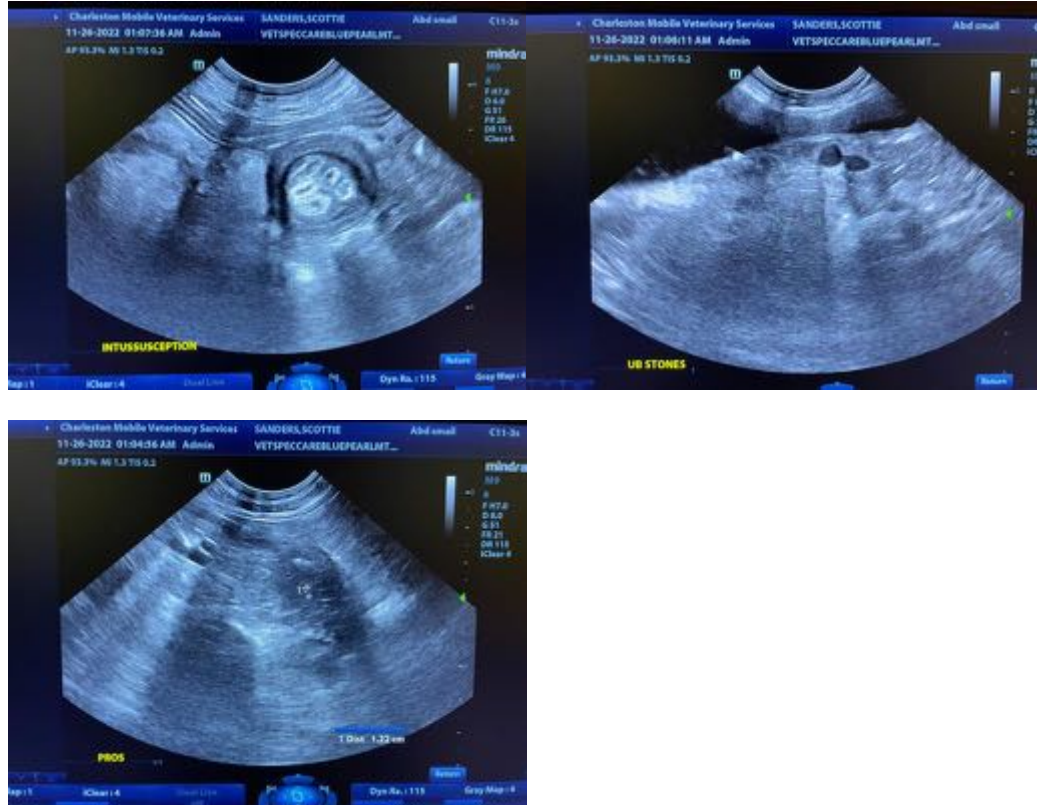
Dr. Marcario

INVOICE

11909

DATE

11.26.22



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