


**PATIENT PRESENTING CLINICAL SIGNS**

Sammi Krsulic History: 3–4-day history of anorexia after getting into garbage where steak fat may have been consumed. Vomited a few times but has not vomited since starting cerenia + famotidine yesterday. Hx food allergies/sensitivities. On z/d diet. On cerenia. Just started on entyce today. NSF on in-house BW.

**SPECIES** Abdominal radiographs - NSF.  
Abnormal PE/Chem/CBC/UA Results: NSF on cbc/chem

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**BREED**
**Urinary System**

Mixed Breed

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.

**SEX**

Spayed Female

The left kidney is normal size (5.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

9 years

The right kidney is normal size (6.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**
**WEIGHT**

32 lbs

The left adrenal gland is normal size (0.50cm at cranial pole) (0.57 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (1.06 cm at cranial pole) (0.54 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**
**IMAGING PERFORMED BY**

Amy Priest

The spleen is normal in size (1.85 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.

**HOSPITAL NAME**

Long Valley AH

**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.

**REFERRING VET**

Dr. Stephanie Welch

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**
**INVOICE**

11957

The gastric lumen is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal in thickness 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.

**DATE**

11.3.22

### ***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**

### **Findings**

- The bowel pattern consistent with gastroenteritis. There is no evidence of a foreign body obstruction. However, a partial obstruction cannot be completely excluded.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Continued supportive care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia. If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a repeat abdominal ultrasound +/- more advance GI diagnostics may 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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