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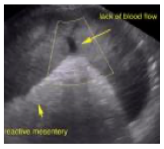
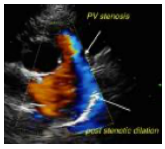
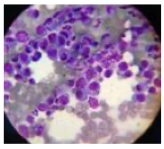
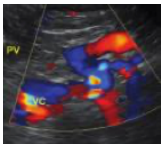
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Freddie Brockman

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 years

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

11970

DATE

11.4.22

PRESENTING CLINICAL SIGNS

History: concern for gastric fb vs neoplasia vs other acute onset, abd pain persistent, opacity with in stomach on x-rays

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 is normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is overall normal in size (5.70 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A 2.87 cm cortical cyst is observed at the medial aspect. The cyst causes capsular expansion. A few, smaller cortical cysts are also present. Moderate pyelectasia is present (0.80 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.57 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A few, small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.59 cm at caudal pole) (2.14 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 caudal pole of the **right adrenal gland** is visualized and is normal in size (0.44 cm width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The **spleen** is normal in size (1.73 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. A small amount of gravity dependent, echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. A 0.69 cm hyperechoic shadowing structure is observed within the lumen. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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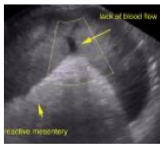
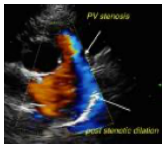
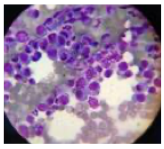
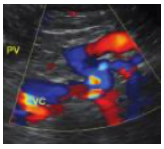

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Pancreas
The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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

- The small shadowing structure within the gastric lumen may represent foreign material, medication or normal ingesta. It appears nonobstructive at this time.

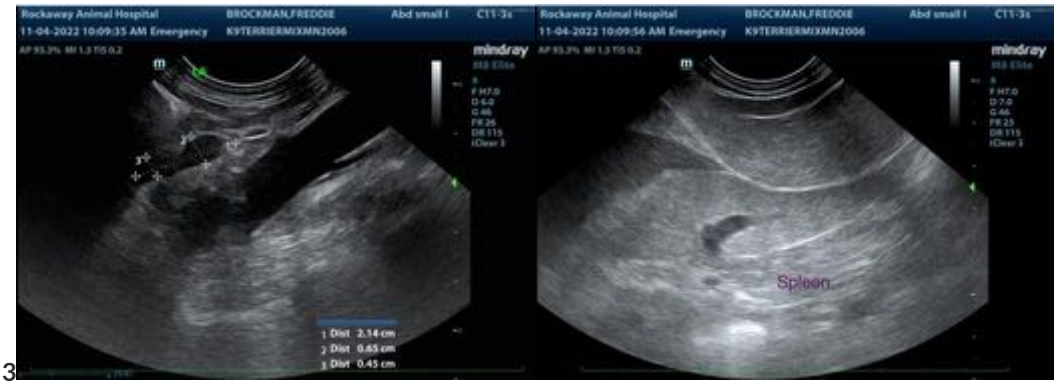
Secondary Findings

- Bilateral chronic age-related renal changes with dystrophic mineralization, cortical cysts, and left pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the abdominal pain, consider thorough orthopedic and neurologic examinations to assess for nonmetabolic causes. If none are found, consider supportive care for acute gastroenteritis is, along with a fecal evaluation for ova and Giardia +/- a cPLI to assess for mild pancreatitis. If clinical signs do not improve with medical management, a further GI work-up (i.e., repeat ultrasound, GI panel, resting cortisol level, biopsies) may be warranted.

Regarding the left pyelectasia, consider a urinalysis with culture and sensitivity to assess for pyelonephritis.



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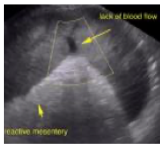
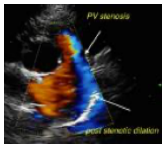
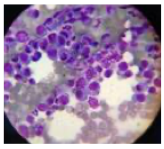
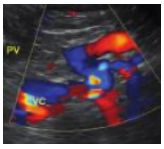

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com