



PATIENT PRESENTING CLINICAL SIGNS

Vinny Fidacaro History: HGE small intestine obstruction vs ulcer vs mass

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *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 and the visible portion of the proximal urethra are normal.

BREED

Poodle Mix

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

SEX

Neutered Male

The **left kidney** is normal size (6.68 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 hydronephrosis. Renal vasculature is normal.

AGE

9 years

The **right kidney** is normal size (6.36 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

68 lbs

Adrenal Glands

The left adrenal gland is normal size (0.81 cm at cranial pole) (0.64 cm at caudal pole) (2.56 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*)

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.61 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.

IMAGING PERFORMED BY

Jenn

Spleen

The **spleen** is normal in size (1.48 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.99 cm hypoechoic nodule/mass is observed approximately mid-spleen. Splenic vasculature is normal.

HOSPITAL NAME

Rockaway 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. Maniar

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A scant amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

11972

Gastrointestinal

The **gastric lumen** is moderately distended with ingesta and soft, shadowing material. 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

DATE

11.4.22



PATIENT

Vinny Fidacaro

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

SPECIES

Canine

Free Abdomen

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

BREED

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric luminal contents may represent normal ingesta and/or foreign material.
- The splenic nodule/mass could be consistent with an emerging tumor (i.e., round cell neoplasia, sarcoma). Alternatively, a focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar may be present.

SEX

Neutered Male

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fasting the patient and repeating an abdominal ultrasound in 12-24 hours to determine if the gastric luminal contents have passed into the small intestine. If the sonographic changes are similar to today's scan, a gastrotomy with foreign body removal may be warranted.

WEIGHT

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Regarding the splenic nodule/mass, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
2. Consider fine-needle aspiration, if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, consider a splenectomy with submission of the spleen for histopathology or a repeat ultrasound in 3-4 weeks to assess for progression.

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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.

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