



PATIENT PRESENTING CLINICAL SIGNS

Coast Botek

History: Coast has been hospitalized for 48h, he presented for acute vomiting, diarrhea and collapse. 2 hours after the initial collapse, owners found him recumbent and poorly responsive surrounded by large piles of vomit and bloody diarrhea. That day he was trialing a 0.9mg/kg dose of acepromazine. He was hospitalized for monitoring and supportive care. Presentation: Comatose, hypersalivating, bradycardic, hypotensive and hypothermic. MM pale, tacky and cold Pulses weak. Developed facial twitching, weak Persistent vomiting, hypersalivating again. Overnight bradycardia (~40bpm), was intubated and given a dose of atropine, which he responded well to Today: EENT/oral: pink injected severe hypersalivation, crt 3-4s Abd: regurgitation when walked Integ: leaking hematochezia

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

2

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

22210

DATE

12-1-25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not 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 normal in size (6.97 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.66 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and 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 in size (1.26 cm at cranial pole) (0.69 cm at caudal pole) with a normal shape and 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 (1.28 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 peripheral contours. The parenchyma is hypoechoic



PATIENT

relative to the spleen and homogenous in appearance. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

Coast Botek

SPECIES

The gallbladder 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.

Canine

Gastrointestinal

The gastric lumen is severely distended with fluid and is hypomotile. Within the fluid, several small, shadowing structures are suspended. The gastric wall is normal in thickness with a normal layering pattern. Numerous bowel segments throughout the abdomen are moderately to severely fluid-distended. Several are plicated. The walls are normal to borderline-thickened, with retention of the normal layering pattern. The wall of the descending colon is subjectively mildly thickened, although wall thickness is difficult to determine due to plication.

BREED

Pitbull Terrier

SEX

Neutered Male

Pancreas

The pancreas is diffusely prominent-in-size, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated.

AGE

2

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

WEIGHT

27 kg

Free Abdomen

There is no obvious evidence of free fluid.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

ULTRASONOGRAPHIC FINDINGS

- Gastric hypomotility with intestinal hyperperistalsis. An obvious mechanical obstruction is not definitively identified in this study but cannot be excluded. Alternatively, the gastrointestinal changes could be secondary to an underlying metabolic issue.
- The pancreatic changes are suggestive of mild pancreatitis.
- The increased hepatic portal markings could be consistent with an inflammatory hepatopathy (i.e., Leptospirosis, cholangiohepatitis, chronic hepatitis) or may be a normal variant for this patient.

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, along with empirical treatment (i.e., amoxicillin-clavulanic acid) while awaiting test results.
- To further evaluate for a bowel obstruction, consider an abdominal CT scan or abdominal exploratory. If surgery is pursued, GI and liver biopsies should also be obtained, along with aerobic and anaerobic bile cultures. Hepatic copper quantitation may also be indicated. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia. If surgery is not pursued, aggressive symptomatic care is recommended, with serial sonographic monitoring (i.e., daily) to assess for changes in the bowel pattern.

INVOICE

22210

DATE

12-1-25



PATIENT

Coast Botek

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

2

WEIGHT

27 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

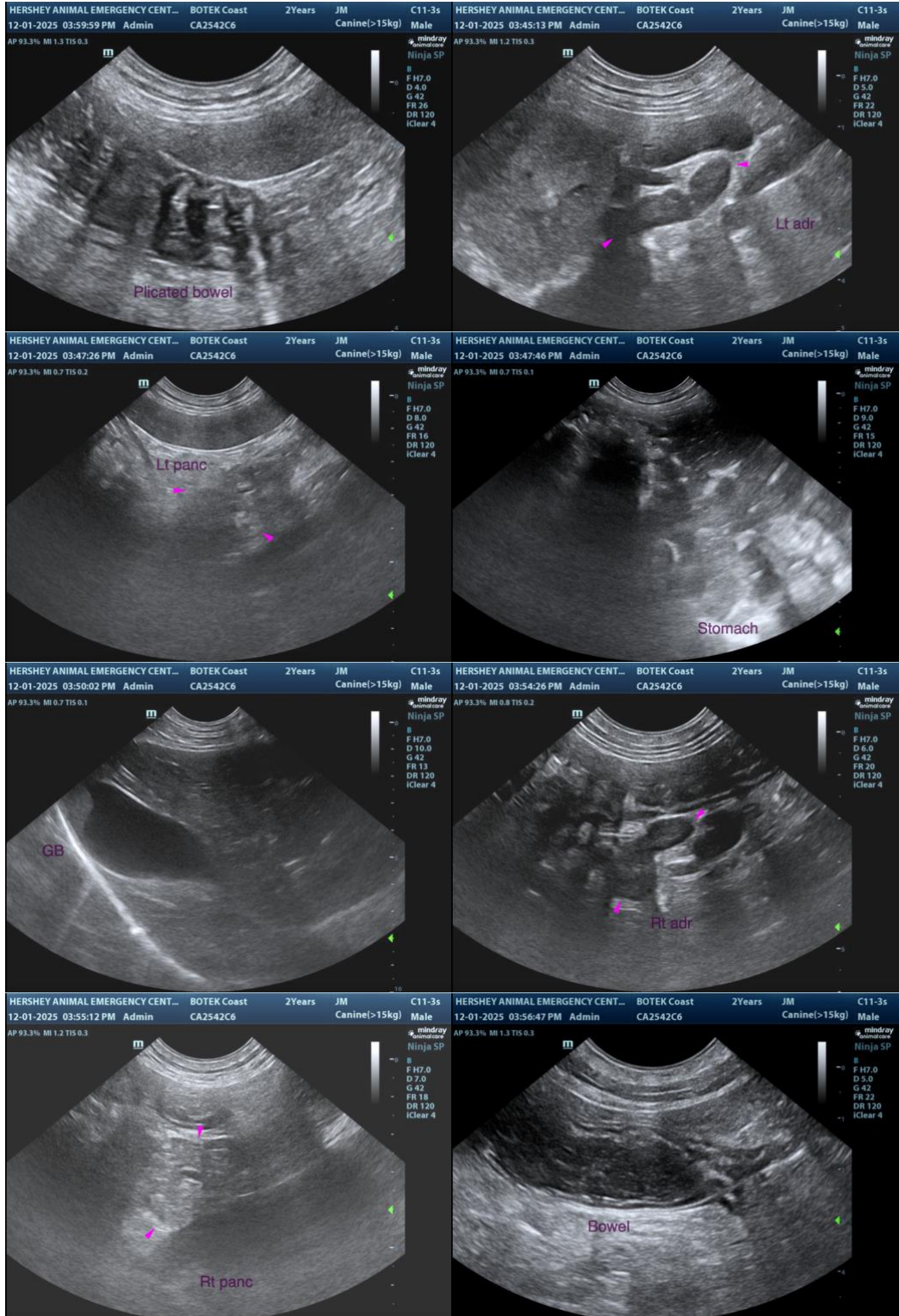
Dr. Shally Gastelu

INVOICE

22210

DATE

12-1-25





PATIENT

Coast Botek

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

2

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

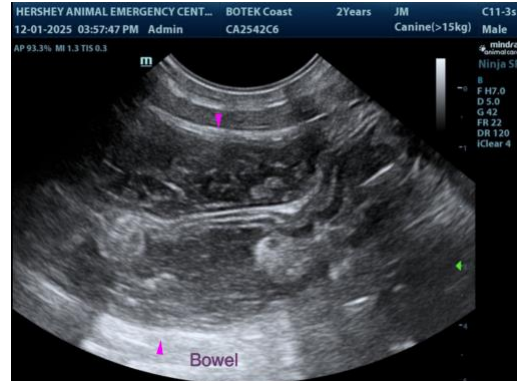
Dr. Shally Gastelu

INVOICE

22210

DATE

12-1-25



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