**PATIENT**

Ozzy Bloohm

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

11 mos

WEIGHT

29.04 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

WVRC, Dr. Witzel

INVOICE

11915

DATE

12.23.22

PRESENTING CLINICAL SIGNS

History: Ozzy presents for an acute onset of vomiting and diarrhea. 12/20 evening, he developed diarrhea. 12/21, he continued to have diarrhea. He vomited twice and it contained blue cloth (they suspect a garage towel that could have had hydraulic fluid or grease on it). Developed anorexia 12/22 (today) - Continued vomiting and diarrhea with some blood and anorexia. He is into everything and anything - Christmas tree, ornaments, etc Medical History: - Benign Medications: - None Vaccination Status: - UTD check for FB

**This study was limited to the GI tract. There is a potential for pathology in organs that were not visualized.

ULTRASONOGRAPHIC EXAMINATION OF THE GI TRACT**Gastrointestinal**

The stomach and gastric lumen is moderately fluid-distended and hypomotile. Echogenic debris is observed within the fluid. 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 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 obvious evidence of an obstructive pattern.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.98 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Gastric ileus without obvious evidence of a pyloric outflow tract obstruction. However, an intermittent obstruction (i.e., due to a small foreign body) cannot be completely excluded.

Secondary Findings

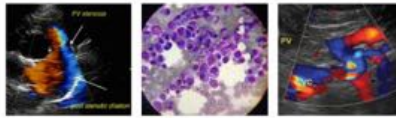
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia. Also consider prophylactic deworming with Fenbendazole. If the patient's clinical signs do not begin to improve within 24-72 hours of initiating medical management, repeat abdominal imaging (i.e., ultrasound +/- radiographs), along with a more advanced GI work-up may be warranted.

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



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PATIENT

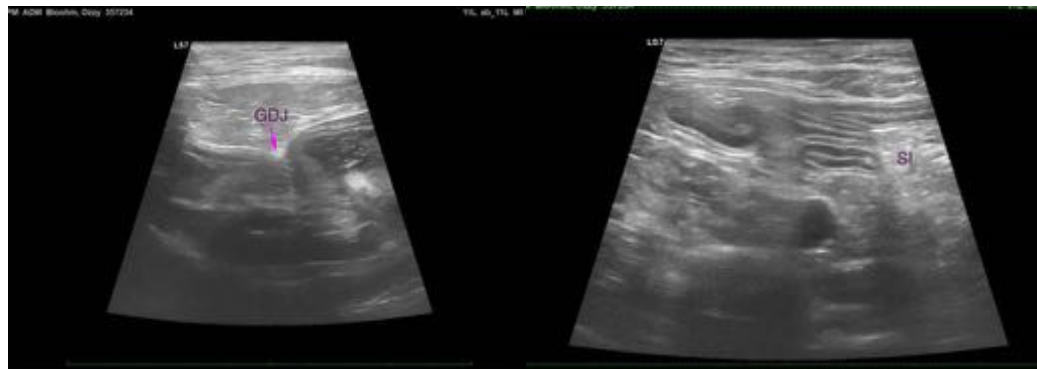
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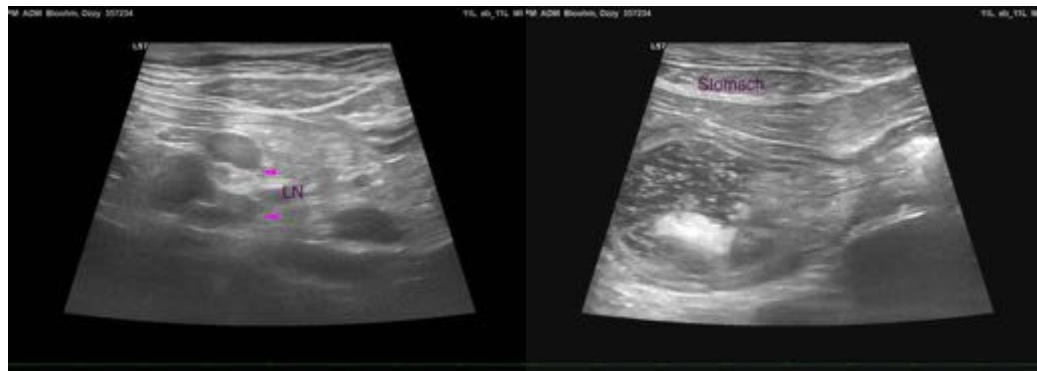
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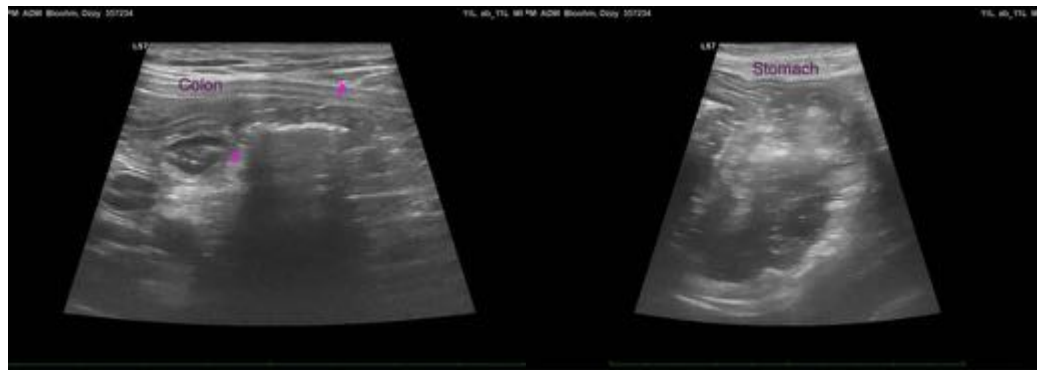


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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