

**DATE PRESENTING CLINICAL SIGNS**

12.26.22

12/15 had gastrotomy , plastic pieces (note once piece left to pass on own) was very painful, but did go home home on Maropitant, Amoxi, Metronidazole, Omeprazole , and Gaba 12/18 returned, vomiting, increase ALKP 467 and some regurg NO FF , responded to additional GI support/tentative pancreatitis - on home 12/20 added entyce, ondansetron and metoclopramide went home and did well for a few days, then now straining to defecate and vomited large yellow fluid 3 times in past day starting last night. did try to eat some chick and rice

**PATIENT**

Oboe Thompson

**SPECIES**

Canine

Current Medications: Ondansetron, Protonix, Provable, Sucralfate.  
 Lab Results: See attached.

Radiographs: ingesta in stomach, large material filled colon, --- looks like diarrhea No obvious obstruction, but cannot rule out

**BREED**

Jack Russell Mix

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Neutered Male

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

1/1/2022

The urinary bladder wall is 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**WEIGHT**

6.7 lbs

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

The left kidney is normal size (3.76 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. Small focus of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

The right kidney is normal size (4.05 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. Small focus of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Animal Emergency  
 Hospital

**Adrenal Glands**

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.45 cm at caudal pole) (1.61 cm in length) 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.

**REFERRING VET**

Dr. King

The right adrenal gland is normal size (0.45 cm at cranial pole) (0.36 cm at caudal pole) (1.71 cm in length) 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.

**INVOICE**

11923

**Spleen**

The spleen is normal in size (0.92 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### **Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The mesentery surrounding the stomach is hyperechoic. 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 evidence of an obstructive pattern.

### **Pancreas**

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### **Free Abdomen**

There is no obvious evidence of free fluid. A 0.48 cm lymph node is observed in the cranial abdomen.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Cranial peritonitis, likely secondary to a recent gastrotomy. This is an expected post-op finding.

### **Secondary Findings**

- Subtle bilateral nonobstructive nephrocalcinosis
- The prominent lymph node in the cranial abdomen is likely reactive.
- The pancreatic changes may be a normal variant for this patient or may represent mild pancreatitis.

\*There is no obvious evidence of a gastrointestinal obstruction.

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

- Given the history of regurgitation, thoracic radiographs are recommended to further assess the esophagus.
- Consider a fecal evaluation for ova and Giardia (if not already performed)
- Supportive care for gastroenteritis/pancreatitis/esophagitis is recommended. If clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more advanced GI work-up 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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