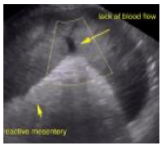
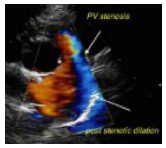
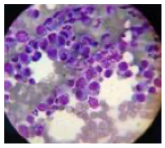
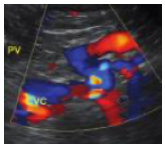
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**

Slin Stumpo

**SPECIES**

Canine

**BREED**

Rottweiller

**SEX**

IM

**AGE**

3 years

**WEIGHT**

52.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Massa

**HOSPITAL NAME**

Animal EH Volusia

**REFERRING VET**

Kathleen Massa

**INVOICE**

12191

**DATE**

2.10.23

## PRESENTING CLINICAL SIGNS

History: Patient hospitalize last week for gastroenteritis and UTI. He was presented for severe diarrhea and not eating. Improved while in the hospital, went home then same symptoms came about again including vomiting. Patient is now hospitalized again for reoccurring symptoms. Bloodwork showed dehydration. Radiographic findings from radiologist: the stomach is mildly enlarged and distended with gas, fluid, and small amount of soft tissue opaque granular material. The small intestine is mildly diffusely distended with gas, fluid, and small amount of soft tissue opaque granular material. In a few gas-filled segments of small intestine in the cranial abdomen on the lateral views, there is questionable thickening of the small intestinal walls. The colon contains mild granular fecal material in addition to minimal gas and fluid. The abdominal serosal detail is adequate. The liver and spleen are normal size and shape. Diffusely in the pulmonary parenchyma included on the images a mild bronchial lung pattern is present. The kidneys and urinary bladder are obscured due to superimposition. No bone lesions are present.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

In the visible portion of the urinary bladder, the lumen is moderately distended with anechoic. The wall is normal in thickness with a mucosal surface is smooth. There is no obvious evidence of cystic calculi.

The prostate is enlarged (4.22 cm in width) with smooth curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.77 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.

The right kidney is normal in size (7.15 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.

### *Adrenal Glands*

(No images provided)

### *Spleen*

The spleen is normal in size (2.12 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 stomach is moderately fluid-distended. The wall in the region of the fundus is normal in thickness. In the visible small intestinal segments, the wall is normal in thickness with a normal layering pattern

appropriate mural detail. There is slight fluid-distention of the proximal duodenum. Discreet masses are not identified.

***Pancreas***
A portion of the pancreas is obscured by the gastric distension. In the visible portion of the pancreatic region, obvious abnormalities are seen.

***Free Abdomen***
There is no obvious evidence free fluid. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The gastric distention may be secondary to functional ileus or a pyloric outflow tract obstruction.

### Secondary Findings

- The prostate changes are as expected for a young, intact male.

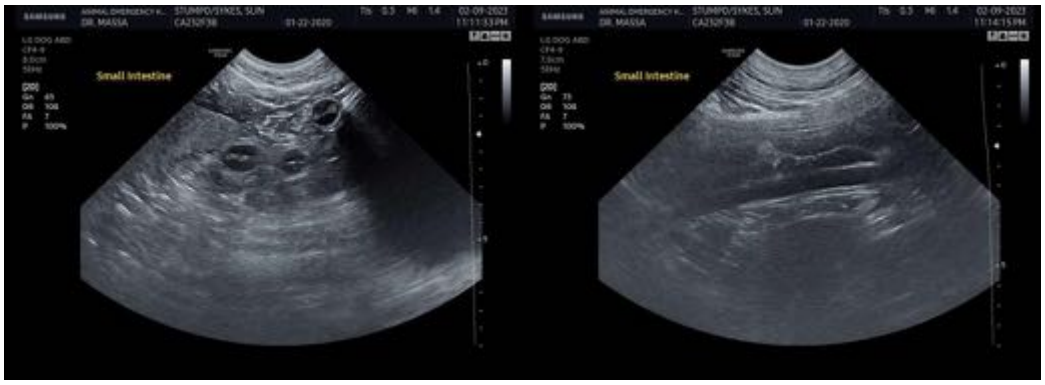
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

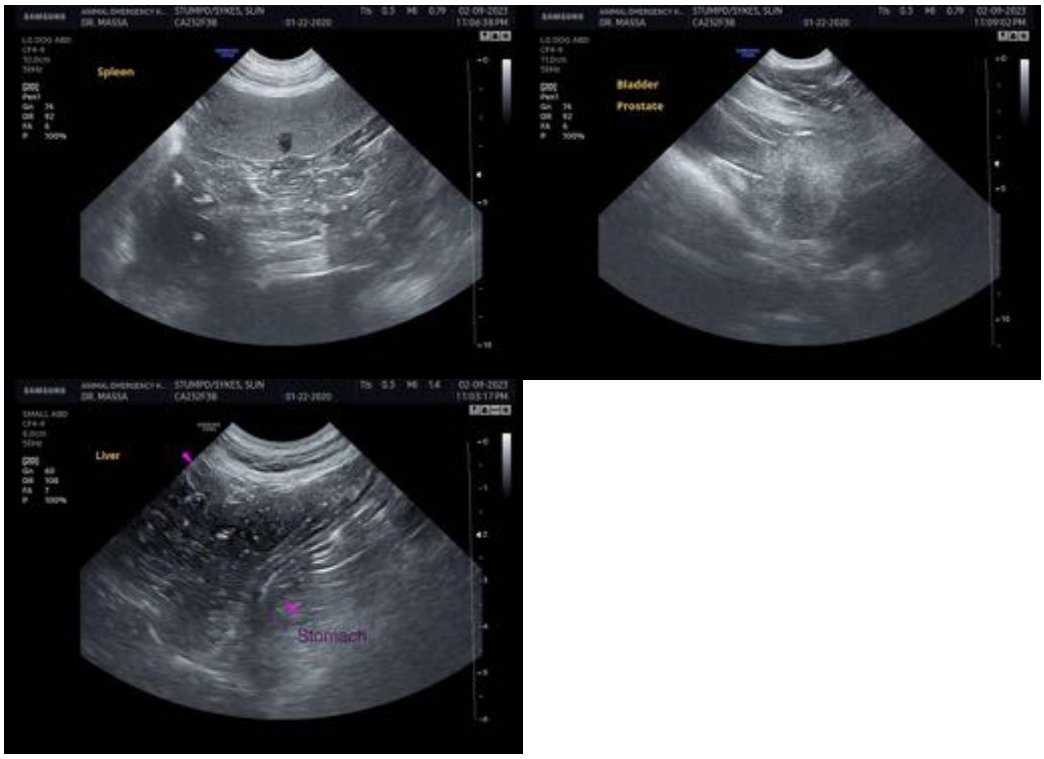
- To further assess for a pyloric outflow tract obstruction, consider obtaining additional sonographic images of this region. Alternatively, a barium study or upper GI endoscopy can be considered.

- Given the patient's clinical history, also consider the following:

    1. Fecal evaluation for ova and Giardia (if not already performed)
    2. Fecal PCR infectious disease panel
    3. Prophylactic deworming with Fenbendazole
    4. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
    5. Resting cortisol level to screen for hypoadrenocorticism
    6. Initiation of probiotic and fiber supplement
    7. Depending on the results of the above diagnostics/therapeutics, GI biopsies may be necessary to get a definitive diagnosis.

- Given the history of a urinary tract infection, a urine culture and sensitivity is also recommended.






**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