

PATIENT

PRESENTING CLINICAL SIGNS

Can Janko Unidad
Canina Policia de PR

History: Can Janko presented for evaluation and an abdominal ultrasound to evaluate vomiting. He presented for evaluation of vomiting frequently 6-7 times. No changes in diet. Broke and chew some towels about 1 week ago. Some pieces of towels were defecated. Pt was hospitalized on Thursday, Feb 10 at EC when pt became lethargic, depressed, and started to vomit. At the EC pt got IV Fluids and Cerenia, famotidine and sucralfate. Pt was discharged on 2-10-22 and since discharge pt has not eaten anything and has continue to vomit. The handler has tried to give the oral meds and pt has not kept anything down. Meds sent home: Cerenia Metronidazole Sucralfate Famotidine Lactulose Proviabie

SPECIES

Canine

BREED

Belgium Shepherd

Abnormal PE/Chem/CBC/UA Results: PE: Lethargic, depressed, and painful on abdominal palpation. W: 61# Temp 101.8F BW: CBC: Monocytes 2.64 (0.16 - 1.12 K/ μ L) Immature and/or toxic neutrophils likely present - Consider inflammation. Chem: IDEXX SDMA: 17 (0 - 14 μ g/dL) Potassium 3.2 (3.5 - 5.8 mmol/L) Chloride 107 (109 - 122 mmol/L)

SEX

Intact Male

AGE

8 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

61 lbs

The prostate is enlarged (3.08 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to slightly heterogenous in appearance No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

INTERPRETED BY

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

The left kidney is normal size (8.08 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 hydroureter.

IMAGING PERFORMED BY

The right kidney is normal size (7.45 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 hydroureter.

Dr. G. Ferrer, DVM

Adrenal Glands

HOSPITAL NAME

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.57 cm at caudal pole) (3.02 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.

Paseos VC

REFERRING VET

Dr. Gabriel Ferrer

The right adrenal gland is normal size (1.02 cm at cranial pole) (0.75 cm at caudal pole) (3.12 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.

INVOICE

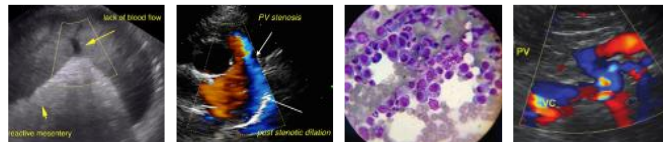
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Spleen

The spleen is normal in size (1.92 cm in width at the level of the hilus) with a normal capsular

DATE

2/12/22



PATIENT

contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris is observed within the lumen, some of which is gravity dependent and some of which is suspended and stranding. The cystic and common bile ducts are normal.

SEX

Intact Male

Gastrointestinal

The gastric lumen is severely fluid distended and hypomotile. Some shadowing material is observed within the fluid. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is difficult to visualize due to the severe gastric distention. A few small intestinal segments are fluid distended and hypomotile, whereas others are 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.

AGE

8 years

Pancreas

A portion of the pancreas is obscured by the severe gastric distention. In the visualized portions, no obvious pathology is seen.

WEIGHT

61 lbs

Free Abdomen

There is no evidence of free fluid. 2.06 cm caudal abdominal ileac lymph node is visualized. In addition, a few prominent to enlarged mesenteric lymph nodes are also seen, the largest measuring 3.21 cm in length.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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Primary Findings

- Gastric and focal small intestinal hypomotility with an obstructive pattern. An obvious foreign body is not seen within the small intestine. However, given the patient's clinical history of foreign body ingestion, the lack of response to medical management, and the sonographic changes, a foreign body/obstruction is the top differential.

HOSPITAL NAME

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Secondary Findings

- Gall bladder debris, non-mucocele
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- Minor age-related renal changes

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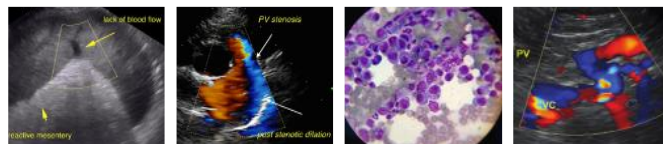
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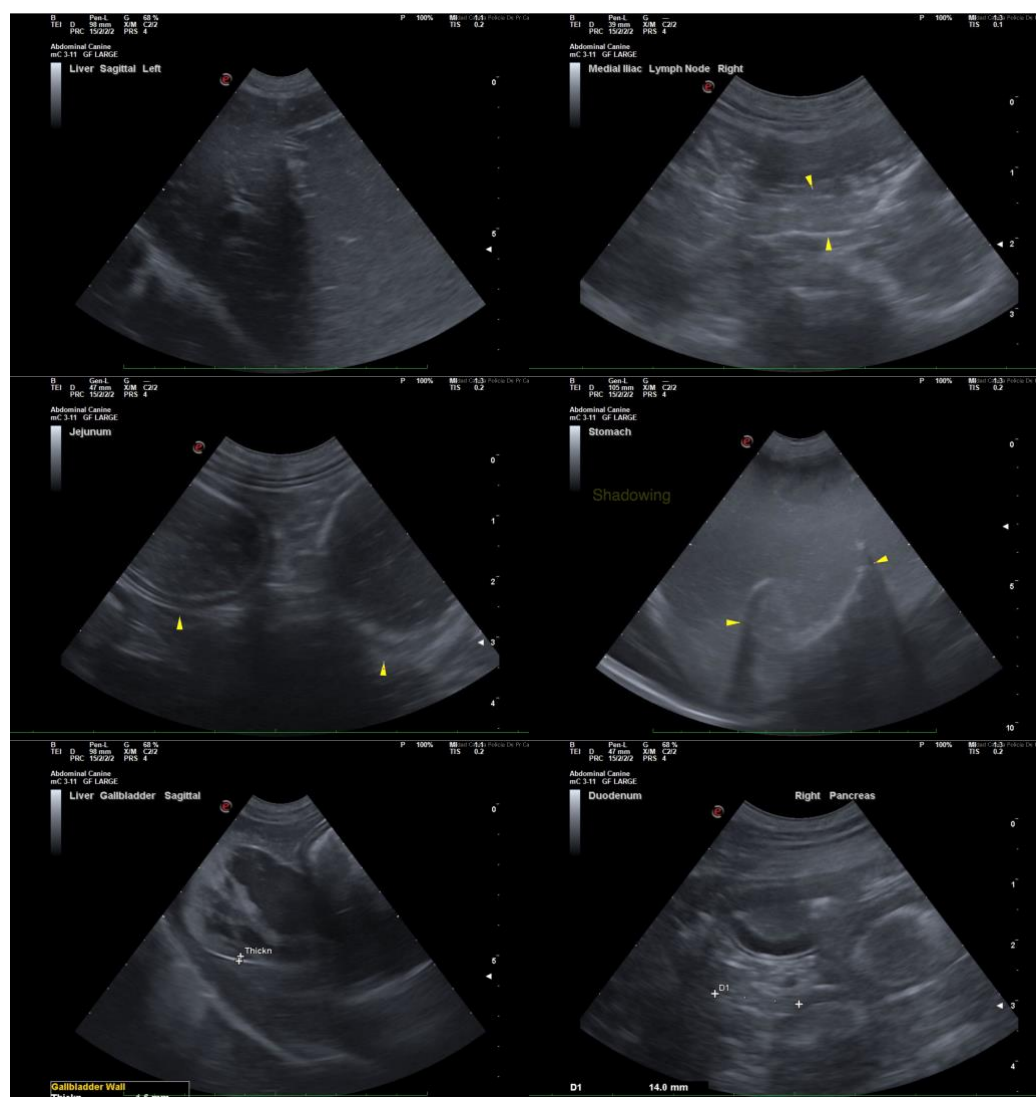
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal and exploratory to evaluate for a foreign body/obstruction should be considered. If further confirmation of an obstruction is desired prior to surgery, an abdominal CT scan can be considered. If surgery is pursued and a foreign body is not found, gastrointestinal biopsies should be obtained.
- Three-view thoracic radiographs are recommended prior to any anesthesia to assess for occult aspiration pneumonia.

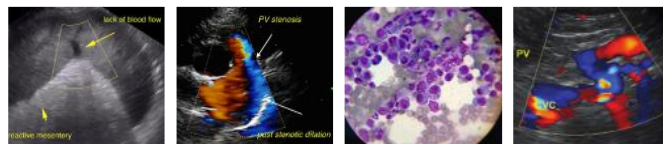


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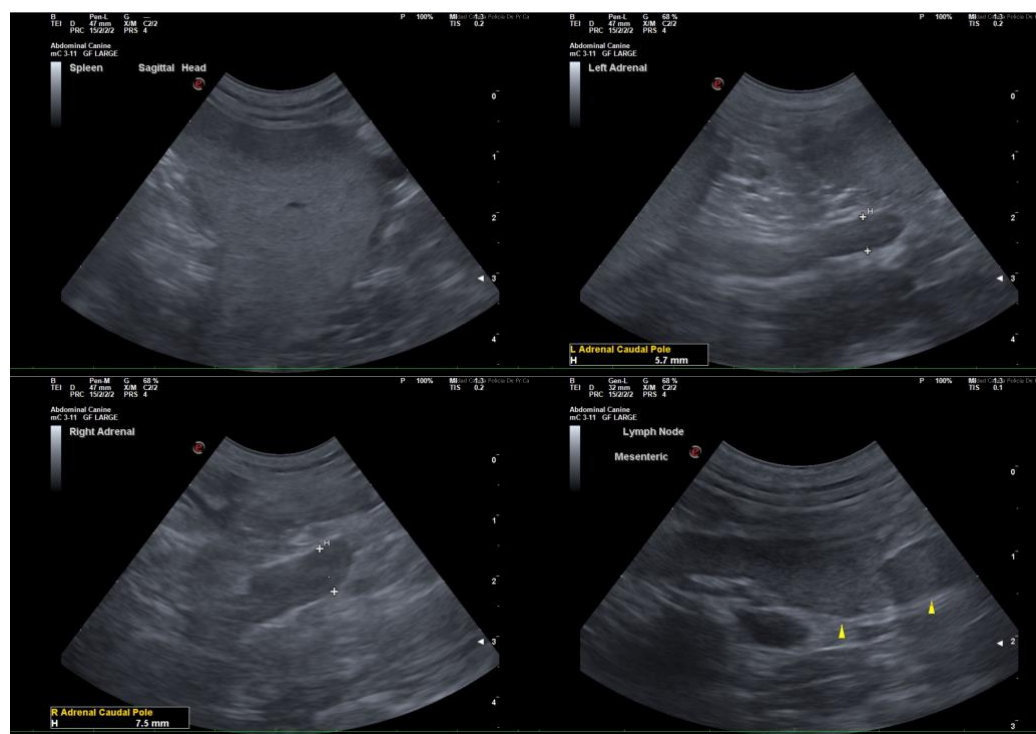
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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