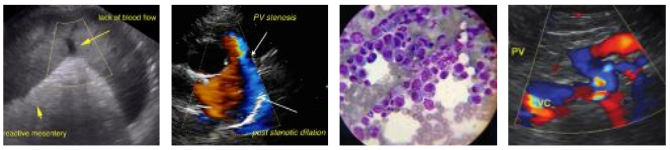
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Oakley Rae

SPECIES
Canine

BREED
Great Dane Mix

SEX
Neutered Male

AGE
7 years

WEIGHT
76.5 lbs

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Ascot

INVOICE
10333

DATE
2/12/22

PRESENTING CLINICAL SIGNS

History: 5 days of anorexia, lethargy, v/d concern for intestinal fb based on xrays
Abnormal PE/Chem/CBC/UA Results: HCT 64% WBC 17.2K Neutro12.8K Mono 2.9K Glu 146 Na 175 K 4.0 Cpl abnormal

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.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (5.99 cm in length); normal shape and architecture with 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 presented normal size (6.83 cm in length); normal shape and architecture with 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 size (0.75 cm at cranial pole) (0.79 cm at caudal pole) (2.39 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.

The right adrenal gland is normal size (1.56 cm at cranial pole) (1.00 cm at caudal pole) (3.07 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.

Spleen

The spleen is normal in size (2.02 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.

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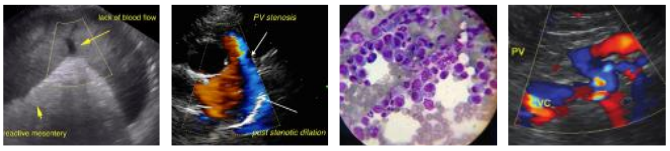

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Gastrointestinal
The gastric lumen is minimally fluid distended. The gastric wall is normal in thickness with a normal layering pattern. One small intestinal segment in the cranial abdomen is mildly to moderately fluid distended. The remaining visible small intestinal loops are not dilated. One segment of small intestine in the right cranial quadrant is mildly thickened (up to 0.45 cm) with an ill-defined layering pattern. The remaining small intestinal loops are not dilated. The remaining 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. The colonic lumen is severely and diffusely distended with echogenic fluid and some irregular hyperechoic shadowing material.

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

Free Abdomen
Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.07 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The clinical history and sonographic changes a most consistent with acute gastroenteritis/colitis. There is no obvious evidence of a foreign body. However, a small intestinal foreign body/obstruction cannot be completely excluded due to the fact that the severely distended colon obscures visualization of portions of the abdomen.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Trace ascites, likely secondary to bowel pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, to assess overall metabolic function.
- Fecal evaluation for ova and Giardia
- Also consider a resting cortisol level to screen for hypoadrenocorticism
- Supportive care for acute gastroenteritis/colitis is recommended. If the patient's clinical signs do not improve within 24-48 hours of medical therapy, repeat abdominal imaging (i.e, radiographs, ultrasound), should be considered.

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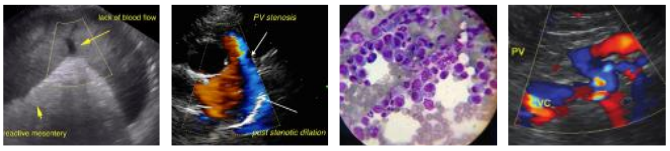

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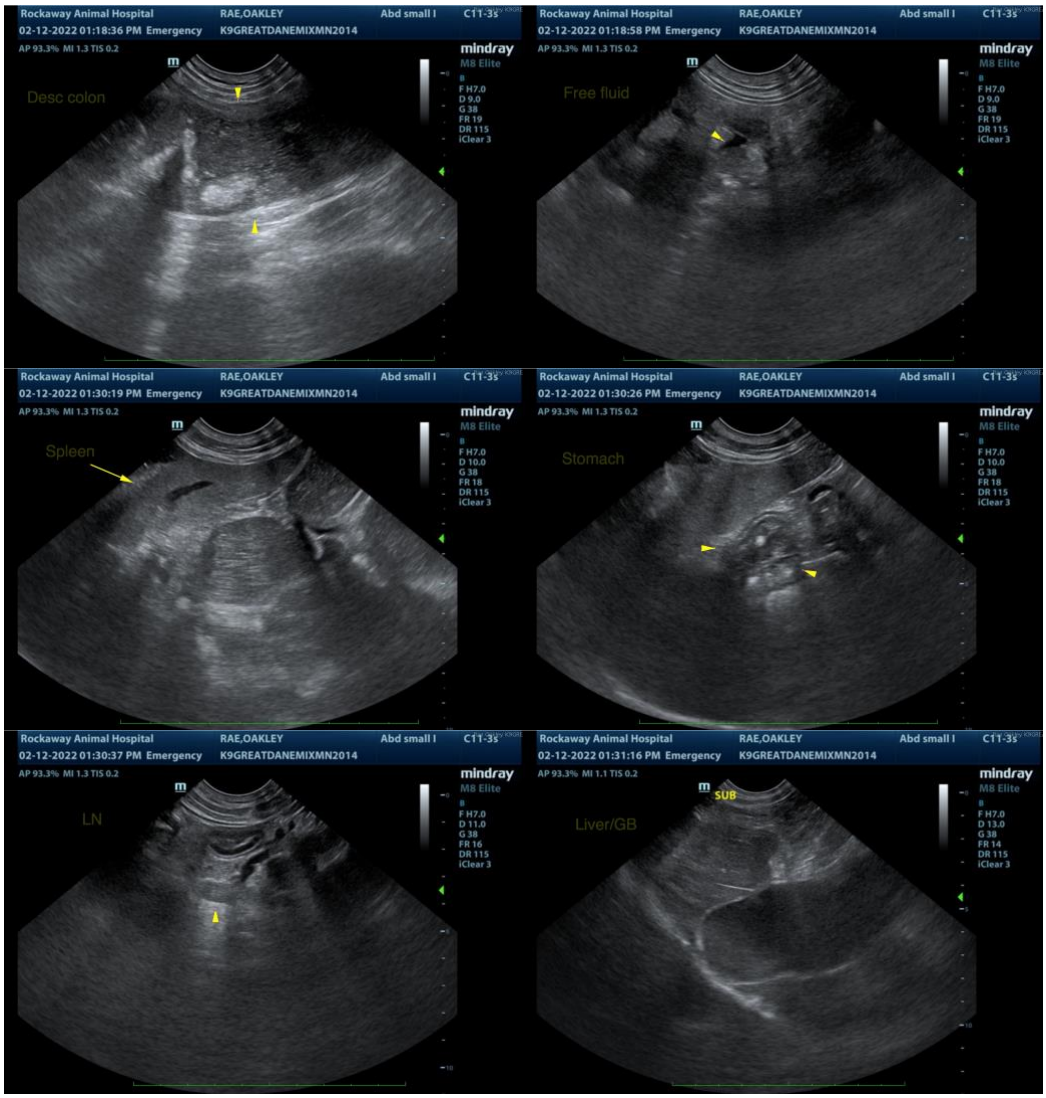

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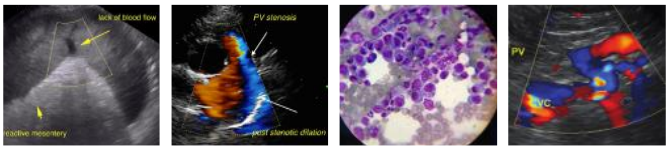

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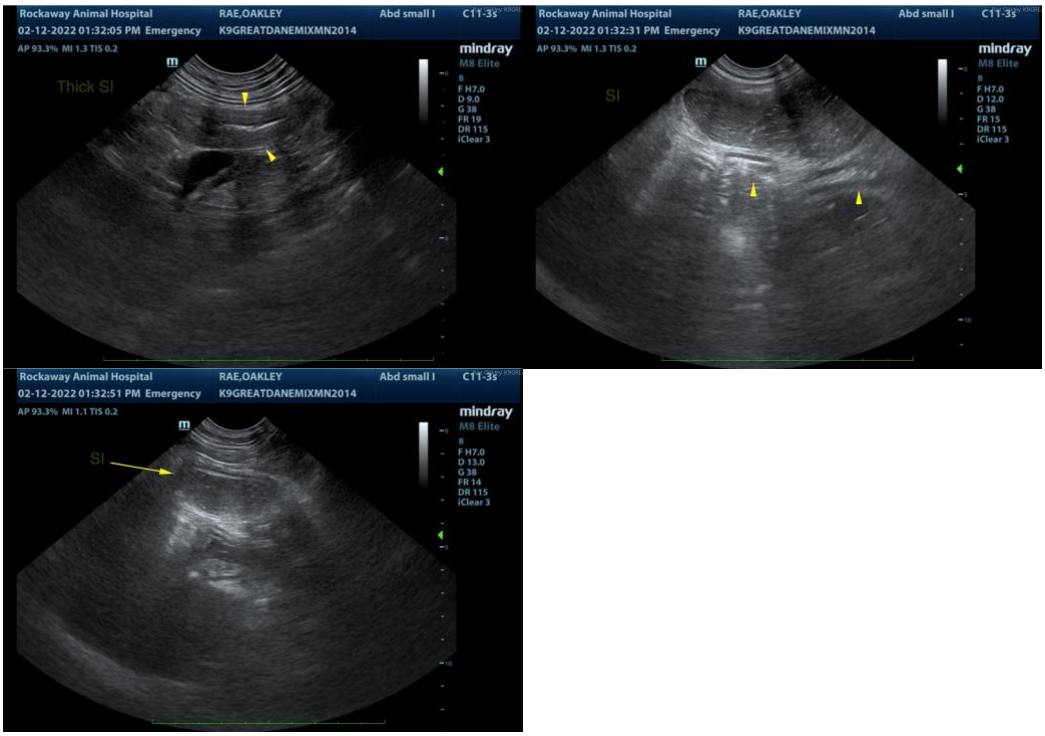

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com