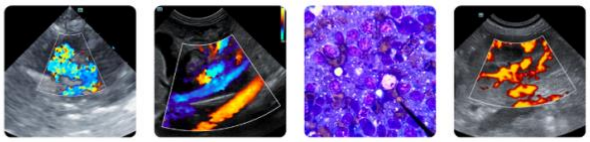

PATIENT

Addison D'Amore

SPECIES

Canine

BREED

American Pitbull Terrier

SEX

Female Spayed

AGE

9

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

CJAH

REFERRING VET

Jeremiah Gabriel

INVOICE

22558

DATE

2-15-26

PRESENTING CLINICAL SIGNS

History: Trying to poop but nothing comes out. Vomiting. Fever 103.6° F.
Abnormal PE/Chem/CBC/UA Results: CBC/chem pending x-ray showed no constipation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.89 cm) and irregular. No cystic calculi are observed. The region of the trigone is normal. The proximal urethra is not overtly dilated. The mesentery surrounding the cystourethral junction and proximal urethra is hyperechoic.

The left kidney is subjectively normal-in-size, with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal-in-size, with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is prominent-in-size (2.30 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. 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.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and irregular shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

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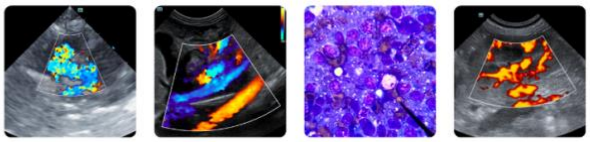

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Educational Teleconsultation Services™

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall changes could be consistent with cystitis, emerging neoplasia, or may be artifactual due to lack of full repletion. There is evidence of caudal retroperitonitis.

Secondary Findings

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material.
- Minor bilateral nonspecific age-related renal changes
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*It is unclear whether the patient's clinical signs are secondary to discomfort from caudal retroperitonitis or if another disease process is present.

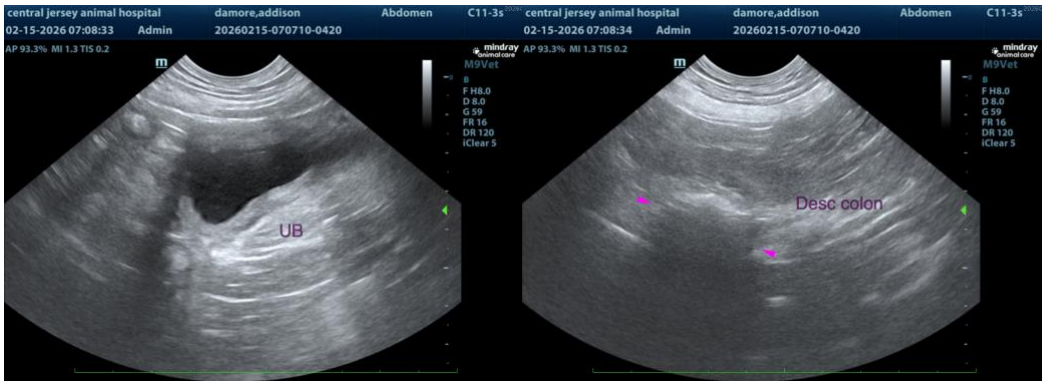
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the concern for caudal retroperitonitis, consider the following:

  1. Rectal examination to assess for urethral thickening or other pathology
  2. Urinalysis with culture and sensitivity

- If the patient's clinical signs do not appear to be associated with caudal retroperitonitis/urinary tract issues, further work-up may be indicated, and could include the following:

  1. Rectal examination (as stated above) to assess for anal gland and distal colonic pathology
  2. Fecal evaluation for ova and Giardia
  3. Survey abdominal radiographs to assess for megacolon
  4. +/- colonoscopy with biopsies and/or abdominal/pelvic CT scan



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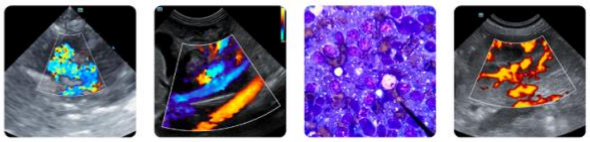

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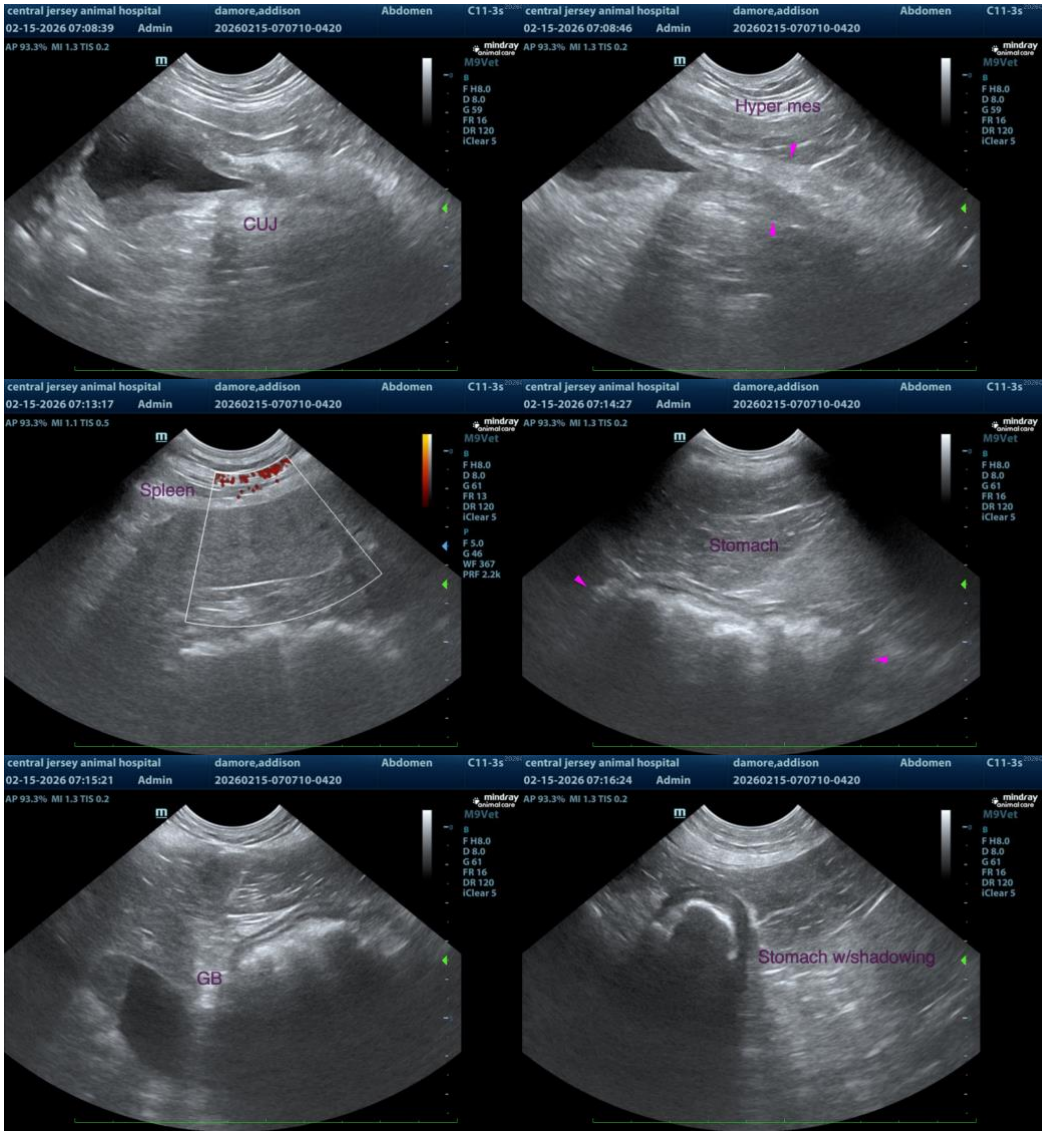

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com