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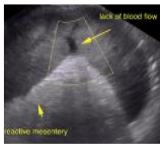
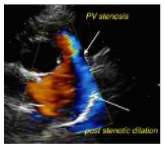
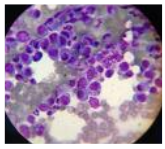
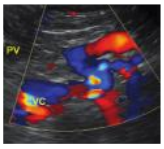

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Gracie Strickler

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Williamette Veterinary

**REFERRING VET**

Dr. Couser

**INVOICE**

10429

**DATE**

2/20/22

## PRESENTING CLINICAL SIGNS

History: Acute (24-hr duration) vomiting & hemorrhagic diarrhea. No new foods, no known toxin exposure, FB ingestion, or fish exposure. Poss PU/PD over past few months.

Abnormal PE/Chem/CBC/UA Results: Exam - QAR, tachycardic with respiratory arrhythmia, no murmur noted. Abd tense, tiny bladder. Thin BCS with generalized muscle wasting, unkempt coat. Hematochezia on rectal exam. Normothermic. CBC: RBC 4.62, HCT 32.5%, HGB 10.3, retic 15.7, mono 2.27, bands suspected, mpv 14.8 Chem 17: BUN 34, rest wnl EPOC: HCT 45%, Ca 1.47, lac 5.28, pH 7.359, po2 64.2, so2 91.3 cPL: normal

## 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 mildly 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 left kidney is normal size (2.60 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. Renal vasculature is normal.

The right kidney is normal size (3.05 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. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.45 cm at caudal pole) (1.37 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 (0.79 cm at cranial pole) (0.31 cm at caudal pole) (1.82 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 (1.07 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.

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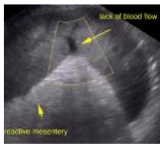
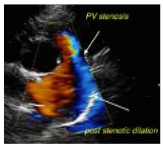
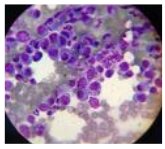
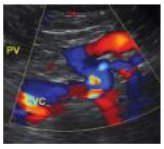

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### *Liver*
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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

### *Gastrointestinal*
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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. No obstructive or overt infiltrative disease is noted.

### *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.

### *Free Abdomen*
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Essentially a geriatric abdomen.

** An obvious cause for the patient's GI signs is not identified in this study. Considerations include hemorrhagic gastroenteritis, infectious/parasitic disease, toxin exposure, dietary indiscretion, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for hemorrhagic gastroenteritis is recommended along with a fecal evaluation for ova and Giardia. If clinical signs do not improve within 24-72 hours of supportive care, a more advanced GI workup may be warranted.
- Given the history of PU/PD, consider a urine culture and sensitivity to assess for occult pyelonephritis.

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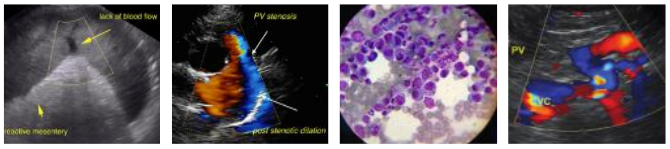


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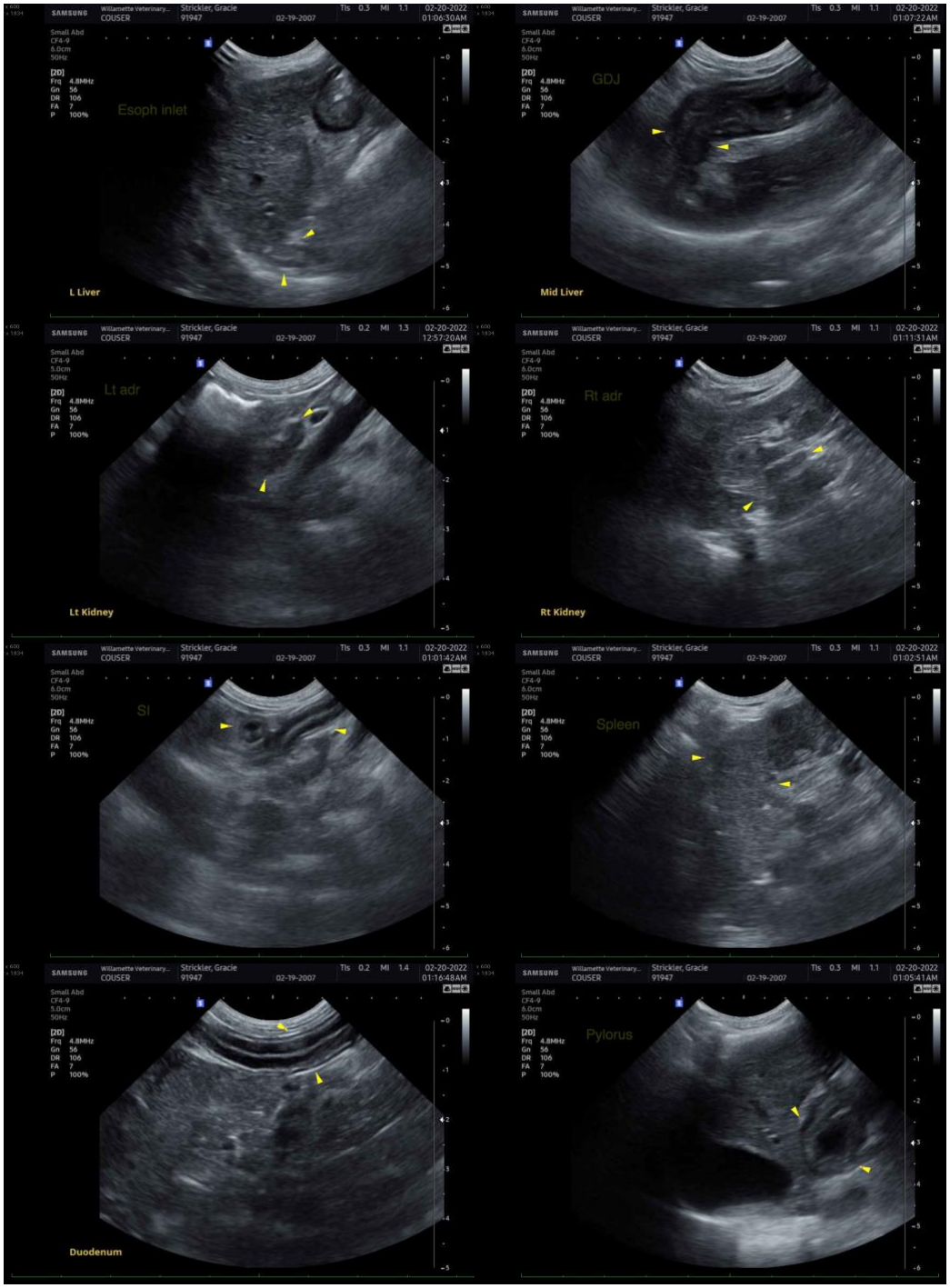

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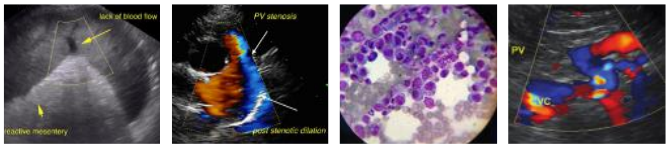


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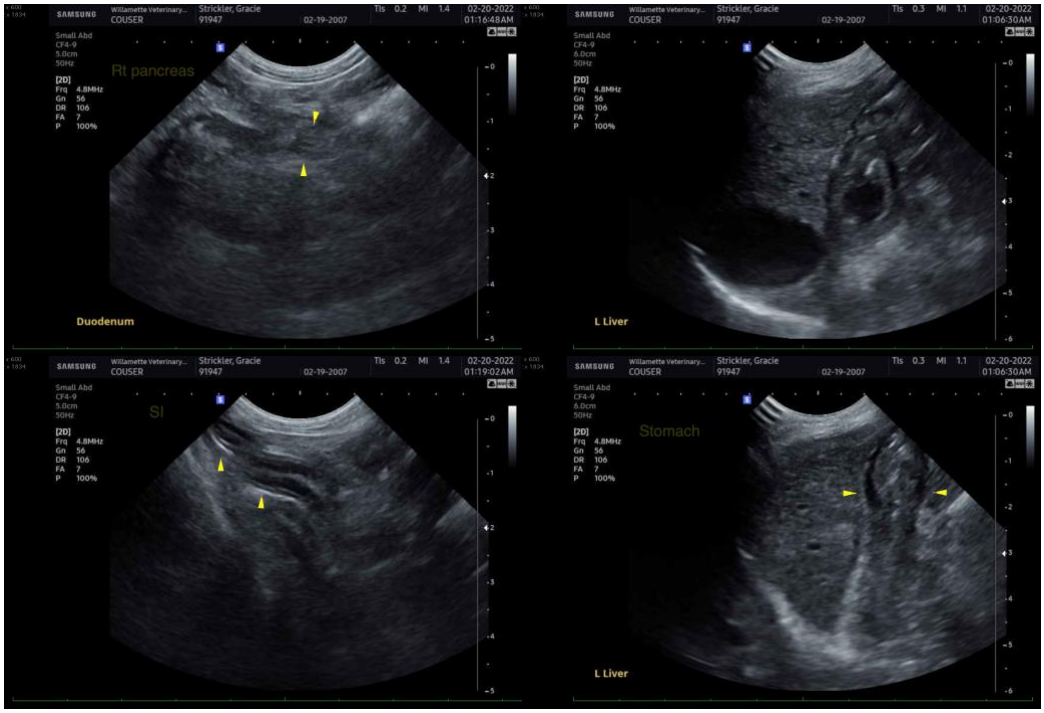


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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