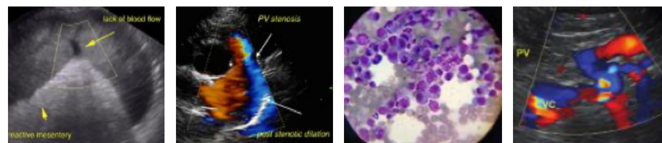


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Turbo Carter

SPECIES

Canine

BREED

Boston Terrier

SEX

Male, neutered

AGE

19 months

WEIGHT

22 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Ortiz

INVOICE

12994

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Patient was recently neuter on Feb 9th 2022. On Feb 14th, Pt developed swollen scrotum as owner could not maintain proper rest of pt as dog is very hyper. Recommended laser therapy on the area, Rimadyl, Clavamox and cage rest. Patient had convenia on board. Pt kept at the clinic and took off and destroyed the Ecollar. Couple days developed vomiting and depression. Last time pt vomited was Feb 19th. Pt is on IV fluids and antacids, ondasetron, cerenia. The ultrasound was done to make sure no major abnormalities are present in the abdomen and the GI that will explain the vomiting.
Abnormal PE/Chem/CBC/UA Results: Bloodwork on Feb 9 and 21 was unremarkable.

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 prominent in size (2.03 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.97 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.

The right kidney is normal size (5.28 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.

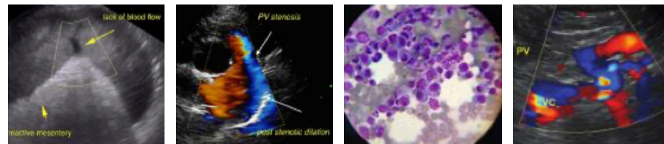
Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.48 cm at caudal pole) (2.17 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 (0.85 cm at cranial pole) (0.57 cm at caudal pole) (1.67 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 (1.21 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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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 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.

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is occasional mucosal speckling. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive 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. A few prominent mesenteric and caudal abdominal lymph nodes are visualized, the largest measuring 2.00 cm in length.

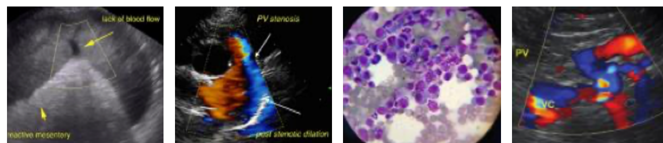
ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The small intestinal mucosal speckling can be associated with enteritis or may be a normal variant for this patient.
- The prostate changes are consistent with a recently neutered adult male.

*An obvious cause for the patient's vomiting is not identified in this study. Considerations include primary gastrointestinal disease (i.e., dietary indiscretion, food intolerance/allergy, GI upset secondary to antibiotic therapy, infectious/parasitic), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia



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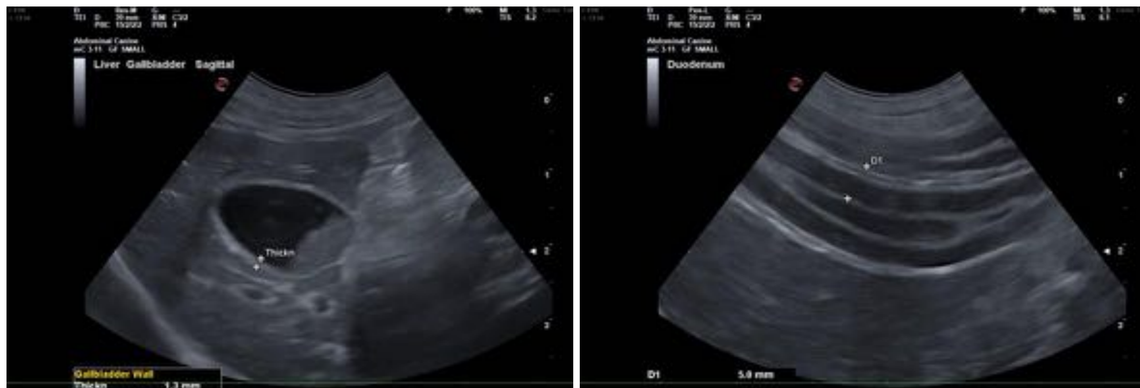
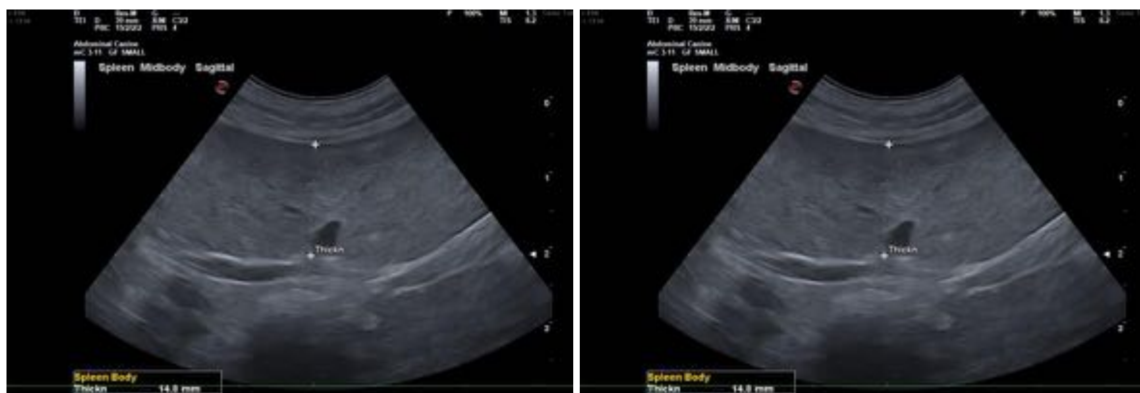
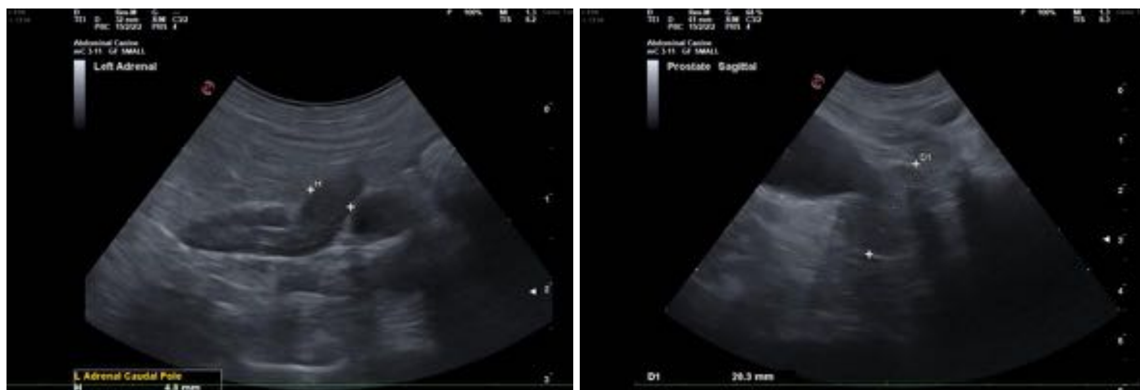
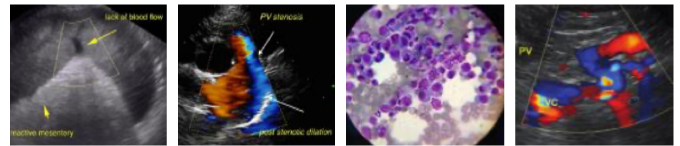
- If the patient's clinical signs persist and/or recur, a more advanced GI workup may be warranted.
- In the meantime, supportive care for acute gastroenteritis is recommended.









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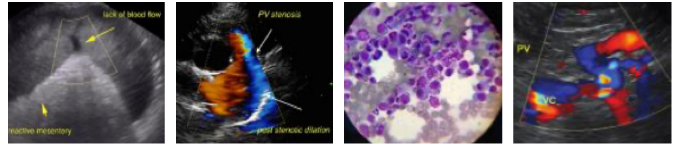
The information and recommendations provided are based on the images presented by the



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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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com