

PATIENT

Rosie Heumann

SPECIES

Canine

BREED

American Bulldog

SEX

Female, spayed

AGE

2 Yrs. 3 months

WEIGHT

44 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Graham

INVOICE

14633

DATE

2/22/23

PRESENTING CLINICAL SIGNS

History: Rosie, a 2 years and 3 months old FS American Bulldog was presented to the MVS Emergency Service on Feb 22, 2023, at 10:10am, for evaluation of regurgitation. Rosie regurgitated part of a dog toy (rope) on Monday 2/20/23 and has been inappetent and regurgitating often since then. She had a normal bowel movement this morning. Her owners gave Rosie hydrogen peroxide on Monday and Tuesday which she regurgitated. Rosie was seen by MVS ER in August of 2022 for surgical foreign body removal (jejunal enterotomy).

Abnormal PE/Chem/CBC/UA Results: Glu 170 Crea 2.4 BUN 54 Glob 4.6 Chol 391 NA 136 K2.9 Cl 95 HCT 65.1% UA: USG >1.050, WBC 2/hpf, RBC 4/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.02 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic relative to the spleen, and there is mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (7.42 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic relative to the spleen, and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.62 cm at caudal pole) (xxx 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 mildly enlarged (0.91 cm at cranial pole) (1.07 cm at caudal pole) with a normal shape. 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 (1.63 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/not seen.

Gastrointestinal



PATIENT

Rosie Heumann

SPECIES

Canine

BREED

American Bulldog

SEX

Female, spayed

AGE

2 Yrs. 3 months

WEIGHT

44 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Graham

INVOICE

14633

DATE

2/22/23

The gastric lumen is severely fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The proximal duodenal lumen is also severely dilated with fluid (up to 2.89 cm in diameter). Approximately mid-duodenum, shadowing material is observed within the lumen and extends for at least 6 cm distally. Distal to the shadowing material, the small intestinal segments are empty. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal.

Pancreas

The right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. The medial iliac lymph nodes are visualized (left 2.21 x 0.67; right 2.48 x 0.58 cm). A 0.97 cm lymph node is also observed in the right cranial quadrant. A few prominent mesenteric lymph nodes are also seen, the largest measuring 3.59 cm in length. All nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected duodenal foreign body/obstruction.
- Suspected mild pancreatitis in the right limb, likely secondary to bowel pathology
- Trace ascites.

Secondary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The mild right adrenomegaly may be a normal variant for this patient or may represent hyperplastic change or adrenalitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any foreign material. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.
- Given the azotemia and the patient's renal changes, adequate hydration should be ensured and the patient's kidney values should be monitored periodically.
- Given the hypokalemia, potassium supplementation is also recommended.



PATIENT

Rosie Heumann

SPECIES

Canine

BREED

American Bulldog

SEX

Female, spayed

AGE

2 Yrs. 3 months

WEIGHT

44 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

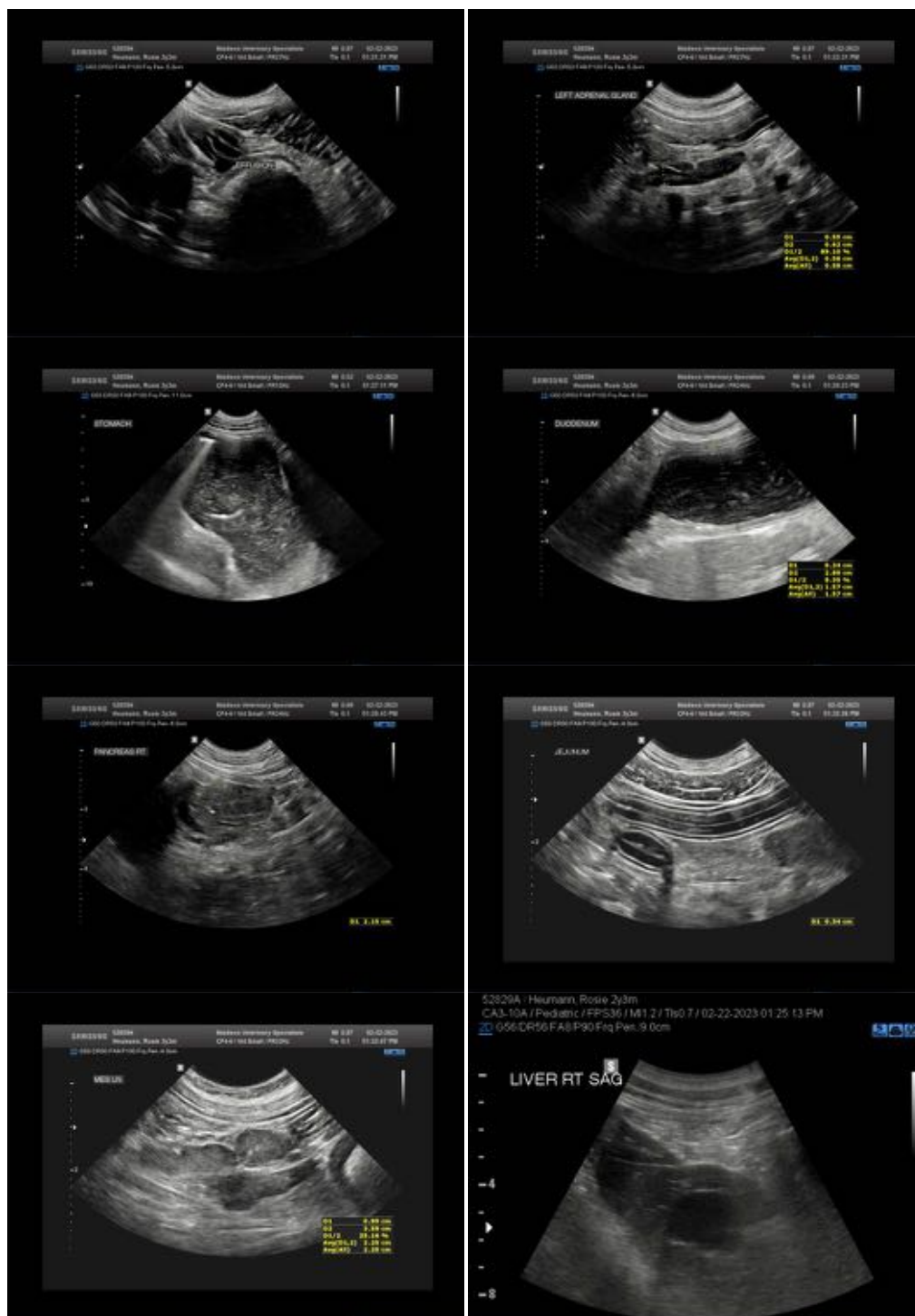
Dr. Graham

INVOICE

14633

DATE

2/22/23





PATIENT

Rosie Heumann

SPECIES

Canine

BREED

American Bulldog

SEX

Female, spayed

AGE

2 Yrs. 3 months

WEIGHT

44 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Graham

INVOICE

14633

DATE

2/22/23



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