

**DATE**

2/4/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Ruth Baroch

History: Exam for broken tooth 1/27/22. Broken right maxillary PM4. Started vomiting at 4am 1/28. Blood in vomitus, lethargic, not eating, went to ER. Chem 10 normal. X-rays: material in stomach. SQF, Famotidine, Omeprazole. Continued to vomit – vomited a piece of burned wood. Bloody diarrhea, lethargic, not eating. Returned to ER, repeated x rays, IV fluids/treatment. Here 2/3/22 – continuing to vomit, not eating, dehydrated.

**SPECIES**

Canine

Current Medications: 2/3 – IVF, LRS, Famotidine 11mg, Buprenex 0.23mg, Cerenia 23 mg, Sucralfate 1g slurry TID, Gabapentin 200mg BID.

**BREED**

Pitbull

Lab Results: (2/3) CBC: WBC 19.99, NEUT 16.86, Mono 1.24. Baseline Cortisol 9.4, CpL normal. General health profile normal.

Radiographs: ER 1/28 – dilated stomach with material in it. Had eaten treats. ER 1/30 – stomach thickened, gas-fille intestines, no obvious FB or obstructive pattern. 2/3 – gas in stomach and segments of intestines. Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**SEX**

Spayed Female

Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: STAT REQUESTED.

Imaging Performed By: Rachel Brillhart, RDMS.

**AGE**

7/19/17

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

51.6 Lbs.

**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.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

The left kidney presented normal size (6.51 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 (6.73 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.

**HOSPITAL NAME**

Jacksonville VH

**Adrenal Glands**

The left adrenal gland is normal in length (0.50 cm at cranial pole) (0.52 cm at caudal pole) (2.37 cm in length); with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Burk

**INVOICE**

13755

The right adrenal gland is normal in length (0.64 cm at cranial pole) (0.58 cm at caudal pole) (3.12 cm in length); with a slightly flattened contour. 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 (2.03 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.

### ***Gastrointestinal***

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A few small intestinal segments are mildly to moderately fluid/chyme distended and hypomotile. The remaining small intestine is empty. 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.

### ***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 lymph nodes are visualized, the largest measuring 2.70 cm in length.

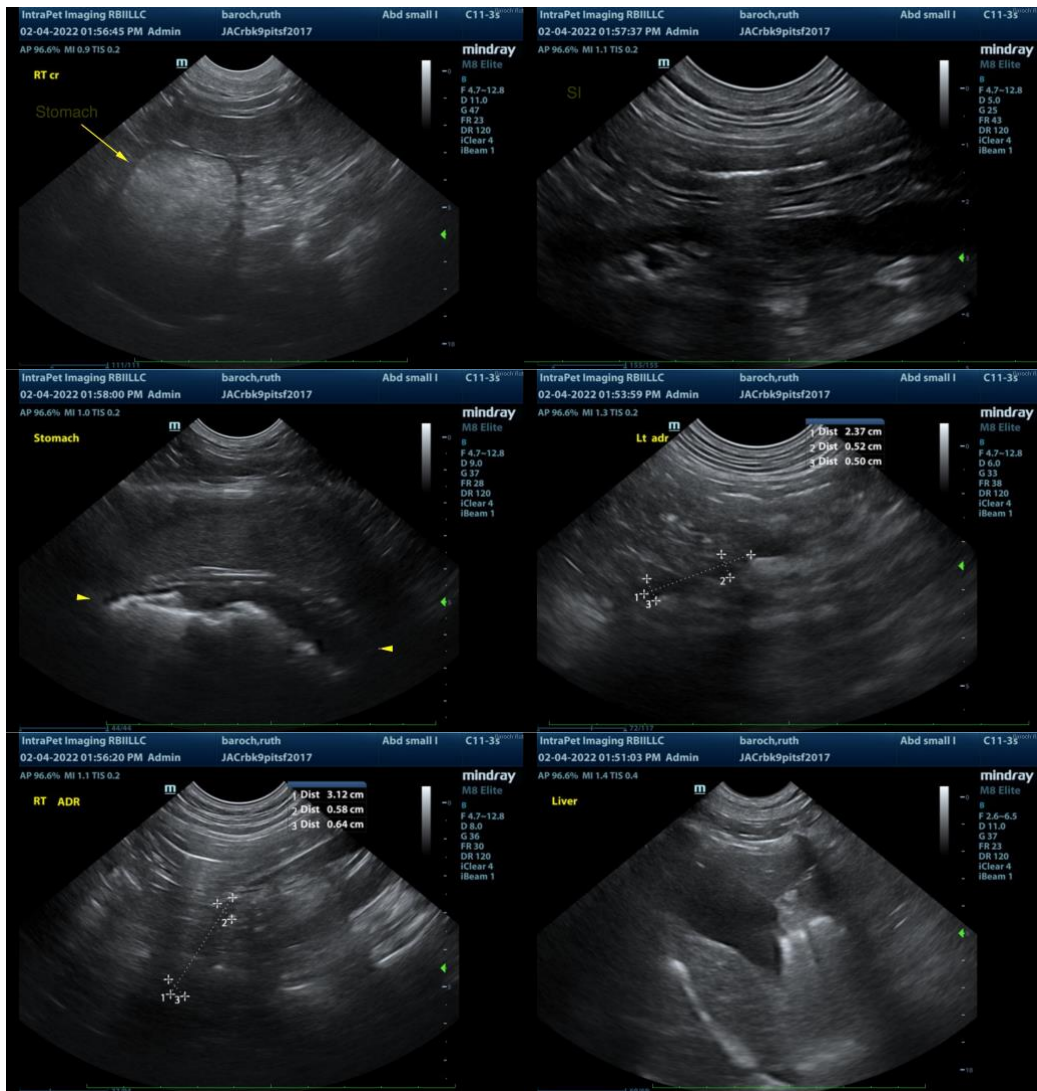
## **ULTRASONOGRAPHIC FINDINGS**

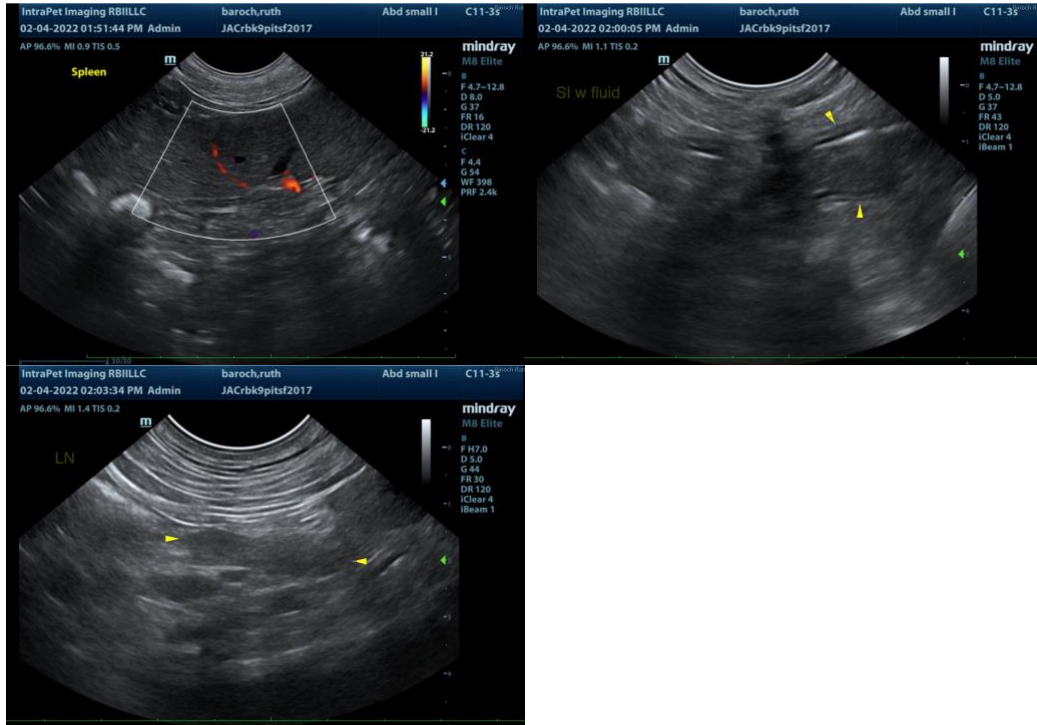
- Bowel changes most consistent with acute gastroenteritis. There is no obvious evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded.
- The slightly flattened adrenal glands are likely a normal variant for this patient given the normal resting cortisol level. However, early atrophy cannot be completely excluded.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
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## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Continued supportive care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia.
- Given the history of hematemesis, consider switching from famotidine to a proton pump inhibitor (i.e., omeprazole).

- If the patient's clinical signs do not improve within 48-72 hours of medical management, a repeat abdominal imaging may be warranted.
- Also consider three-view thoracic radiographs to assess for occult esophageal disease and aspiration pneumonia.





**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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