SonoPath
Clinical Sonography & Telecytology
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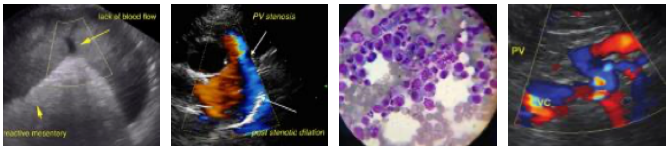


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Marie Murcelo

SPECIES

Canine

BREED

Pit Bull

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

73 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Martes

INVOICE

12957

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Presented four days ago to the clinic with a history of vomiting after feeding (vomited everything pt ate). Pt was hospitalized and during hospitalization, pt vomited an unknown foreign body about 2 days ago but has not vomited since then. Pt was on IV fluids and given cerenia and famotidine IV and has not vomited since she vomited the foreign body 2 days ago, but the appetite is decreased and pt doesn't want to eat. The abdominal ultrasound was done to evaluate possible mass and causes of vomiting in this patient.
Abnormal PE/Chem/CBC/UA Results: CBC: Hct + 62.8, Hgb +21, RBC +9.5 WBC +17, NEU +15, LYM 0.8, EOS -0.04, BAS +0.1C Abd rads: unknow soft tissue structure in cranial abdomen (possible mass)

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 left kidney is normal size (7.23 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.

The right kidney is normal size (6.45 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.

Adrenal Glands

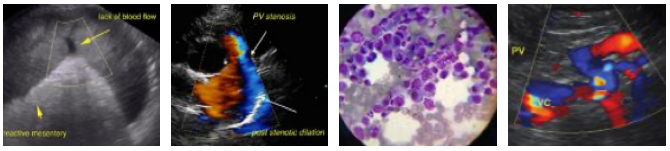
The left adrenal gland is normal size (0.56 cm at cranial pole) (0.59 cm at caudal pole) (2.88 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.29 cm at cranial pole) (0.90 cm at caudal pole); 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 (1.22 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



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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. A moderate amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is fluid distended and hypomotile. A small amount of hyperechoic stranding material is observed within the lumen. This material shadows slightly. The pyloric outflow tract is patent. The duodenum is diffusely fluid distended and hypomotile. The duodenal wall is normal in thickness with a normal layering pattern (severe). The jejunal lumen is occasionally fluid distended (mild). The jejunal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions no obvious pathology is observed.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The left and right medial iliac lymph nodes are visible and are normal in size, shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

The proximal bowel pattern is suggestive of obstruction. However, an obvious foreign body is not seen. Proximal GI ileus (i.e., secondary to gastroenteritis), however, cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Due to the concern for possible gastrointestinal obstruction, consider an abdominal exploratory, particularly if the patient has not clinically improved in the last 24 hours. Alternatively, a repeat ultrasound can be considered. If bowel changes are similar to the first sonogram, then exploratory should be reconsidered.
- Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.

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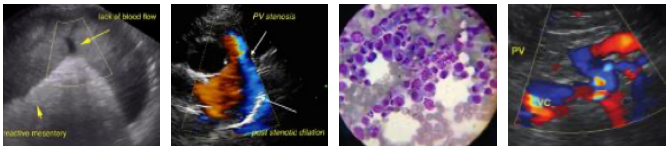

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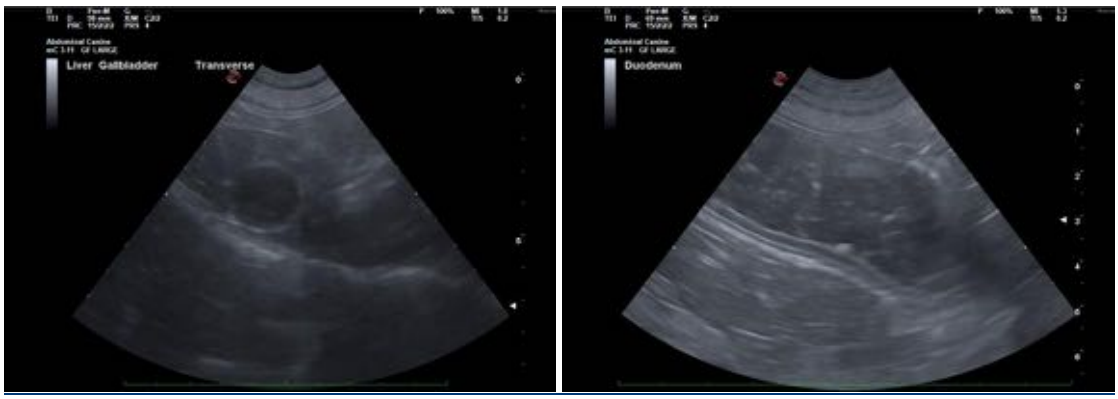

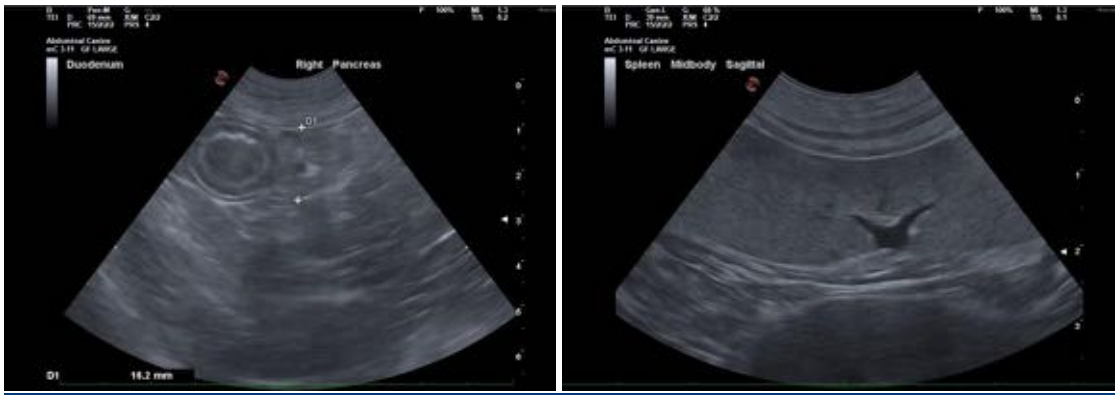

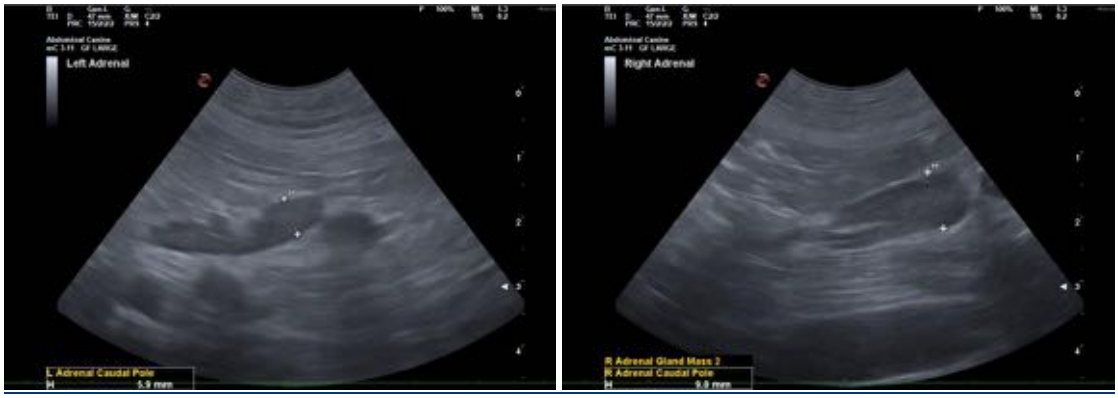

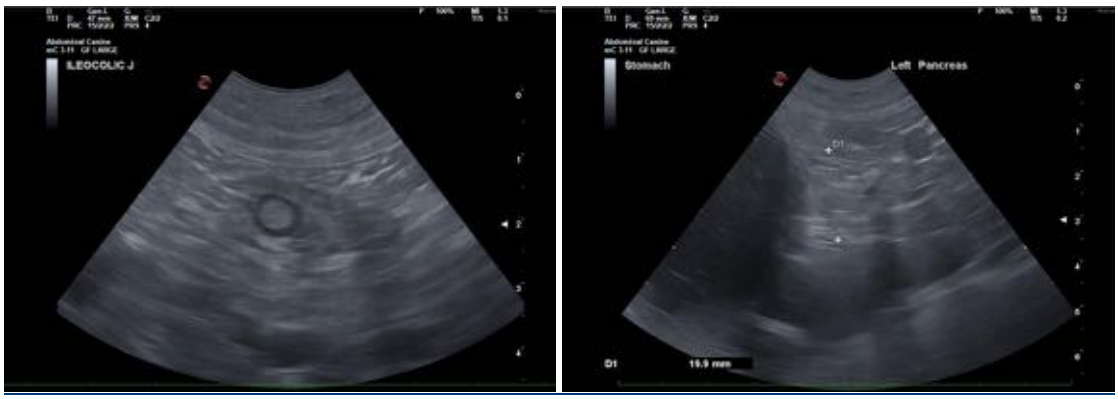

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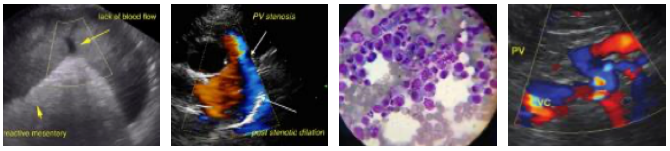

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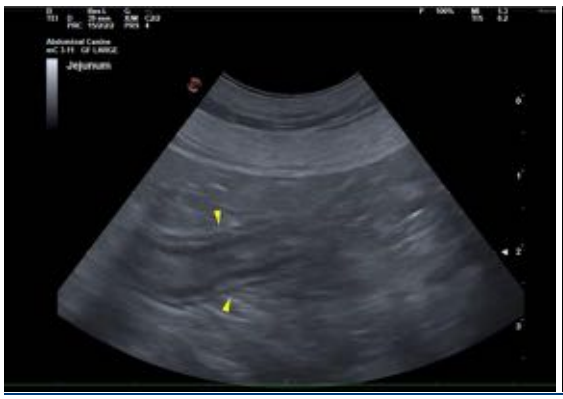

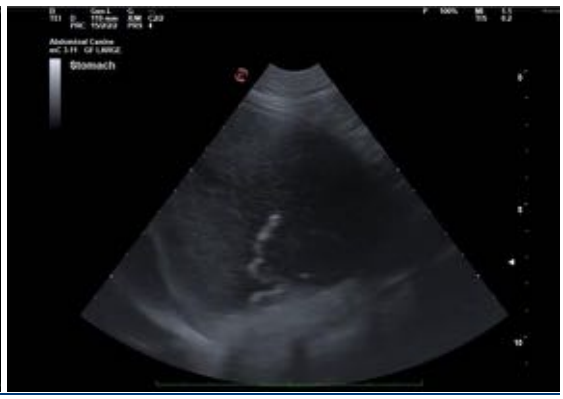

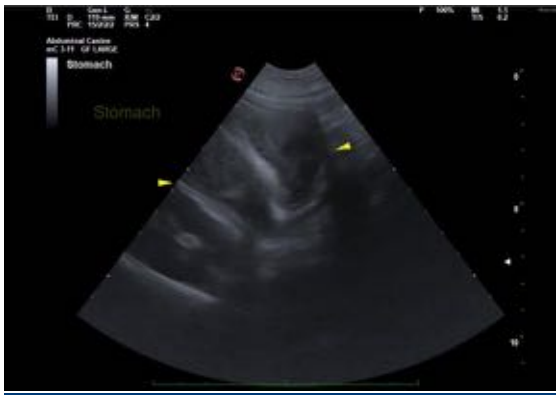

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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