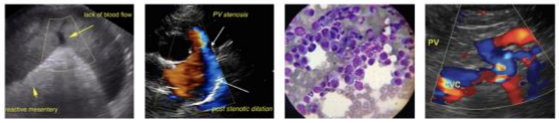


PATIENT

Belle Granatelli

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Spayed Female

AGE

6/26/2011

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Kevin Moser

INVOICE

10518

DATE

3/10/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
Reason for visit: Brought in for vomiting diarrhea for the past week. Other dog was not feeling well earlier but has since recovered. Vomits about 3 x a day, bile, some food- very mucousy. Diarrhea very mucousy- no blood. Acting a little less energetic, still drinking water and urinating. Does not get any people food. Owner has been feeding chick/ rice past several days. Significant weight loss of 6# since last visit. Empty colon other than some liquid
Otherwise, exam unremarkable

Abnormal Lab work Values: BW unremarkable today
Current Medications -
Radiographic Findings: Stomach contains foreign material, may be food but suspicious for foreign material other than food and o states p hasn't eaten anything substantial in past 24 hours, remainder of GI tract appears empty or contains air
Fine Needle Aspirates: Client did not approve sedation nor FNA

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 (5.18 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 (5.22 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.

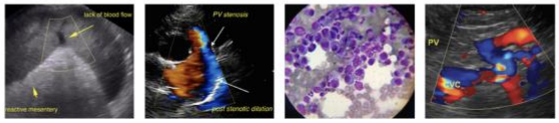
Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.43 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.

The right adrenal gland is normal size (0.88 cm at cranial pole) (0.55 cm at caudal pole) (2.31 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 subjectively enlarged (1.71 cm in width at the level of the hilus) with a slightly swollen, rounded, peripheral contours. The parenchyma is homogenous. A few small, irregular myelolipomas



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are observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

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

Gastrointestinal

The gastric lumen is moderately distended with ingesta. In addition, a 1.56 cm hard shadowing structure is observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent at the time of this study. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.25 cm in diameter). There is no evidence of peripancreatic 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.

Other

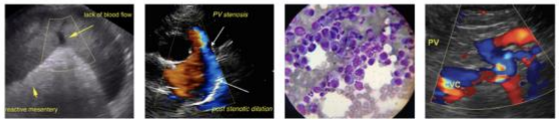
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected gastric foreign body, which appears nonobstructive at the time of this study
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings



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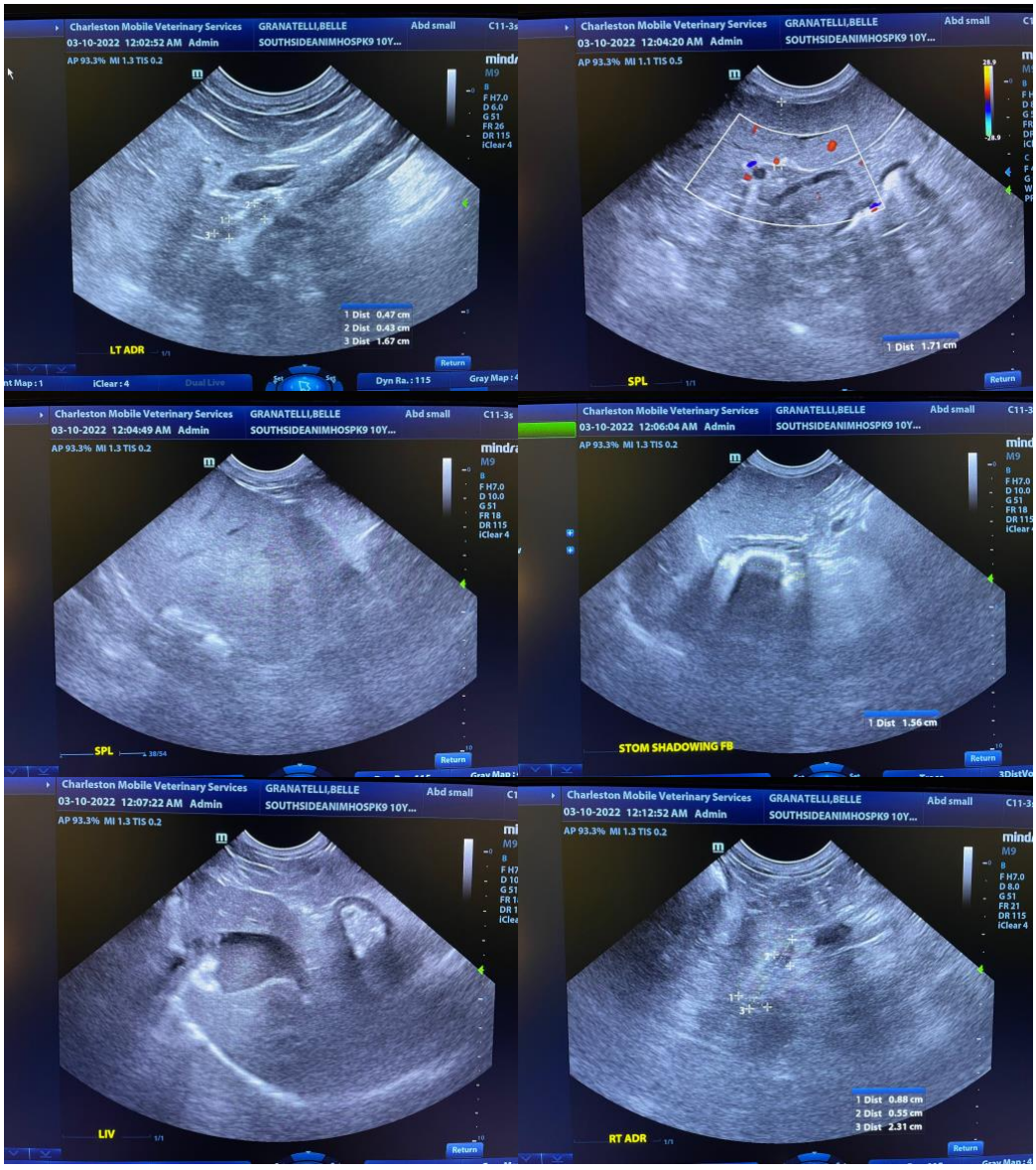
- Mineralized gall bladder sand and debris, incidental
- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for gastroenteritis is recommended. If clinical signs do not improve in 24-72 hours of supportive care, consider repeat abdominal imaging (i.e., radiographs or ultrasound) to determine if the gastric foreign body is still present. If so, a gastrotomy with foreign body removal may be warranted.
- A fine-needle aspirate of the spleen can also be considered to rule out emerging lymphoma.



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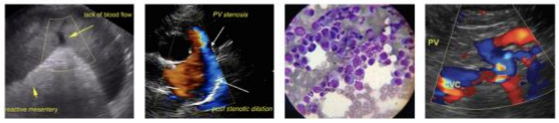

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CharlestonMobile.Net 800.403.5408

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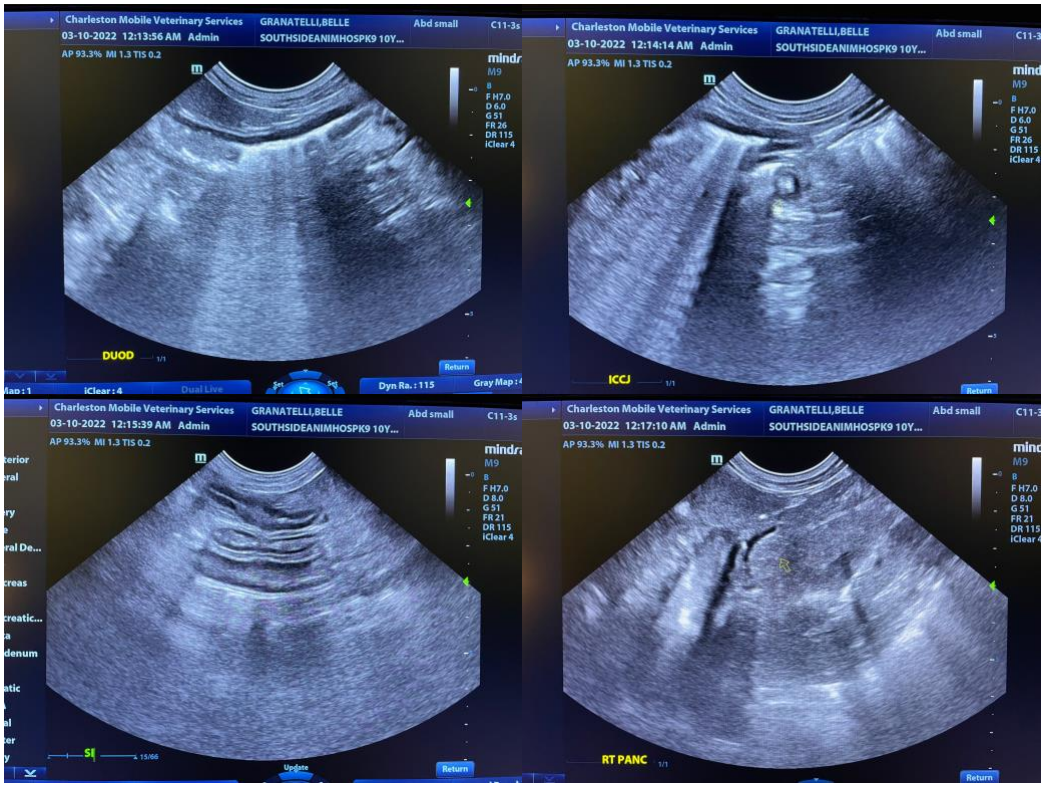

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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