

**DATE PRESENTING CLINICAL SIGNS**

3.13.23

She has been mostly in bed laying around, just staring, since she left here Sat AM. She did go to the bathroom Sat AM, peed on the floor. She hasn't gone to the bathroom since then. Had a burst of energy right before she came in here, and walked down the stairs right before they came here. She hasn't had any unusual breathing since then. Has been licking her lips constantly.

PATIENT

Ginger Miles

Current Medications: Buprenorphine, Ondansetron, Protonix.

Lab Results: CBC chemistry unremarkable.

SPECIES

Canine

Radiographs: fluid in stomach, some bunched small intestines. No obvious foreign material. Loose and formed stool in colon.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Dachshund

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder wall is 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 1-2 cm, are normal.

AGE

6/13/2019

The left kidney is normal in size (3.82 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

12.9 lbs

The right kidney is normal in size (4.17 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.52 cm at caudal pole) (1.99 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is in normal size (0.68 cm at cranial pole) (0.52 cm at caudal pole) (1.70 cm in length) with a normal shape and homogenous parenchyma. 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. Goessling

Spleen

The spleen is normal in size (1.32 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.

INVOICE

12409

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic-to-mineralized partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately 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 and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size 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. 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.

ULTRASONOGRAPHIC FINDINGS

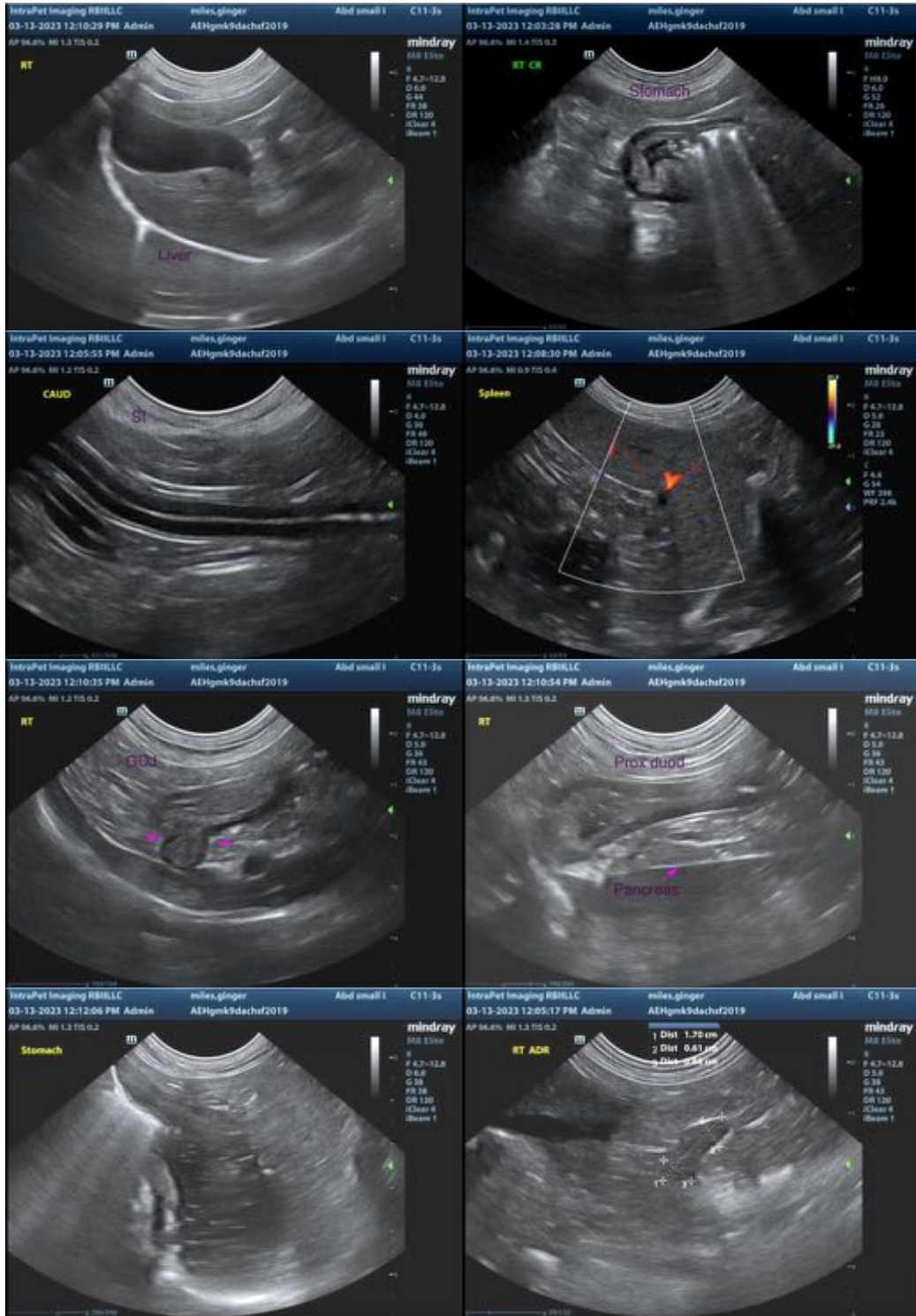
Findings

- Gastric ileus without obvious evidence of a pyloric outflow tract obstruction
- The pancreatic changes are suggestive of remodeling +/- chronic pancreatitis or a prior/resolving episode of pancreatitis.

*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia (if not already performed).
- Also consider three-view thoracic radiographs to assess for occult esophageal disease.
- If the patient's clinical signs are mainly gastrointestinal, a more comprehensive work-up (i.e., resting cortisol level, GI panel, etc) may be warranted. If clinical signs are not localizing to the GI tract, consider orthopedic and neurologic examinations as well to assess for nonmetabolic etiologies.





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.

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