

PATIENT PRESENTING CLINICAL SIGNS

Milo Blundon History: Presented to ER March 11 for vomiting, lethargy and inappetance. Hx of ingesting several things including pine needles, garbage, bacon grease.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

BREED

Mini Austr Shep Mix

The prostate is not visualized in its entirety due to its pelvic location. In the visualized portions, the prostate appears subjectively normal in size with smooth curvilinear peripheral contours and homogenous parenchyma. The prostatic urethra is not overtly dilated.

SEX

Neutered Male

The left kidney is normal in size (5.89 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 hydroureter.

AGE

1 year

The right kidney is normal in size (6.27 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 hydroureter.

WEIGHT

17.9 kg

Adrenal Glands

The left adrenal gland is normal in size (0.27 cm at cranial pole) (0.43 cm at caudal pole) 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.

INTERPRETED BY

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

The right adrenal gland is in normal size (0.45 cm at cranial pole) (0.34 cm at caudal pole) 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.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

Spleen

The spleen is normal in size (1.60 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.

HOSPITAL NAME

Aspen AH

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.

REFERRING VET

Dr Sekhon

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.

INVOICE

12437

Gastrointestinal

The gastric lumen is mildly gas-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly distended with chyme. The remaining small intestinal segments are empty. The small intestinal wall is

DATE

3.15.23

normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

There is no evidence of free fluid. A 1.21 cm lymph node is observed at the aortic trifurcation. A few prominent mesenteric lymph nodes are also seen (the largest measuring 2.54 cm in length). The nodes are all normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

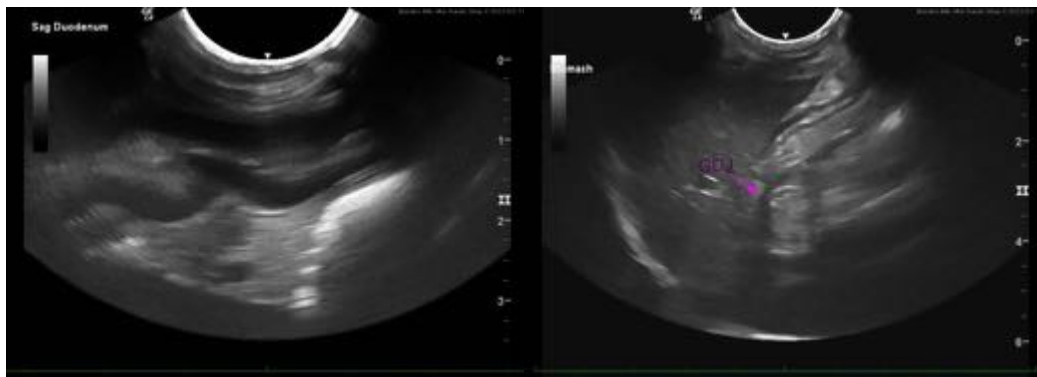
Findings

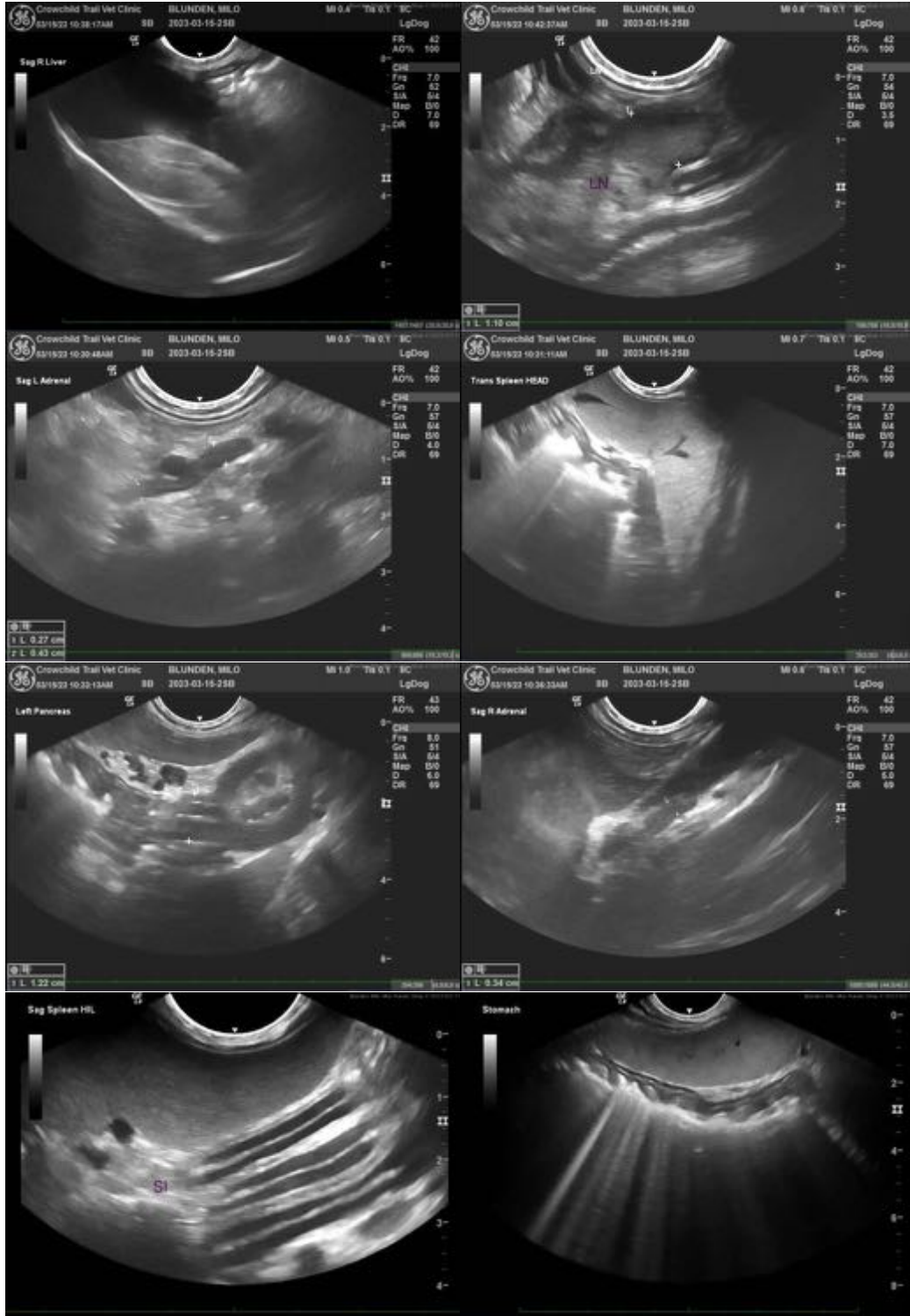
- Possible mild acute pancreatitis
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*Given the patient's clinical history and sonographic changes, acute gastroenteritis +/- mild pancreatitis may be causing the patient's clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider prophylactic deworming with Fenbendazole.
- Symptomatic care for acute gastroenteritis/mild pancreatitis is recommended, including fluid therapy as needed, gastric protectants, antiemetics, a bland diet and a probiotic.
- If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI work-up may be warranted.





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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