



PATIENT

Finn Forsythe

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Tachycardiac. Febrile

SPECIES

Canine

Current Medications: None
Radiographic Findings: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed Breed

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 and the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

12.9.17

The left kidney is normal in size (7.33 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

82.2 lbs

The right kidney is normal in size (7.43 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.58 cm at caudal pole) with a 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.

**IMAGING
PERFORMED BY**

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

The right adrenal gland is normal size (1.01 cm at cranial pole) (0.52 cm at caudal pole) with a 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.

HOSPITAL NAME

Flowertown AH

Spleen

The spleen is normal in size (1.76 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.

REFERRING VET

Dr. Guffey

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/not seen.

INVOICE

12444

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta/soft, shadowing material. 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

DATE

3.17.23

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 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. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion or right atrial/auricular mass. There is no obvious evidence of vegetative lesions on any of the heart valves. There is no evidence of pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

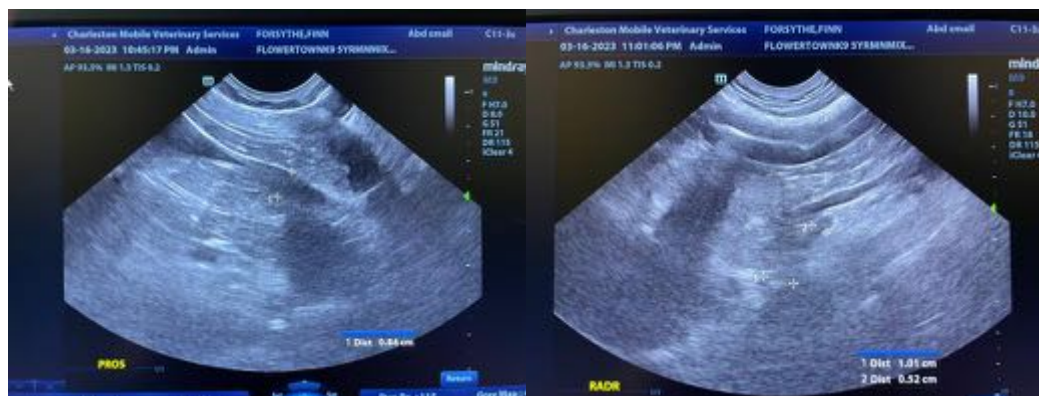
Findings

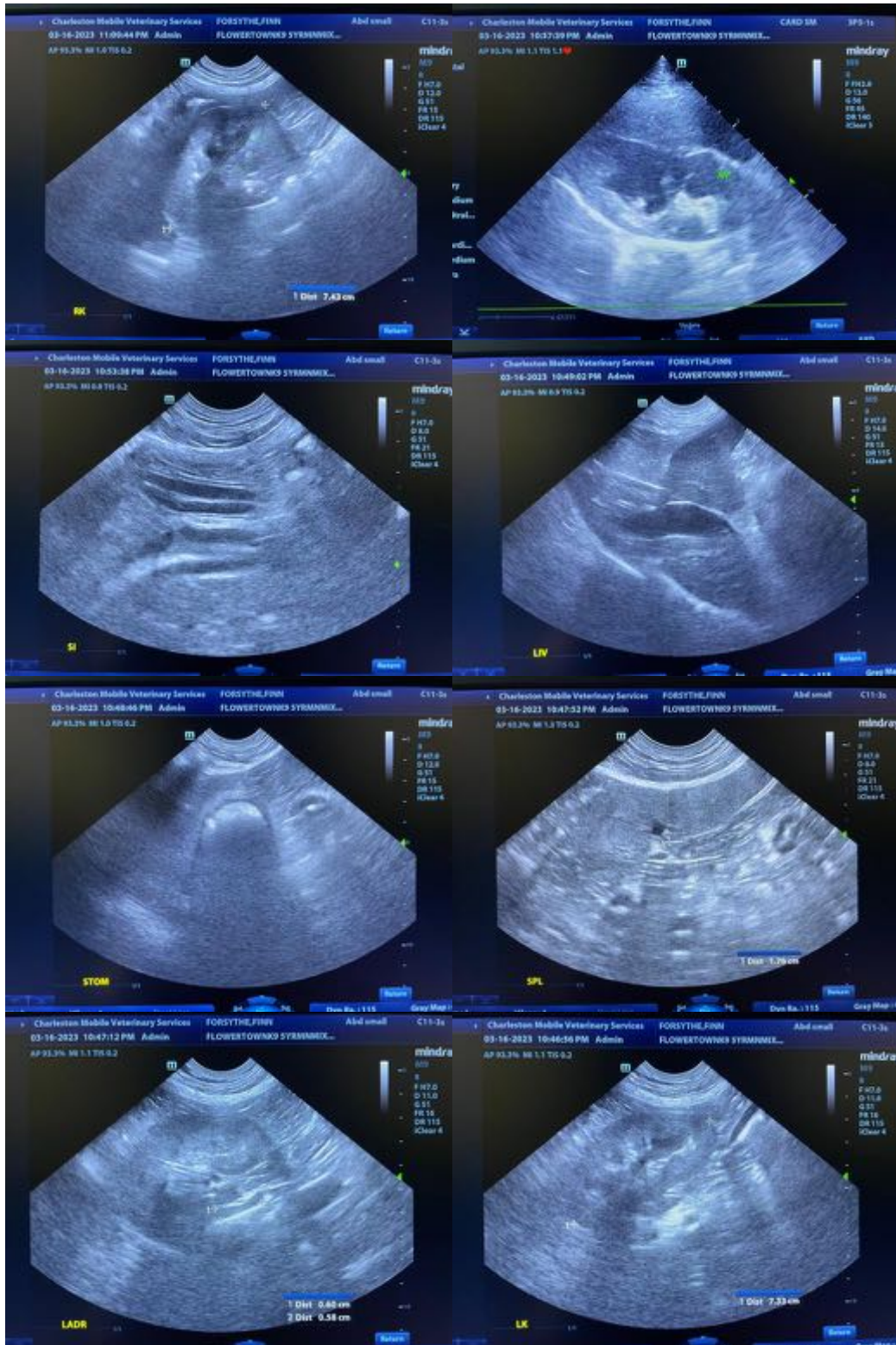
- The soft, shadowing material within the gastric lumen may represent ingesta and/or foreign material (i.e., grass). It appears nonobstructive at this time. The remainder of the abdomen is unremarkable.

*An obvious cause for the patient's fever is not identified in this study. General considerations include infectious disease (i.e., tick-borne, urinary tract infection), inflammatory disease, occult neoplasia and autoimmune disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended along with an EKG, comprehensive tick panel, and urine culture and sensitivity. Depending on the results of the above diagnostics, a more comprehensive work-up for fever of unknown origin (i.e., arthrocentesis, CFS Tap) 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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