



PATIENT

Poppy Hatcher

PRESENTING CLINICAL SIGNS

Vomiting periodically for a couple days. Vomiting has stopped since Cerenia started. Is hospitalized on IVF. Did eat an avocado pit 2 weeks ago and has history of eating lots of different things in her life.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 visible portion of the proximal urethra are normal.

BREED

Labrador Retriever

The left kidney is normal in size (6.06 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

SEX

Female, spayed

The right kidney is normal size (7.11 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

8 Yrs.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.46 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.

WEIGHT

32.4 kg.

The right adrenal gland is normal size (1.04 cm at cranial pole) (0.53 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.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.92 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Dr. Barthelemy

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.

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Anderson

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Gastrointestinal

The gastric lumen is severely fluid distended. In the region of the pyloric antrum, an aggregation of echogenic debris is observed. The gastric wall and pylorus are normal in thickness with a normal layering pattern. There is no obvious evidence of an obstruction within the pyloric outflow tract at the time of the study. The small intestinal lumen is diffusely dilated with fluid and chyme (mild). The small intestinal

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wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion (right limb), no obvious abnormalities are seen.

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Free Abdomen

There is no obvious evidence of free fluid. A prominent jejunal lymph node is visualized, measuring 1.02 cm in length. The node is normal in shape and echogenicity.

SEX

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ULTRASONOGRAPHIC FINDINGS

Gastrointestinal ileus. It is unclear whether the ileus is functional (i.e., secondary to gastroenteritis) or other microscopic gastrointestinal disease or if it is a structural issue.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further assess for a pyloric outflow tract obstruction, consider an upper GI endoscopy.
- If a more conservative approach is desired at this time, consider medical management along with a fecal evaluation for ova and Giardia.
- A repeat abdominal ultrasound should be considered in 12-24 hours to assess for progression of the gastric fluid distention.

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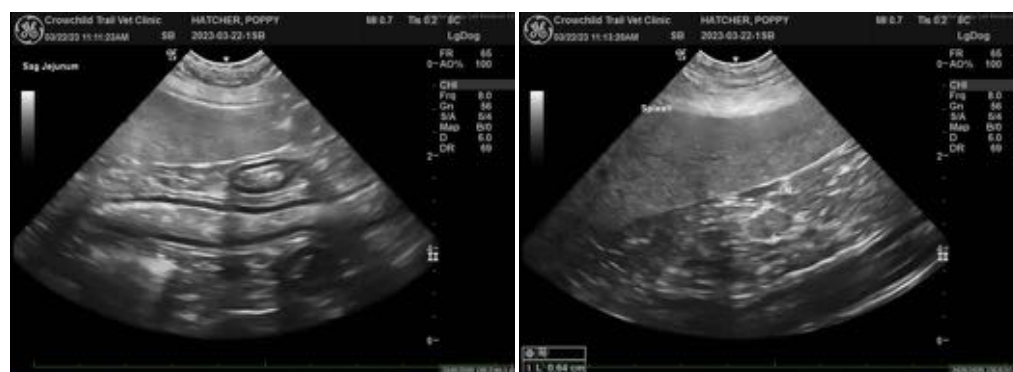
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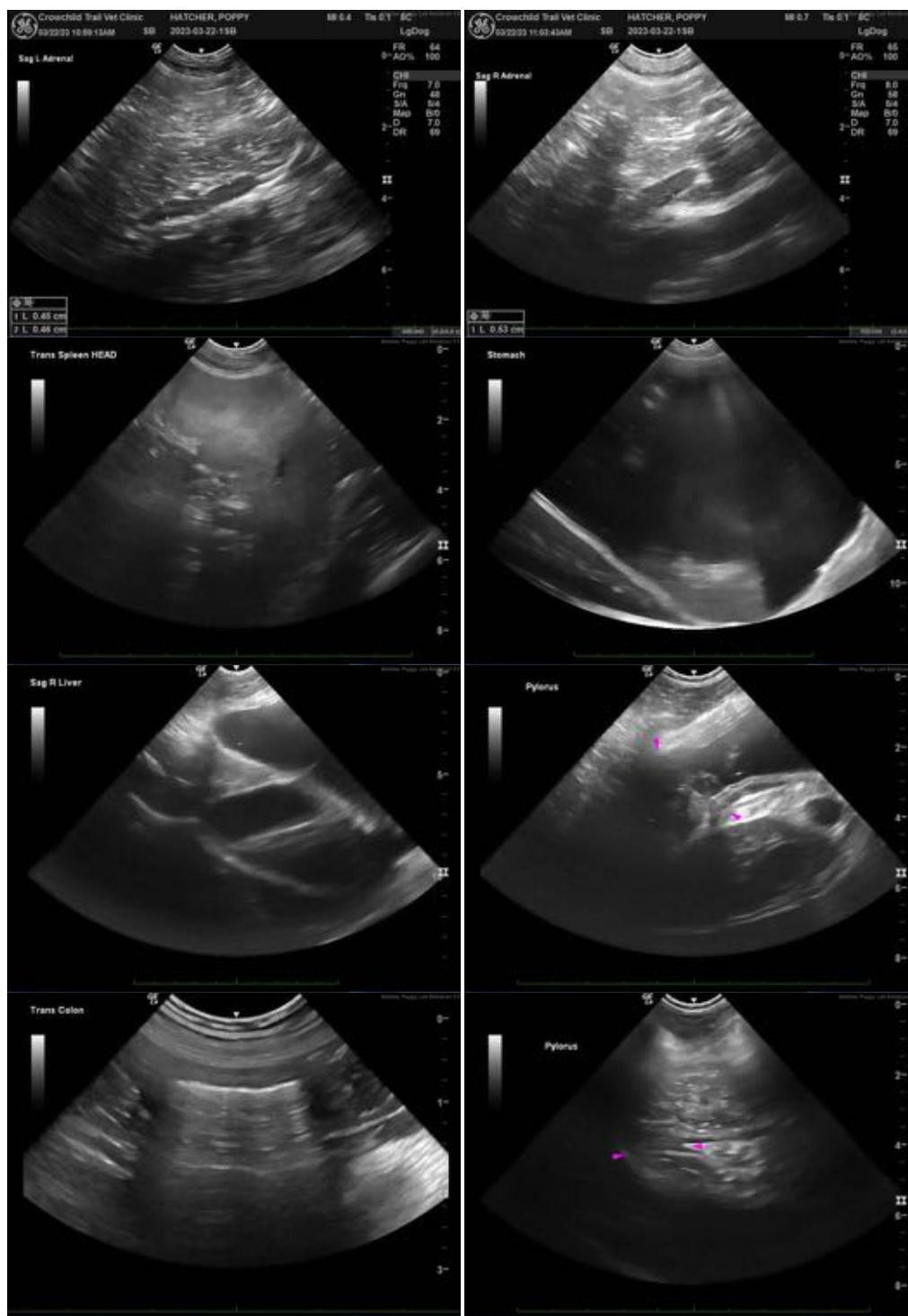
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Addendum:

Additional sonographic images of the GI tract were submitted following removal of fluid from the stomach. In these images, there is a hard shadowing structure in a bowel loop (which is suspected to be small intestine). The mesentery effacing the serosal surface of the bowel in this region is hyperechoic.

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Revised Assessment:

Possible small intestinal foreign body/obstruction with regional peritonitis.

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Revised recommendations:

Consider abdominal exploratory to assess for a bowel obstruction. If none is found, GI biopsies should be obtained. Also consider 3-view thoracic radiographs prior to anesthesia to assess for occult aspiration pneumonia.

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AGE

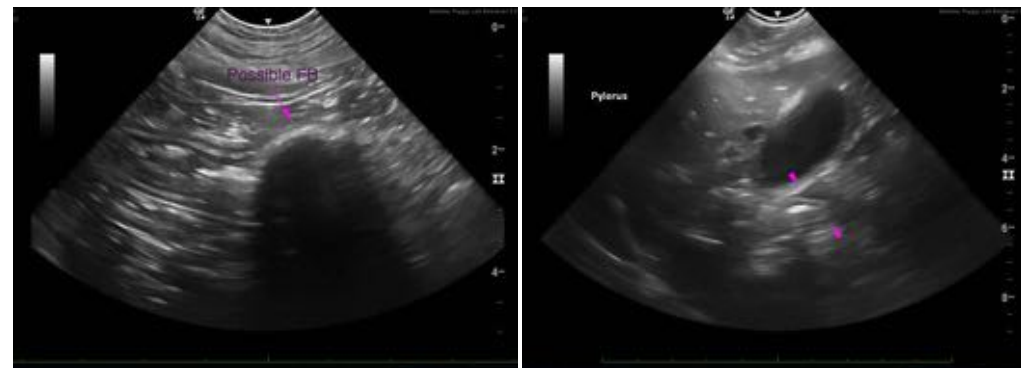
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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