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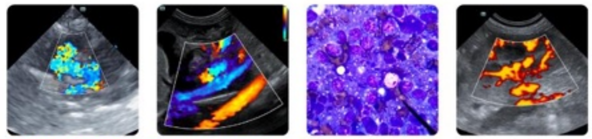


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Tucker Whalen

SPECIES
Canine

BREED
Labrador Retriever

SEX
Male, neutered

AGE
8 Yrs. 11 months

WEIGHT
96 lbs.

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

IMAGING PERFORMED BY
Nikki Kollman RVT

HOSPITAL NAME
Airpark AH

REFERRING VET
Dr. Grace Kennedy

INVOICE
13628

DATE
3/24/26

PRESENTING CLINICAL SIGNS

History:

- Acute ingestion of 4-6# fruitcake soaked in rum and full of fruits, including raisins. Happened about 10pm Sunday night 3/22, made him vomit on presentation 3/23 at 8 am and brought up minimal fruitcake. Initial blood work is normal, kept on twice maintenance fluids during the day, gave cerenia and returned the next morning for repeat exam and fluids, monitoring blood work. Presentation 3/24 he is really dumpy, mucous membranes are gray/pink and perfusion is poor. He vomited all night and was uncomfortable. Presented shaking and trembling, but heart rate was consistent in the 100-120's. Rectal temperature normal. Initial blood pressures were poor. FAST scan showed mild abdominal free fluid. Radiographs showed some intestinal dilation; blood work this morning is all normal except for elevated ALT. Slightly improved mentation with 1 L LRS bolus and buprenex and repeat cerenia.

Abnormal PE/Chem/CBC/UA Results: HCT 55% WBC 10.58 K/uL (5-16.7) Platelets 175k Glucose 119 Creatinine 1.4 Na:K ratio 36 Total Protein 6.3 (5.2-8.2) ALT 477 U/L (10-125) ALP 129 U/L (23-212) cPL 134 U/L (0-200)

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 mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (6.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

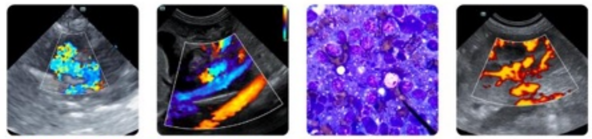
No images of the right adrenal gland provided.

Spleen

The spleen is normal in size (1.51 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottle in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thickened (up to 0.63 cm) and hypoechoic/edematous. A moderate amount of aggregated, echogenic hypoechoic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are moderately fluid distended. The small intestinal wall is normal to borderline thickened with a normal layering pattern. The colonic wall is normal. The colonic lumen contains liquid appearing fecal material.

Pancreas
The right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. Surrounding mesentery is hyperechoic.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. A moderate amount of anechoic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

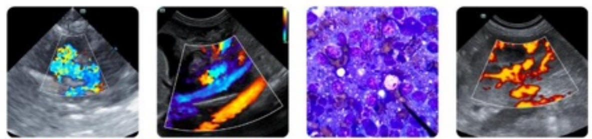
Primary Findings:

- The segmental small intestinal fluid dilation may be secondary to functional ileus or mechanical obstruction. However, an obvious foreign body is not identified. Functional ileus is favored
- Diarrheic stool
- Mild pancreatitis in the right limb
- Diffuse peritonitis

Secondary Findings:

- Mild hepatomegaly
- The gallbladder wall changes could be consistent with cholecystitis, anaphylaxis, increased hydrostatic pressure, low oncotic pressure (if applicable), other.
- Excessive gallbladder sludge which may be secondary to cholestasis, fasting or an emerging mucocele.
- Mild bilateral nonspecific, age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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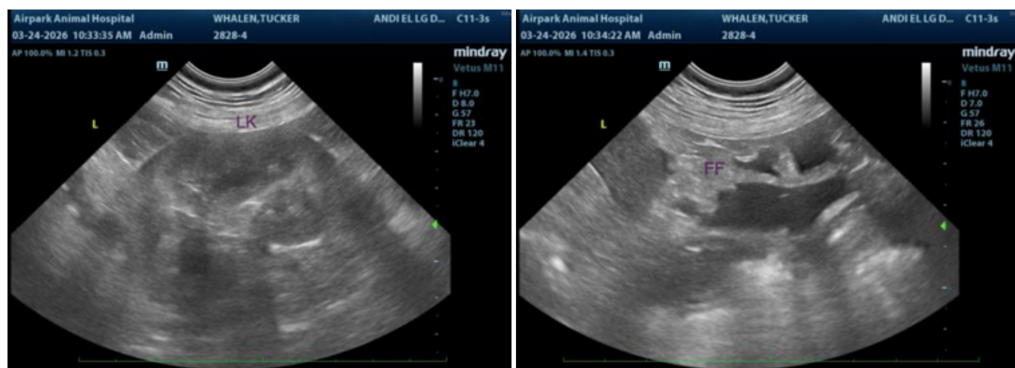
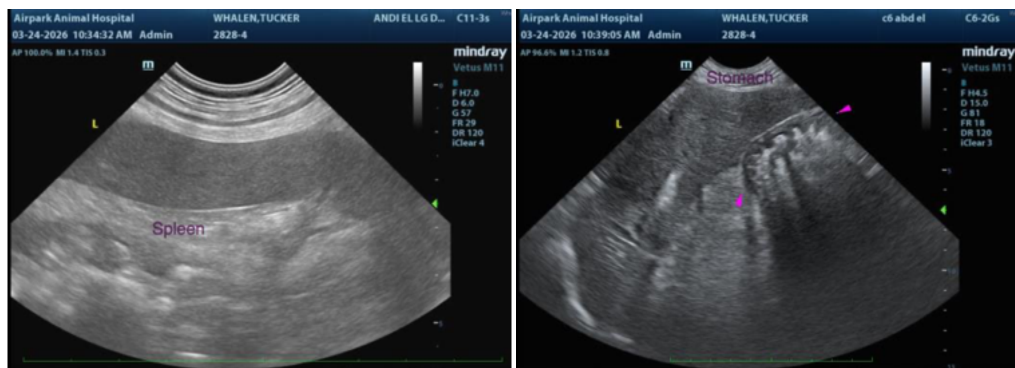
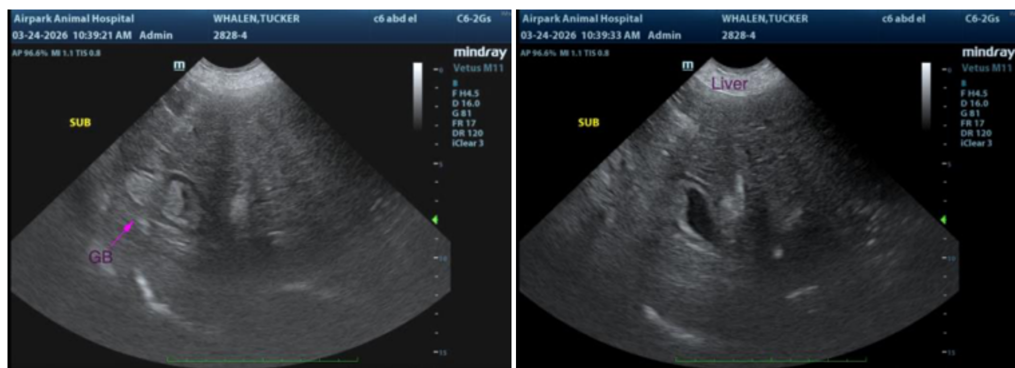
1. Cytologic evaluation of the abdominal fluid is recommended.
2. Also consider three-view thoracic radiographs to assess cardiopulmonary status.
3. Other considerations include the following:
   a. Urinalysis +/- culture and sensitivity
   b. To further evaluate for an intestinal obstruction, consider an abdominal CT scan, barium study or abdominal exploratory. If an obstruction is not found, GI biopsies should be obtained.
   c. +/- hepatic tissue sampling (i.e., aspirates or biopsies) to further evaluate the elevated ALT
   d. +/- Leptospirosis testing, particularly if clinical suspicion for disease is high
4. While awaiting test results, supportive care is recommended along with serial monitoring of the patient's lab work to assess for changes.







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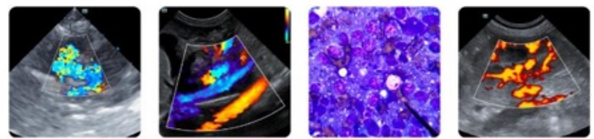

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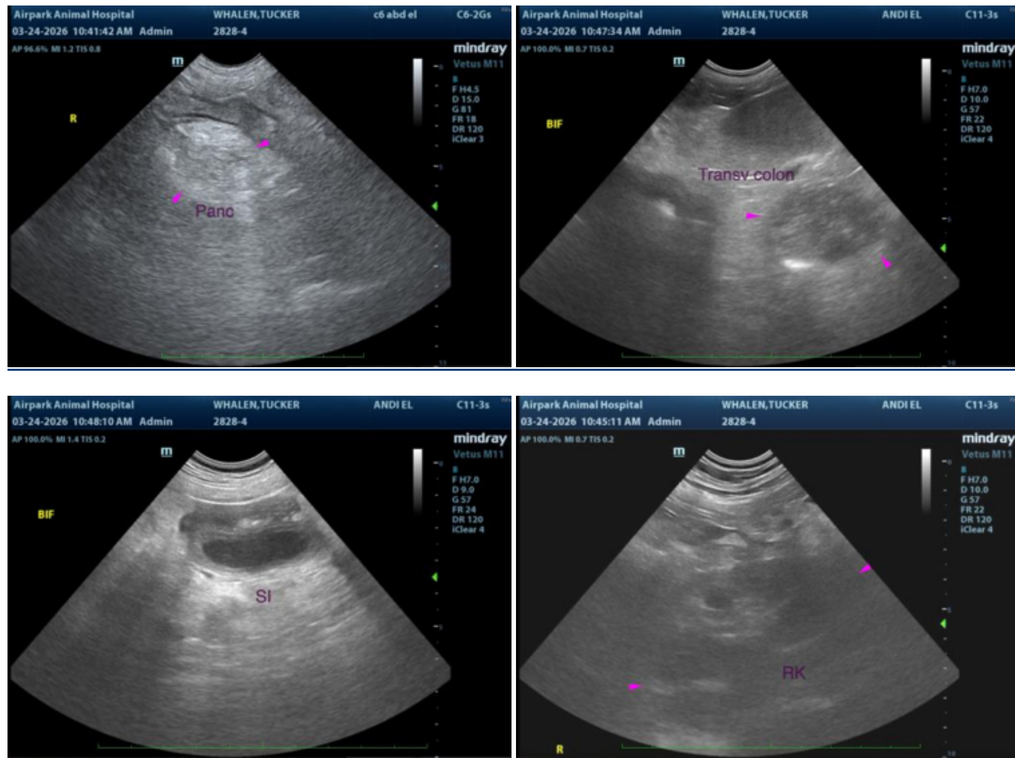

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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