

**PATIENT**Driver Howarth  
49543A**SPECIES**

Canine

**BREED**

Weimeraner

**SEX**

Neutered Male

**AGE**

10 years, 4 mos

**WEIGHT**

38.3 kg

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

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Vet. Sp. –  
Cr. Maller**INVOICE**

10626

**DATE**

3/29/22

**PRESENTING CLINICAL SIGNS**

History: Onset of lethargy and inappetance, nausea, and diarrhea post entertomy for a obstruction due to tampon ingestion on 3/25. AFAST revealed abdominal effusion that appears to be subjectively reduced in amount. Hx of IBD managed with low dose prednisone Hx of pacemaker placement (UW Cardio) - high grade second degree AV block - Mobitz type II Hx of heart murmur, echo revealed mild mitral valve disease without systolic dysfunction in 2019

Abnormal PE/Chem/CBC/UA Results: Cytology of abdominal effusion- numerous neutrophils and RBCs; no obvious bacteria seen. BW 3/28: low BUN (4), hypoalbuminemia (2.1), TP WNL (5.8), elevated ALP(542), hyperkalemia (161), PCV 40.6% BW 3/29: Recheck albumin (2.1). PCV/TS: 36%/5.2  
SVSCT

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and pelvic urethra are 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 2 cm, are normal.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (8.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (9.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**Adrenal Glands**

The caudal pole of the left adrenal gland is visualized and is normal in size (0.88 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

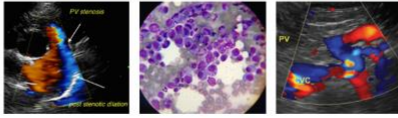
**Spleen**

The spleen is normal in size (2.44 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.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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.

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**Gastrointestinal**

The gastric lumen is not overtly distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. One segment of what is thought to be jejunum is thickened (up to 0.54 cm) and slightly plicated in appearance. This may represent the previous enterotomy site. The surrounding mesentery is hyperechoic and adhered to the serosal surface in this region. The remaining small intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

**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**

A small amount of echogenic free fluid is present. The mesentery in the midabdominal region is hyperechoic. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Given the patient's clinical history and the presence of echogenic effusion 4 days post-enterotomy, dehiscence at the surgery site is of primary concern. If the patient has a fever, abdominal pain, and a left shift, this would further increase suspicion of bowel dehiscence. The lack of bacteria within the effusion does not completely rule out the possibility of a septic abdomen, particularly if the patient is currently receiving antibiotics.

**Secondary Findings**

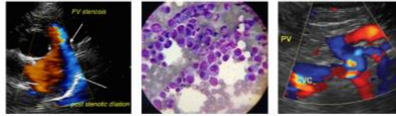
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Minor bilateral age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.
- Strongly consider an abdominal exploratory to assess for bowel dehiscence, particularly if it fits with the patient's clinical history, exam, and lab work findings.
- If surgery is not pursued at this time close sonographic monitoring (i.e., every 6 hours) of the patient's abdomen is recommended to determine if the effusion is increasing. If this is the case and/or if the patient is exhibiting other clinical evidence of a septic abdomen, surgery should be pursued.

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



EDUCATIONAL TELECONSULTATION SERVICES™

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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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com