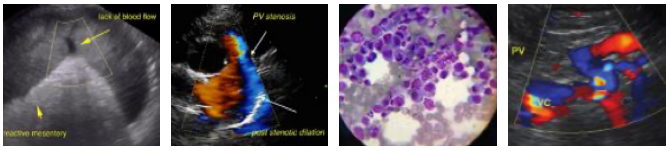
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Nena Correa

SPECIES
Canine

BREED
English Mastiff

SEX
Female, spayed

AGE
8 Yrs.

WEIGHT
107.8 lbs.

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

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr. Correa

INVOICE
13096

DATE
3/8/22

PRESENTING CLINICAL SIGNS

History: History of burping with foul odor for the past 2 weeks. pet also appears to be regurgitating especially at night. Nena was on Carprofen for 2 weeks about a month ago. Currently on joint supplements only

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 left kidney is subjectively normal size; normal shape and architecture with 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.

The right kidney is normal size (6.91 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.64 cm at caudal pole) (2.64 cm in length); 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.

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

Spleen

The spleen is normal in size (2.77 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 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. A small amount of gravity-dependent aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with gas and a small amount of ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas. 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. No obstructive disease is noted.

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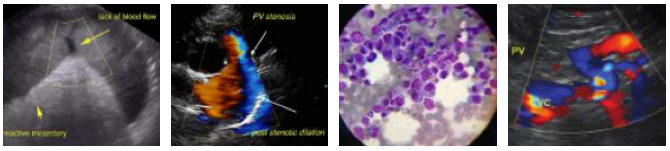

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include esophageal dysfunction, gastric reflux, gastrointestinal motility disorder, gastric or duodenal ulceration, inflammatory bowel disease, emerging neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A barium esophogram, ideally via fluoroscopy is recommended to further assess for esophageal dysfunction. Given the history of regurgitation, the client should be warned of the risk of aspiration of barium during the study. If esophageal dysfunction is diagnosed, further testing for myasthenia gravis (i.e., acetylcholamine receptor antibody titers) should be considered.
- Also consider the following:
  1. A resting cortisol level to screen for hypoadrenocorticism, which can be associated with esophageal dysfunction.
  2. Malabsorption panel (send to Texas A&M).
  3. Empirical treatment for gastric reflux +/- ulceration (i.e., proton pump inhibitor +/- sucralfate).
  4. Empirical treatment for a gastrointestinal motility disorder (i.e., metoclopramide) can also be considered. However, if regurgitation persists despite therapy, the drug should be discontinued.
  5. Also consider transitioning to a hypoallergenic diet.
  6. Ultimately, an upper GI endoscopy with gastrointestinal biopsies may be warranted.

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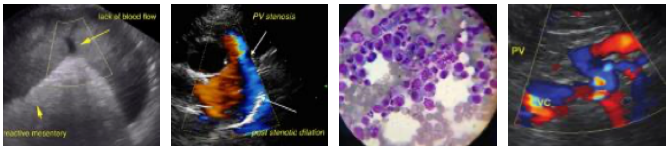

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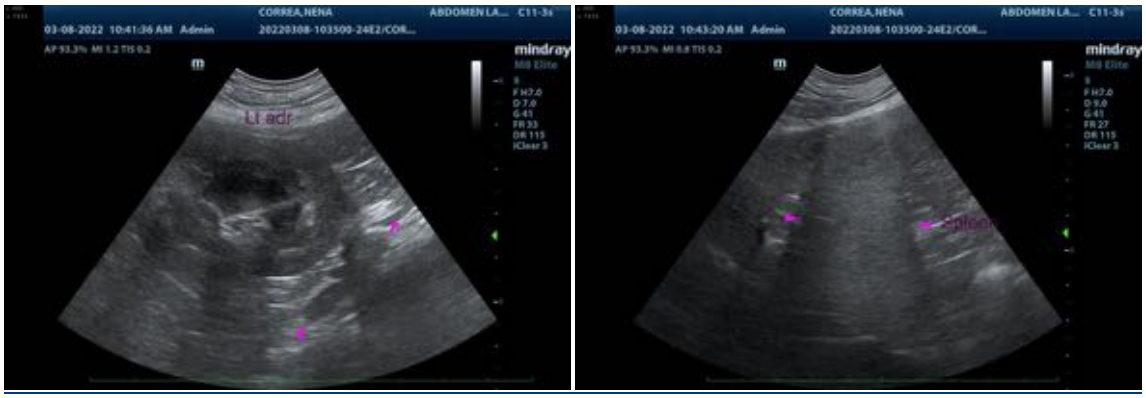

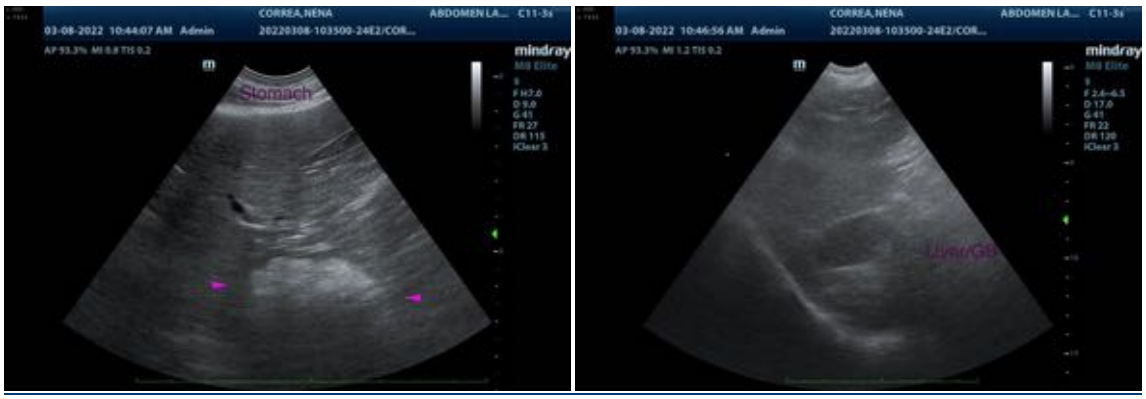

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com