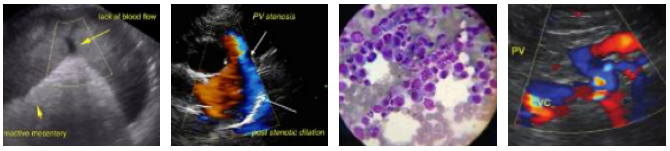

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1-800-838-4268 info@sonopath.com

PATIENT
Atticus Malanchuk

SPECIES
Canine

BREED
Staffordshire Bull Terrier

SEX
Male, neutered

AGE
4 Yrs. 11 months

WEIGHT
28.55 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
13172

DATE
4/11/22

PRESENTING CLINICAL SIGNS

History: Treated for acute gastroenteritis end of march. Responded to therapy but after Tylosin and Cerenia finished started vomiting after exercise and now projectile vomiting.
Abnormal PE/Chem/CBC/UA Results: CBC and Chem WNL, Xrays: Conclusion 1. Unremarkable thorax. 2. Suspect enteritis due to nonspecific etiologies. Systemic disease such as pancreatitis can cause bowel atony resulting in a similar radiographic change. The abdomen is otherwise unremarkable.

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 1 cm, are normal.

The prostate is normal in size (1.54 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 (6.49 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. Renal vasculature is normal.

The right kidney is normal size (6.41 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.66 cm at caudal pole) (2.52 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.

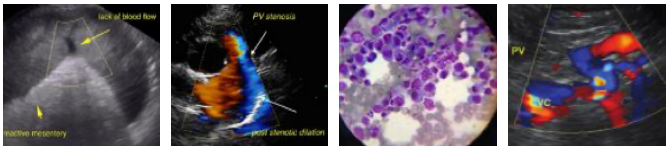
The right adrenal gland is normal size (0.71 cm at cranial pole) (0.64 cm at caudal pole) (2.41 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.79 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



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congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and irregular hard shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent at the time of the study. The small intestinal lumen is not 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.

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. A 1.79 cm left medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

The gastric luminal contents may represent ingesta and/or foreign material. If the patient was fasted for the study, the presence of ingesta within the gastric lumen would suggest delayed gastric emptying. There was no obvious evidence of a pyloric outflow tract obstruction. However, an intermittent obstruction (i.e., due to foreign material within the gastric lumen) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider abdominal radiographs to better assess for gastric foreign material. Alternatively, consider a repeat fasted ultrasound in 8-12 hours to determine if the shadowing material is still present. If so, a gastronomy with foreign body removal may be warranted. If surgery is pursued, gastrointestinal biopsies should also be obtained.
- If gastric foreign material is not identified, other diagnostic considerations could include malabsorption panel including serum cobalamin, folate, TLI and PLI, fecal evaluation for ova and Giardia, resting cortisol level, a 6-week hypoallergenic diet trial and GI biopsies.

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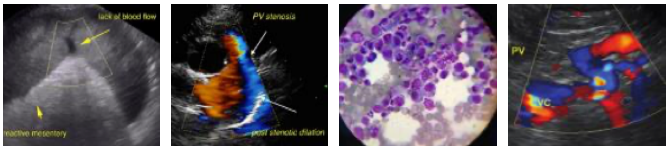

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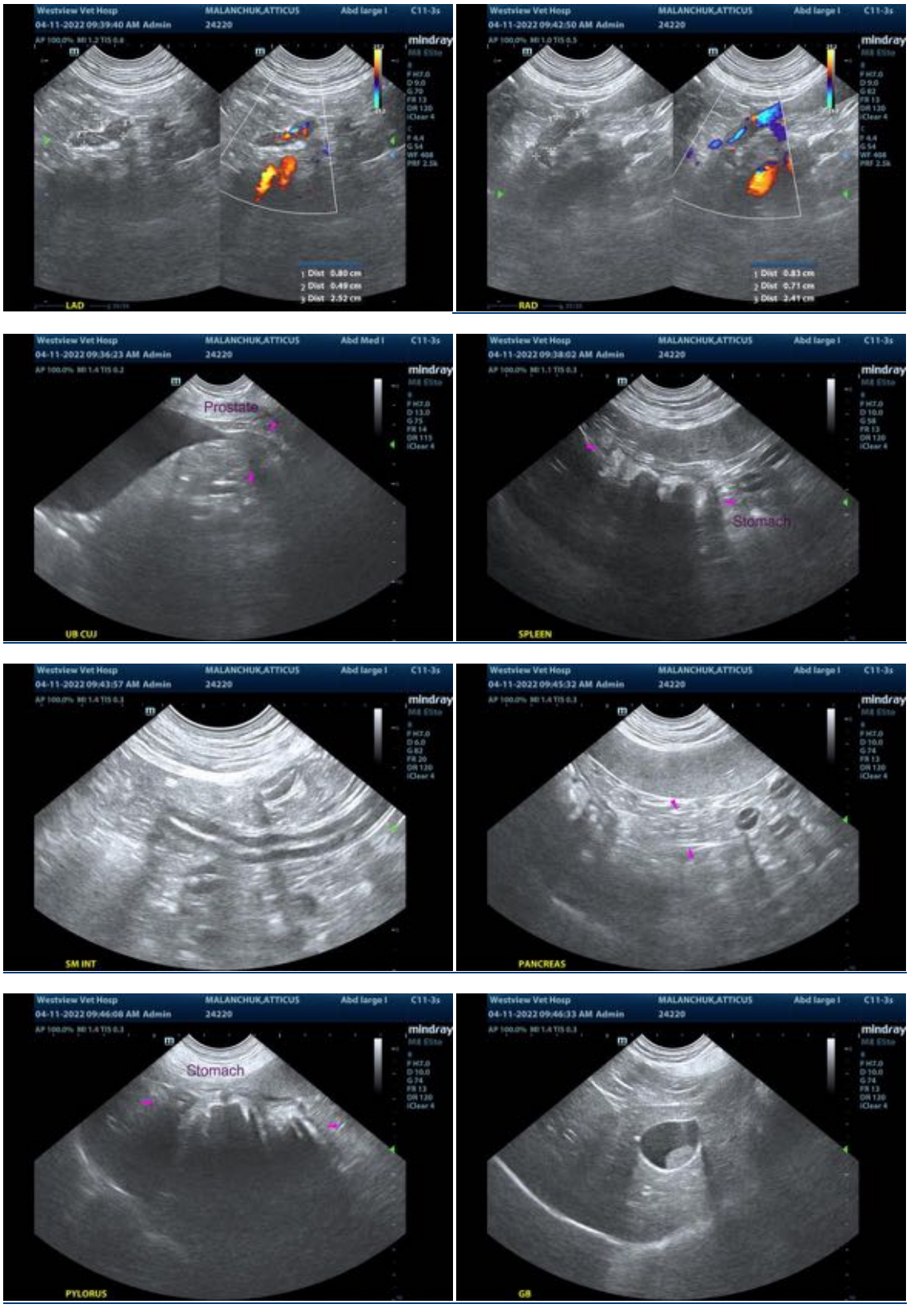

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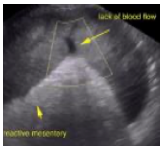
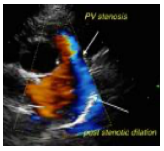
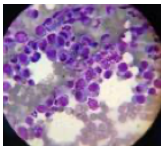
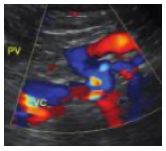

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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