



PATIENT

Charlie Bolton

PRESENTING CLINICAL SIGNS

History: Vomiting started a day ago. Had diarrhea a few days earlier.
Abnormal PE/Chem/CBC/UA Results: Radiographs on left lateral show soft tissue opacity in region of pylorus/stomach.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador Retriever

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 is normal.

SEX

Male, neutered

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

The left kidney is normal size (7.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

AGE

10 Yrs.

The right kidney is normal size (6.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

34.8 kg.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.47 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.

The right adrenal gland is normal size (0.40 cm at cranial pole) (0.43 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.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Spleen

The spleen is normal in size (1.97 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.

HOSPITAL NAME

Fish Creek Pet Hospital

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 echogenic to mineralized mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Monica

INVOICE

14801

Gastrointestinal

DATE

4/11/23



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The gastric lumen is moderate to severely fluid distended. Irregular shadowing material is observed within the lumen. It appears to extend into the pyloric outflow tract. The gastric wall is normal to borderline thickened (up to 0.52 cm) with apparent retention of the normal layering pattern. The small intestinal lumen is not overtly 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.

SPECIES

Canine

Pancreas

BREED

Labrador Retriever

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

Male, neutered

Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.49 cm in length.

AGE

10 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

34.8 kg.

Primary Findings:

- Suspected gastric foreign material with possible pyloric outflow tract obstruction. The gastric wall changes are most consistent with gastritis with a lower possibility of emerging neoplasia.

Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for/remove any gastric/pyloric foreign material. Also consider obtaining GI biopsies at the time of surgery, particularly if areas of gastric wall appear thickened. An upper GI endoscopy with foreign body retrieval can be considered. However, it is difficult to remove material endoscopically if it has entered into the pyloric outflow tract.
- Consider three-view thoracic radiographs prior to anesthesia to assess for occult aspiration pneumonia.
- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is also recommended.

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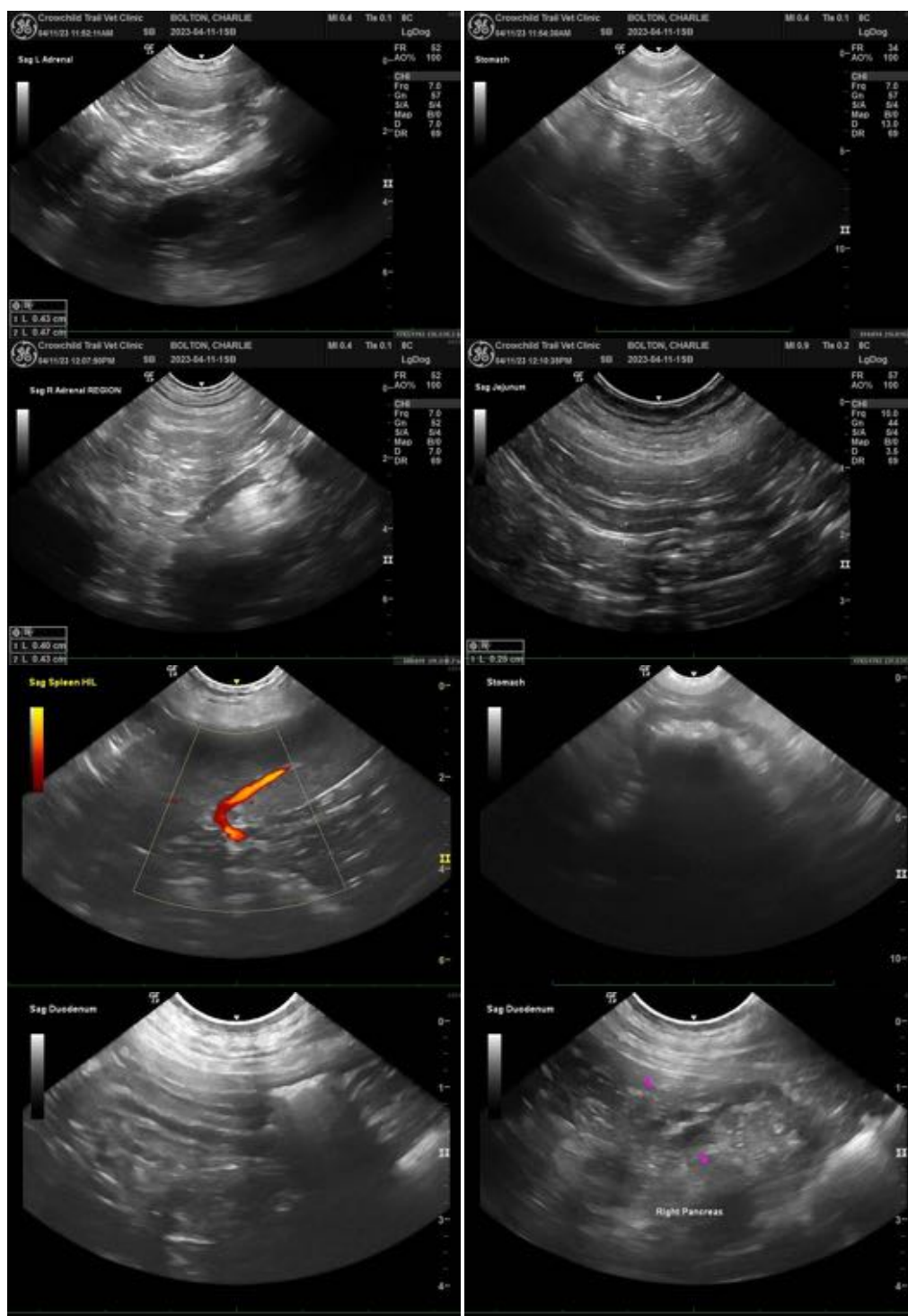
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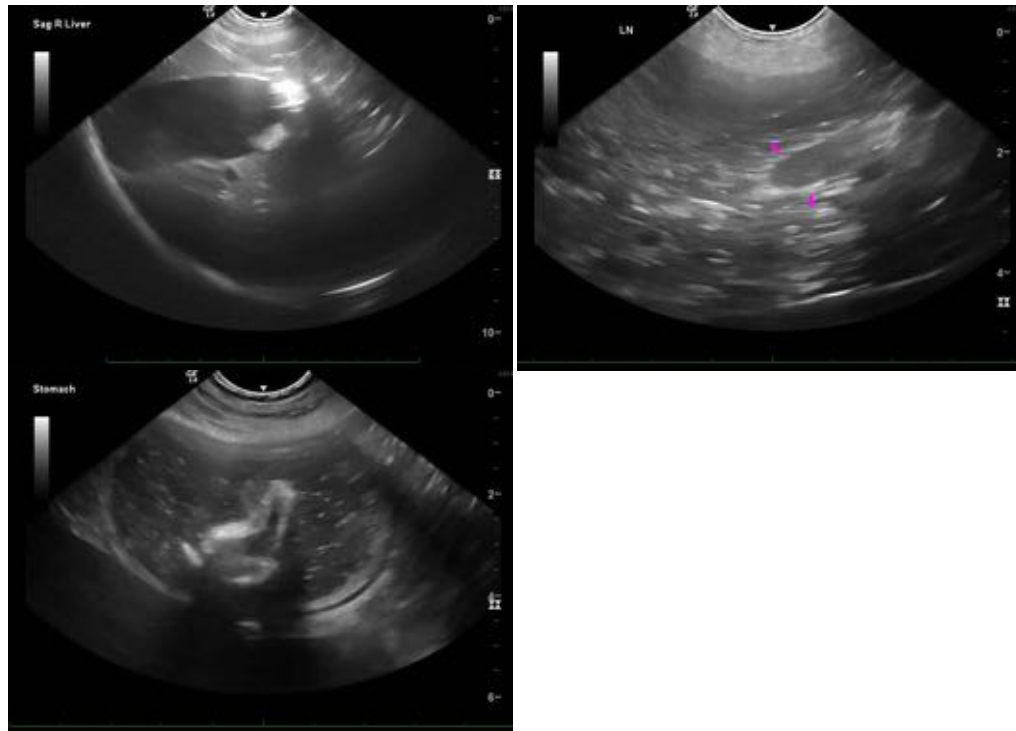
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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