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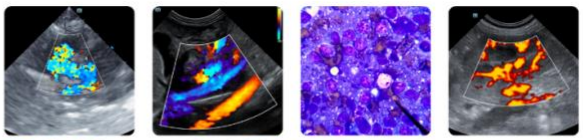

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lil Joe Phillips

SPECIES

Canine

BREED

Golden Doodle

SEX

Male Neutered

AGE

12/06/2023

WEIGHT

26.5

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Schow

INVOICE

22888

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt presents for bloody diarrhea starting last night around midnight. Owner was out of town, and his son was watching Pt. Diarrhea was described as dark brown liquid & frank red blood toward the end. Pt had diarrhea 2x more in the home overnight. Owner did note that Pt had a dental Friday 4/17 (at the same time, housemate was PTS). Last meal was Saturday night; Pt refused food Saturday AM which is not uncommon per O. UTD on preventatives & vax.

Abnormal lab-work values: Recheck PCV at 3AM is 68%/4.2. Repeat CBC 100 pan leukopenia Manual PLT count: 135,000. Chem 17: K- 3.4 (3.5-5.8); ALP <10 (23-212); rest WNL < DONE 4/19
Current Medications: Reglan CRi at 2mg/kg/day famotidine CRI at 8mg/kg/day FFP transfusion Enroflox 10mg/kg Metoclopramide CRI CERENIA

Radiographic Findings: Orthogonal projections of the thorax and abdomen (six total images), dated 04/19/26, are available. Prior studies are available. The cardiovascular, pulmonary, mediastinal structures and pleural space are normal. The colon is moderately gas-distended with smooth margins. The stomach is moderately distended with partially formed heterogeneous soft tissue material. The pylorus is appropriately gas-filled in the left lateral projection. The proximal duodenum contains gas also. The visible small intestines are of one normally sized population, however, do contain regions of fragmented gas. The visible margins of the liver, spleen, kidneys and urinary bladder are normal. Serosal contrast is appropriate. The included musculoskeletal structures are unremarkable.

Assessment:
1. No morphologic lesions of the colon identified - this does not exclude colitis.
2. Mild fragmented small intestinal gas with heterogeneous gastric material - there is no evidence of gastric outflow or small intestinal mechanical obstruction in this study. Plication is not identified. The material described is nonspecific and could simply represent residual food material. Foreign material cannot be entirely excluded however is ranked lower without vomiting reported. Correlate with the last known feeding and vomitus. Otherwise, consider gastroenteritis (inflammation vs infection vs infiltrative disease) with a functional ileus as a possible underlying cause of clinical signs.
3. Normal thorax.

Comments: Consider further interrogating the gastrointestinal findings with abdominal ultrasonography, as a higher sensitive test. Alternatively, medical therapy with fasted repeat abdominal radiographs in 12 to 24 hours (or sooner if the patient worsens) could be pursued for reevaluation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (8.38 cm in length) with a normal shape, architecture and 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 in size (8.43 cm in length) with a normal shape, architecture and 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.

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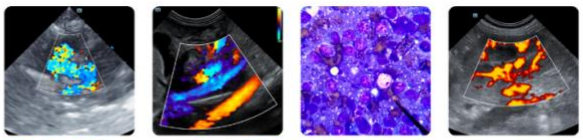

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Adrenal Glands

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and 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 in size (1.37 cm at cranial pole) (0.81 cm at caudal pole) with a normal shape and 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 subjectively normal in size (1.79 cm in width at the level of the hilus) with slight rounding at the peripheral margins at the poles. 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with fluid and chyme. The small intestinal wall is normal in thickness with a normal layering pattern. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. A small amount of liquid-appearing fecal material is observed within the colonic lumen. There is no obvious evidence of an obstructive pattern.

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.

Lymph Nodes

Two- to three prominent medial iliac lymph nodes are visualized (one measuring 2.04 x 0.54 cm). A few prominent mesenteric lymph nodes are also visualized (one measuring 3.29 x 0.69 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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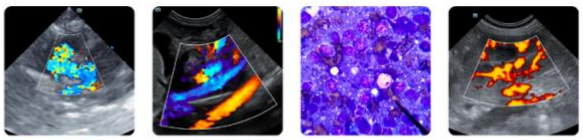

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ULTRASONOGRAPHIC FINDINGS

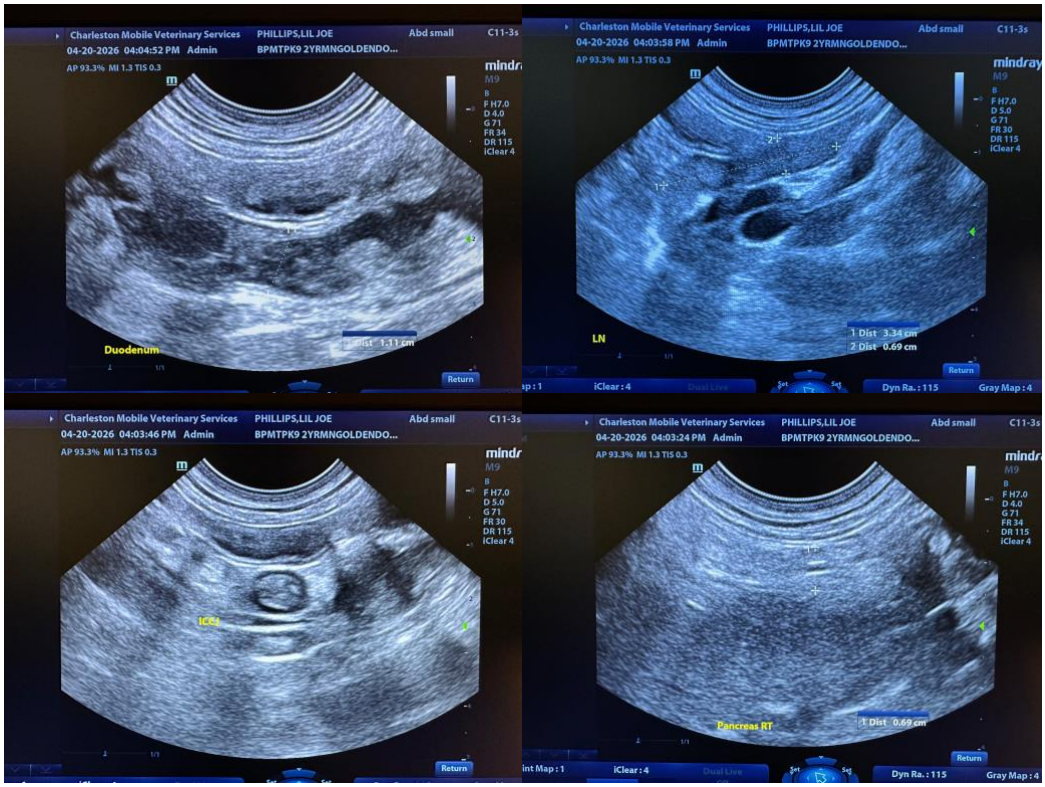
The small intestinal changes are most consistent with enteritis of unknown etiology.

Secondary Findings

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia and a fecal PCR infectious disease panel should be considered. Also consider prophylactic deworming with fenbendazole.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Supportive care for acute hemorrhagic gastroenteritis is recommended.
- If clinical signs persist despite medical management, further GI work-up may be indicated.



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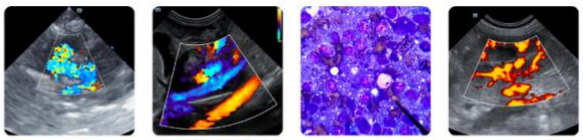

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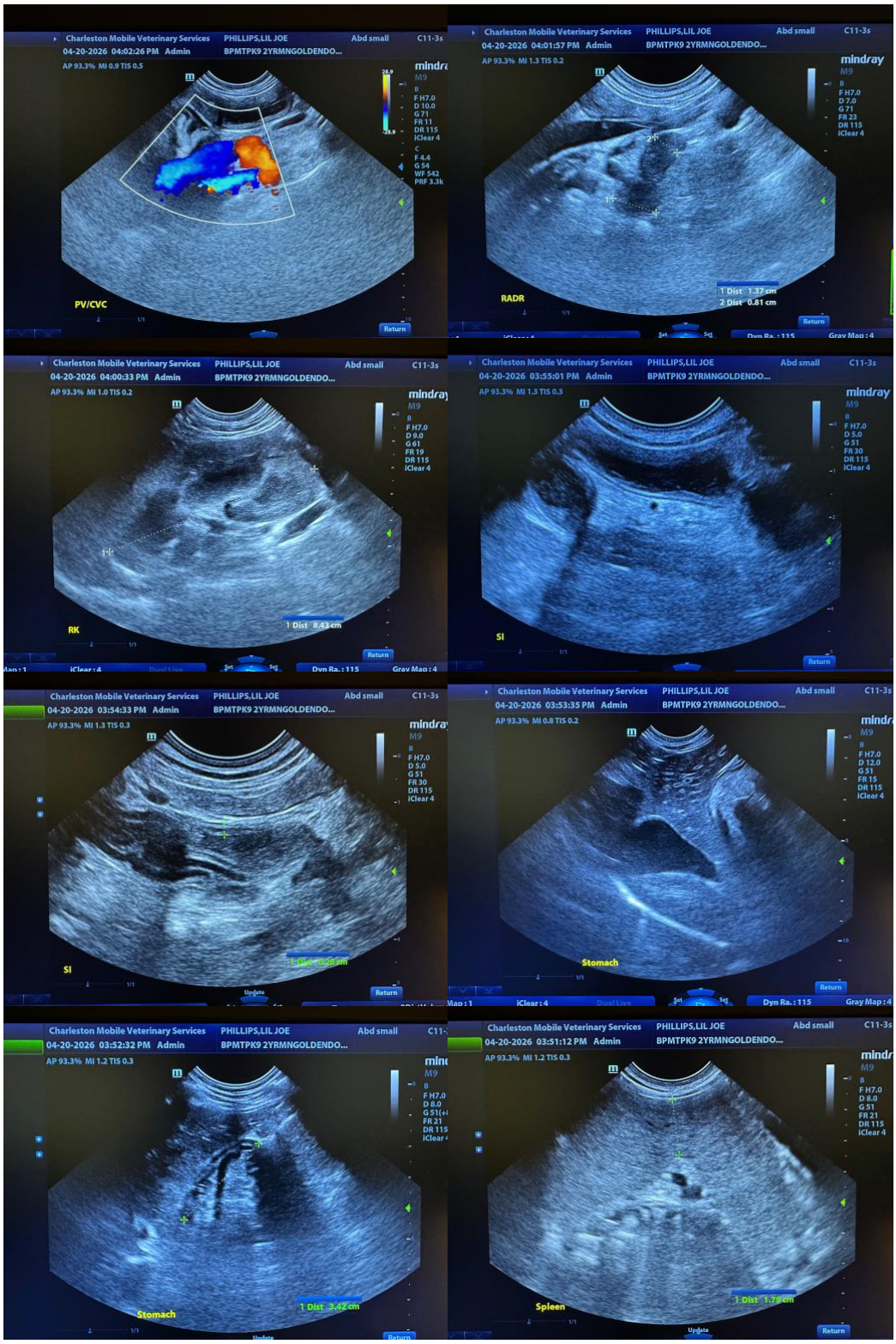

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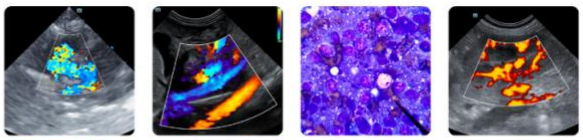

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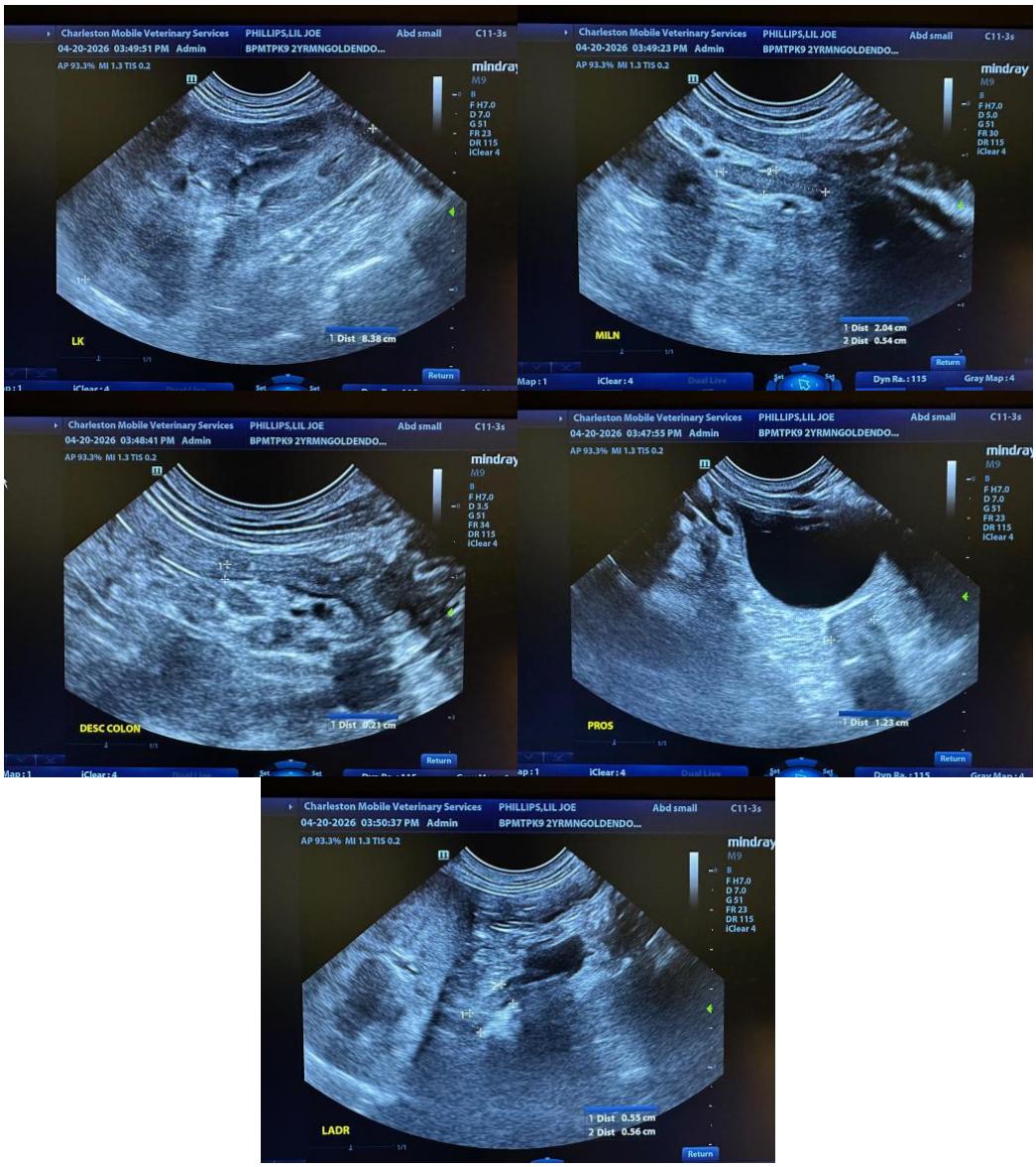

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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