



PATIENT PRESENTING CLINICAL SIGNS

Archie Schmittauer History: Patient presented for acute vomiting bile, not eating this morning, lethargic since last night. Patient does eat foreign material. Patient had liver shunt sx with ameroid constrictor as a puppy and is on L/D diet.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: PE: BAR, T: 104.2 Rads: No evidence of obvious obstructive pattern CBC: WBC 32%, Neu 28.2, Mono 1.25 CHEM: BUN 4, ALT 177, ALKP 382, K+2.7 TT4:0.8 CPL: WNL 4DX: Negative

BREED

Irish Setter

SEX

Neutered Male

AGE

3 years

WEIGHT

59 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (7.35 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.54 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

Adrenal Glands

(One still image is available for interpretation). The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.44 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.

(One still image is available for interpretation). The right adrenal gland is in normal size (1.03 cm at cranial pole) (0.43 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.

HOSPITAL NAME

Northside VC

Spleen

The spleen is normal in size (2.24 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.

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Griffin

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.

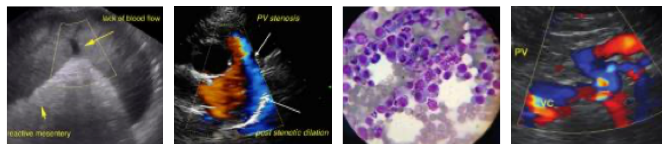
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DATE

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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/not seen.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. Within a small intestinal segment, just medial to the spleen, an approximately 3.00 cm shadowing structure is observed within the lumen. Proximal to this structure, the bowel is mildly dilated. Distal to this structure, the bowel lumen is empty. The small intestinal wall is otherwise 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

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The 3.00 cm structure seen within the small intestinal lumen is suspected to represent a foreign body. However, a mass or polyp cannot be completely excluded.

Secondary Findings

- The medullary band seen in both kidneys likely represents a benign incidental finding. However, this finding can sometimes be associated with subclinical renal disease. Correlation with the patient's renal values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory should be considered to evaluate for and remove the small intestinal foreign material. Consider obtaining GI biopsies at the time of the study. Given the elevated liver values, a liver biopsy should also be considered to assess for microscopic hepatopathy, particularly given the patient's history of a congenital portosystemic shunt. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.





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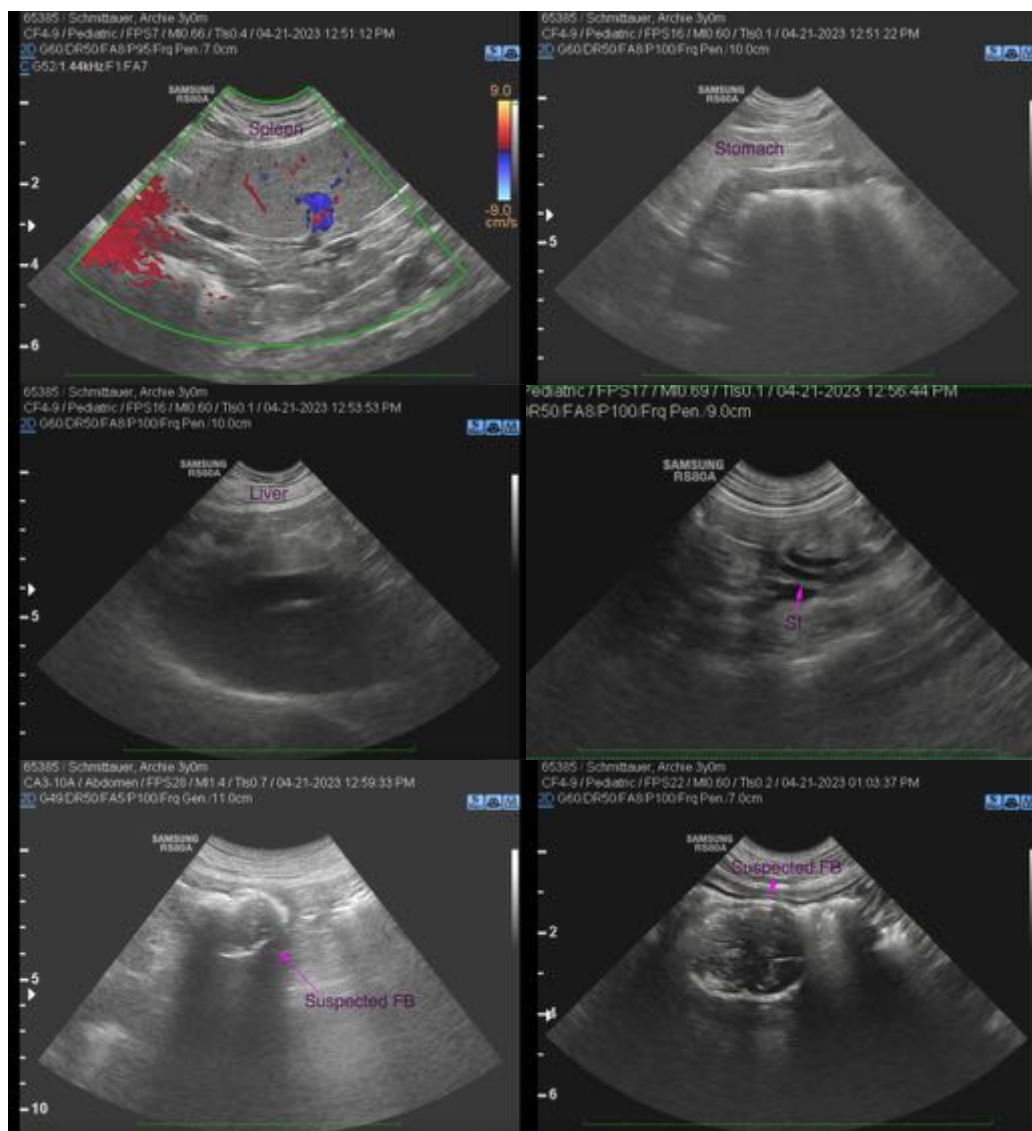
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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