



PATIENT

King Tallmadge

SPECIES

Canine

BREED

Pit bull terrier

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

64.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Highland VH

INVOICE

14855

DATE

4/25/23

PRESENTING CLINICAL SIGNS

History: "Stomach is hard", painful, ADR. Doesn't eat well, uncomfortable.
Abnormal PE/Chem/CBC/UA Results: Low phosphorus (mild), rest of CBC, chem, lytes, T4, cortisol all normal. Rads WNL

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.45 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 (6.36 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.

The right kidney is normal size (6.39 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 (0.52 cm at cranial pole) (0.76 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 (0.74 cm at cranial pole) (0.73 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.

Spleen

The spleen is normal in size (1.92 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 scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately fluid and gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The medial iliac lymph nodes are visualized (left 1.95 cm in length; right 2.12 cm in length). The nodes are normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- The gastric fluid distention may be secondary to ileus, primary motility disorder, recent water ingestion, other.
- The visible/prominent medial iliac lymph nodes are likely reactive with a low possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations to assess for non-metabolic causes of abdominal distention (i.e., orthopedic or neurologic pain).
- Three-view thoracic radiographs to assess for pulmonary disease, which can potentially cause aerophagia and gas distention of the bowel.
- If the patient did not drink prior to the study, consider empirical treatment for a primary motility disorder (i.e., metoclopramide). If the patient does not improve within 5-7 days of initiating therapy, further workup may be warranted and could include the following:
 - GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level (send to Texas A&M).
 - A fecal evaluation for ova/Giardia.
 - Limited antigen or hydrolyzed protein diet trial.
 - +/- GI biopsies (i.e., endoscopic or surgical).

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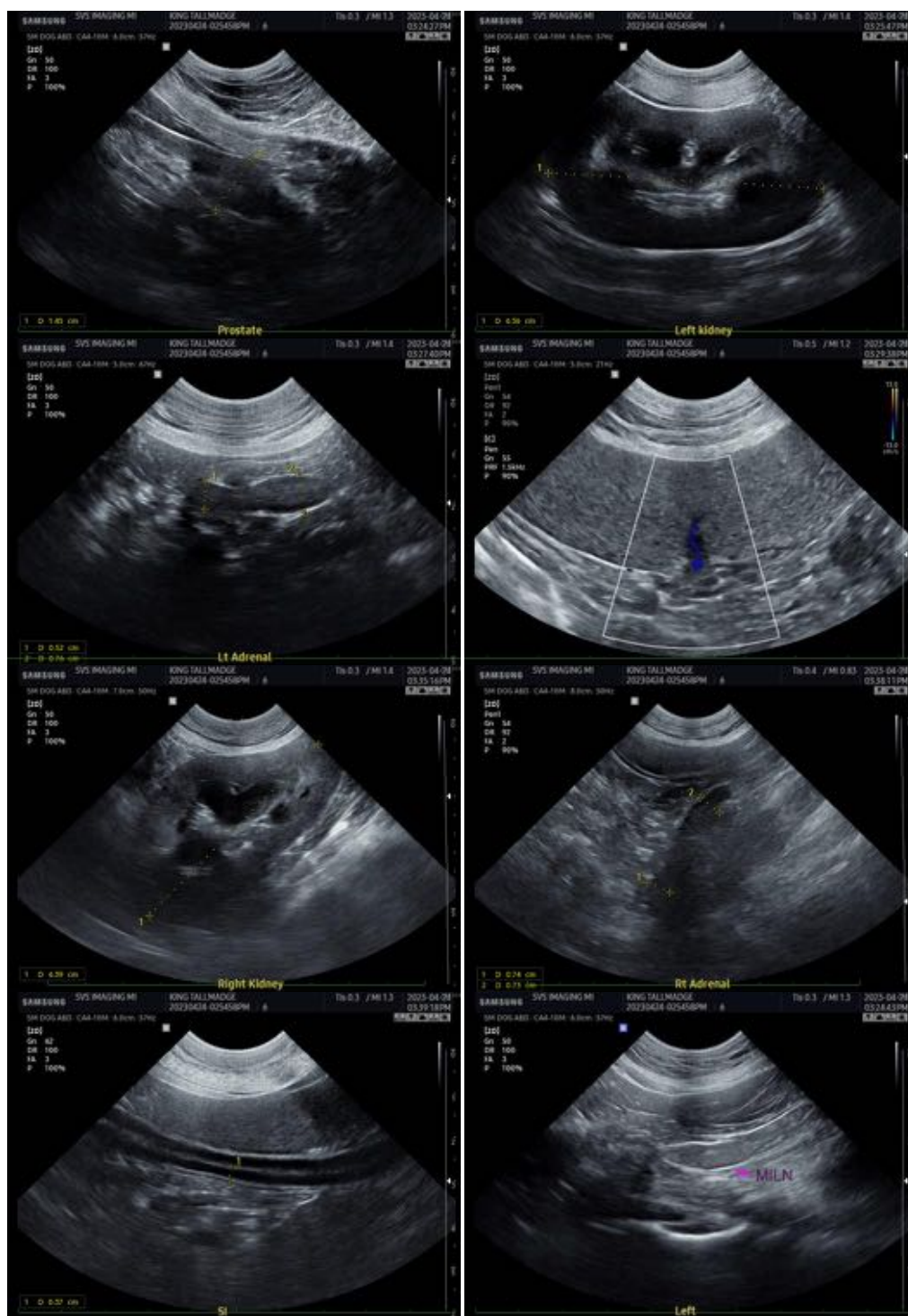
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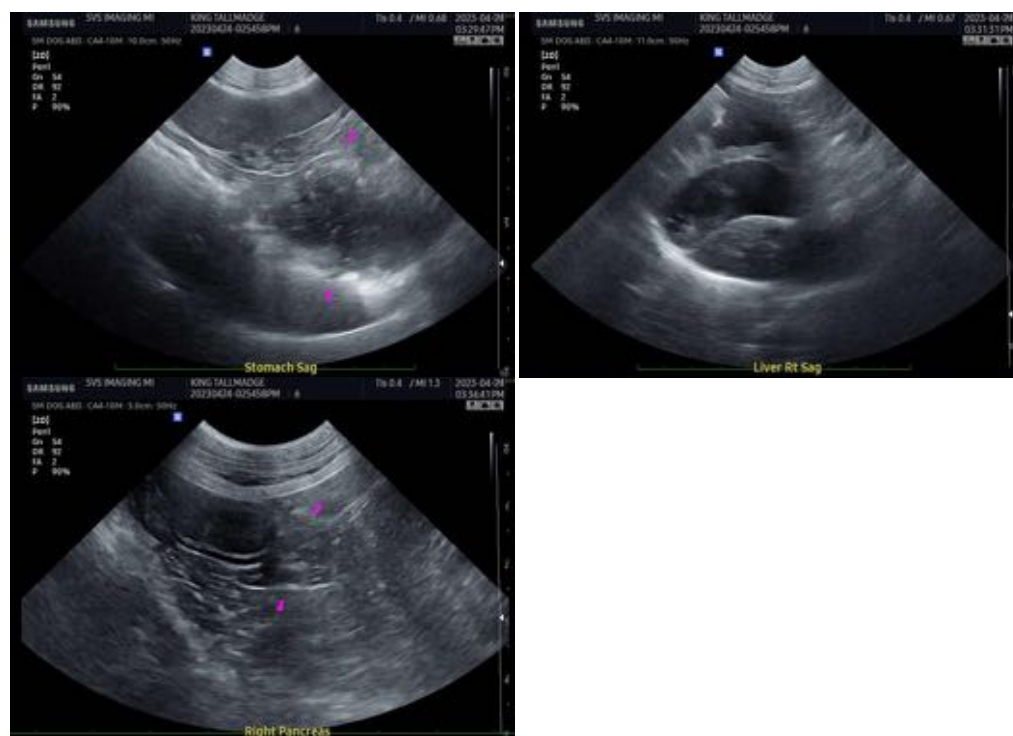
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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