



PATIENT

Jaeger Bhat

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

3.5 years

WEIGHT

38.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

10830

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History: mild tense/painful abdomen by palpation. Vomiting for a few days, not eating. Did not vomit yesterday but still not eating. Start vomiting again this morning. Still drinking. Ate a raw lamb bone on Tuesday. Tramadol, Sulcrate, Metronidazole given.

Abnormal PE/Chem/CBC/UA Results: AMYL 362, CI 108,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

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

The left kidney is normal size (6.75 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.40 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.55 cm at caudal pole) (1.91 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 region of the right adrenal gland is evaluated. The gland itself is not definitively visualized. However, due to patient temperament, the region could not be visualized in its entirety. Sedation would be necessary to further assess for right adrenal gland pathology.

Spleen

The spleen is normal in size (2.10 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is mildly distended with gas and non-shadowing fluid/ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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

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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

3.5 years

- Unremarkable abdomen. There is no obvious evidence of a gastrointestinal obstruction. A partial obstruction cannot be completely excluded, but is considered less likely based on the sonographic appearance of the bowel.

WEIGHT

38.6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia. If the patient's clinical signs do not improve within 48-72 hours of medical management, a more advanced GI work-up (i.e., GI panel including, resting cortisol level, repeat abdominal ultrasound, +/- GI biopsies) may be warranted.

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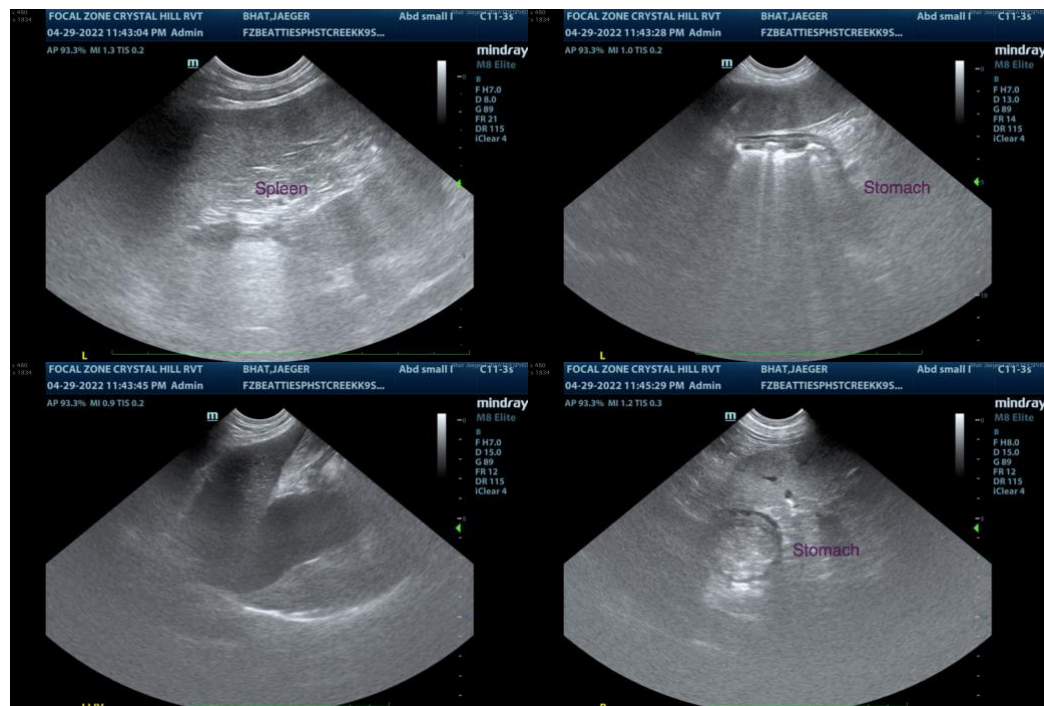
Dr. Baskin

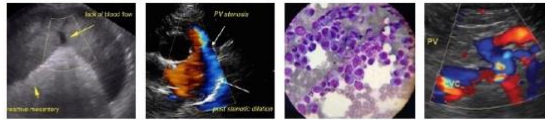
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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