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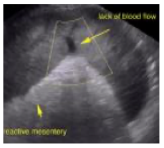
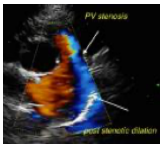
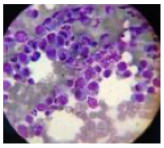
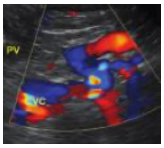
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kuma Bozzo

SPECIES
Canine

BREED
Bernedoodle

SEX
Neutered Male

AGE
12 mos

WEIGHT
27.8 lbs

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

IMAGING PERFORMED BY
Dr. Ferrer DVM

HOSPITAL NAME
Paseos VC

REFERRING VET
Dra. Walker

INVOICE
12664

DATE
4.5.23

PRESENTING CLINICAL SIGNS

History: The patient presented as a referral for an abdominal ultrasound to evaluate possible GI foreign body. The pt presented to rDVM because he was vomiting last night 2 times and 3 times this morning and has not been given medication or food since last night. Problem List: vomiting diarrhea improved no longer present lameness hx jumped from a car Assessment: gastroenteritis secondary to medications vs foreign body enema given AM After the enema, Kuma defecated fecal material in tubular form with gelatinous material surrounding it no foreign body was noted. Kuma has not vomited since the arrival at the hospital Ate well W/D diet Plan to keep Kuma hospitalized until tomorrow to repeat radiograph and chem tomorrow AM hospitalized with IV medication Repeat radiographs tomorrow AM if foreign material continues present rectum +/- Enema Treatments Performed: metro Cerenia Famo Gabapentine PO if not vomiting Medications Prescribed: None

Abnormal PE/Chem/CBC/UA Results: Diagnostics: radiograph gas filled with moderate dilation there is a foreign structure colon/rectum unsure if fabric or fecal material chem dehydrated 4/4 radiograph gas dilation decreased but there are still some large intestine tubular structures that continue present in the colon/rectum BW: Chem 4/21/23 TP 10.1 g/dL ALB 5.2 g/dL GLOB 4.9 g/dL ALT 132 U/L ALKP < 10 U/L TBIL 4.3 mg/dL AMYL 376 U/L Chem: 4/5/23 AMYL 276 U/L

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. A moderate amount of suspended echogenic debris is observed within the lumen. 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 (0.91 cm in width) normal curvilinear peripheral contours. Parenchyma is mildly heterogenous. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.03 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.26 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.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm at cranial pole) (0.38 cm at caudal pole) (2.33 cm in length) 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 appear normal.

The right adrenal gland is in normal size (0.47 cm at cranial pole) (0.41 cm at caudal pole) (2.47 cm in length) 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 appear normal.

Spleen

The spleen is normal in size (1.26 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 appears 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
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
The left 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.

Free Abdomen
There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.70 cm in length). In addition, a 1.28 cm cranial abdominal lymph node is seen. All nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

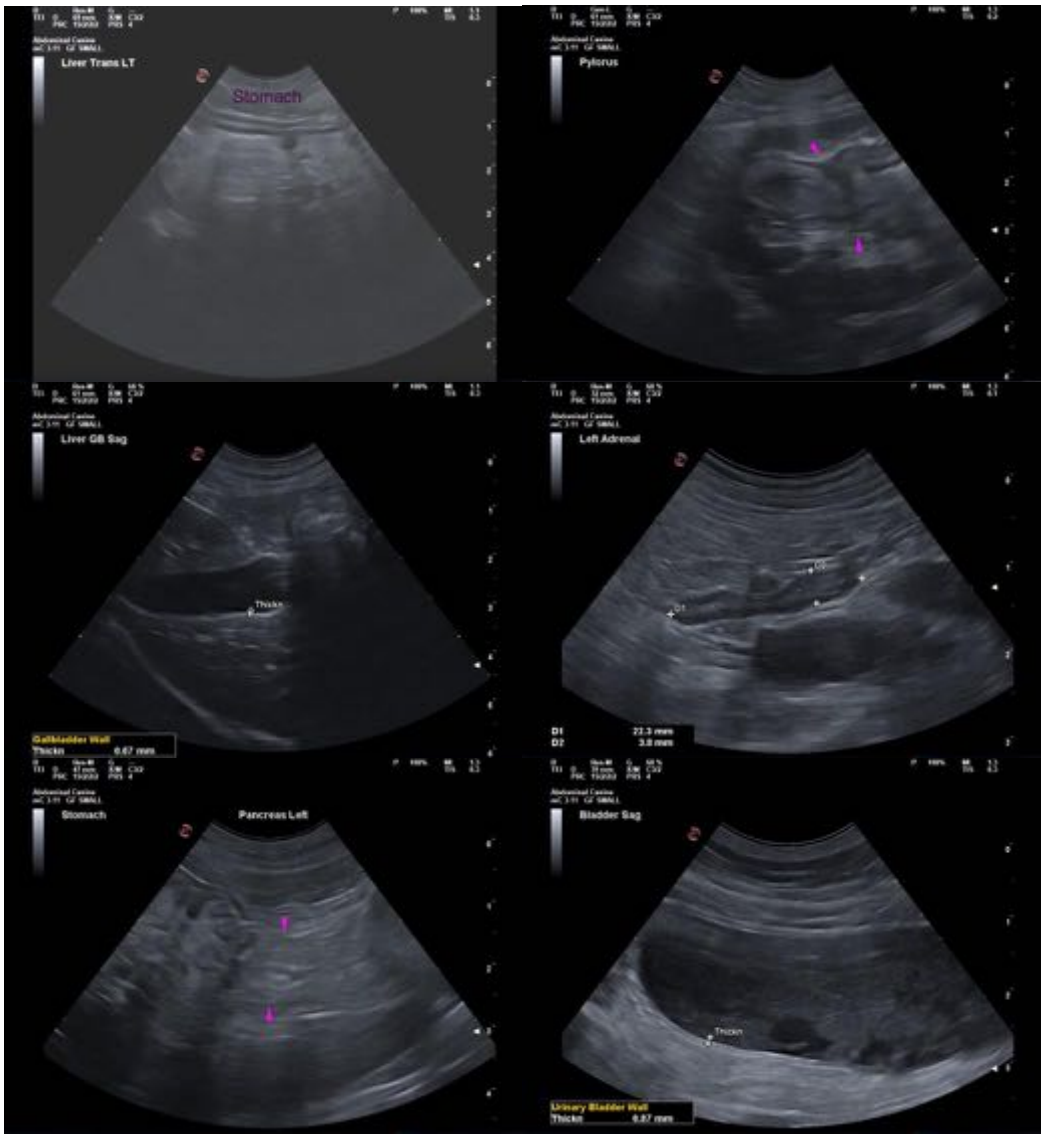
- There is no obvious evidence a foreign body/obstruction.

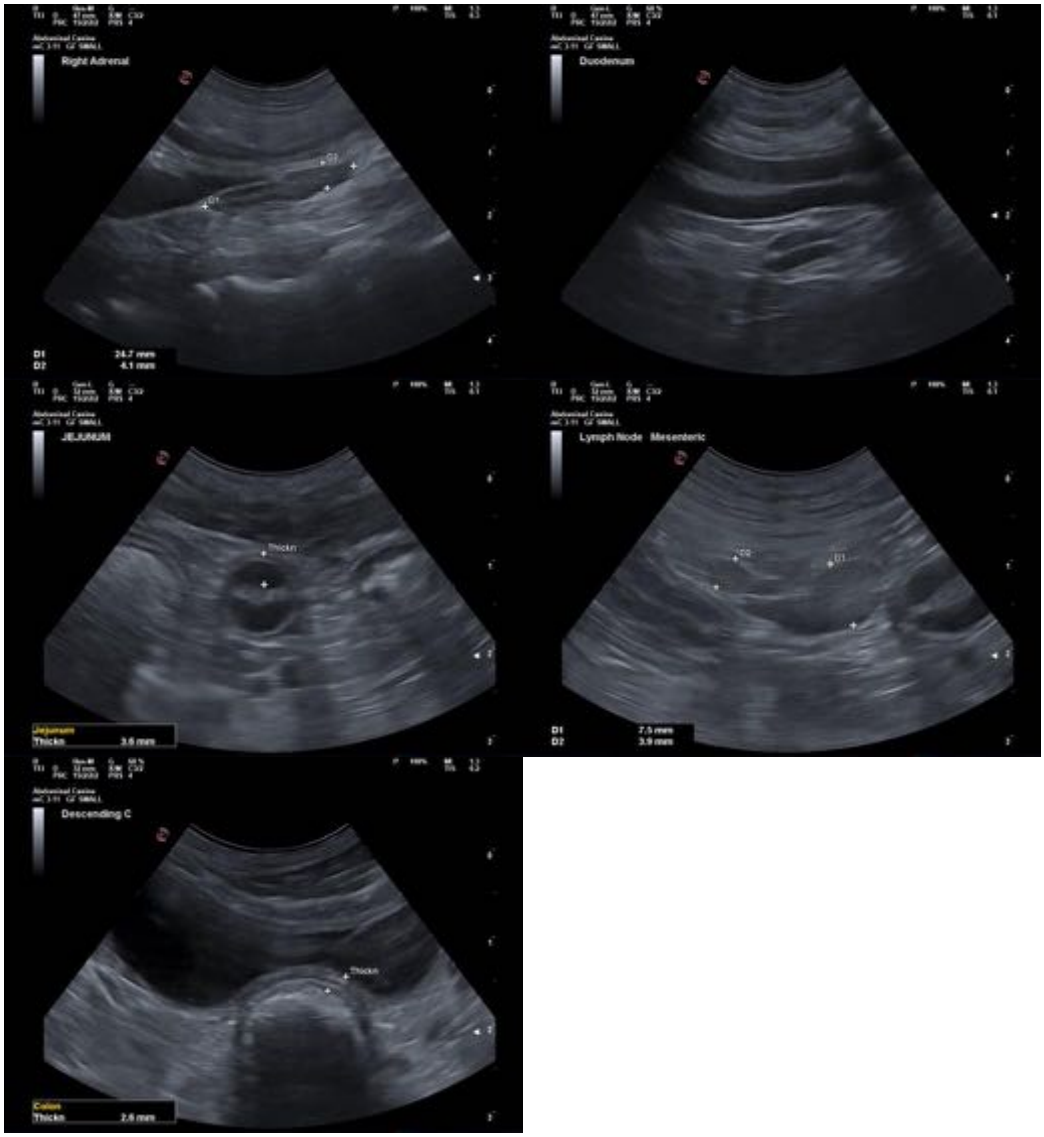
Secondary Findings

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.
- Mild bilateral chronic renal changes
- Minor age-related pancreatic remodeling.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The prostatic parenchymal changes are most consistent with mild age-related remodeling, with a lower possibility of more insidious pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider prophylactic deworming with Fenbendazole.
- Continued supportive care for acute gastroenteritis is recommended. If the patient's clinical signs do not resolve with medical management, a more comprehensive GI work-up (i.e., malabsorption panel, resting cortisol level, elimination diet trial, +/- GI biopsies may be necessary to get a definitive diagnosis.





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