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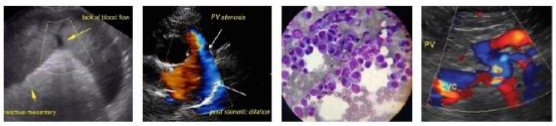

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jake Graham

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharines AH

REFERRING VET

Dr. Masoud

INVOICE

10887

DATE

5/11/22

PRESENTING CLINICAL SIGNS

History: Vomiting for 3 days. Not eating. No current meds.
Abnormal PE/Chem/CBC/UA Results: ELevated CPLi, ALP and moderate hypocalcemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall in the region of the apex is thickened (up to 0.83 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

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

The left kidney is normal size (6.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.69 cm at caudal pole) (2.71 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 right adrenal gland is normal size (0.97 cm at cranial pole) (0.43 cm at caudal pole) (2.46 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.

Spleen

The spleen is normal in size (2.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.54 cm irregular, hyperechoic nodule/area is observed approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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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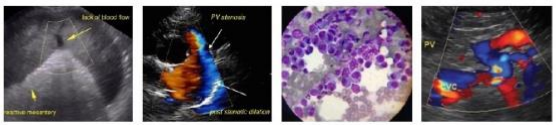

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The gastric lumen is moderately distended with fluid and shadowing material and is hypomotile. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. A several-centimeter segment of small intestinal is plicated with shadowing material coursing through the lumen. A few small intestinal segments are fluid-distended and hypomotile. The remainder of the small intestinal is not dilated. The small intestinal wall is 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 evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

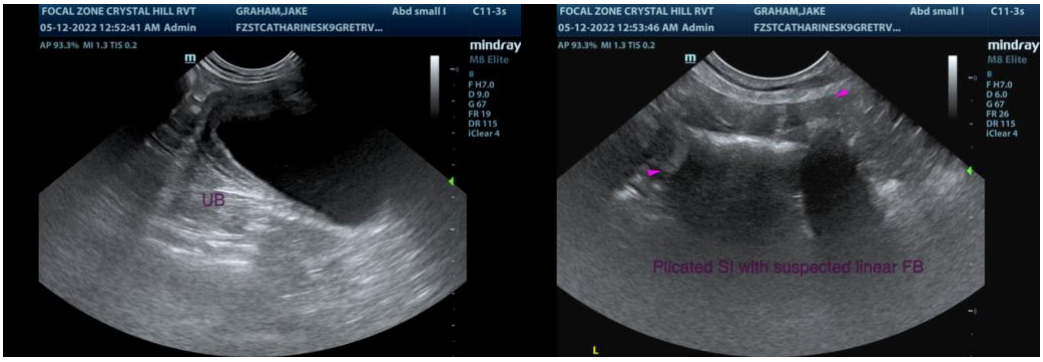
- Suspected gastric and small intestinal foreign material (i.e., linear) with obstruction

Secondary Findings

- Minor age-related and hepatic changes
- The urinary bladder wall thickening could be consistent with cystitis. However, it may be somewhat artifactual due to lack of full repletion. Correlation with the patient's clinical history is recommended.
- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma) with a low possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to further evaluate for a gastrointestinal foreign body. If a foreign body is not found, gastrointestinal biopsies should be obtained.
- Thoracic radiographs are recommended prior to anesthesia to assess for evidence of aspiration pneumonia.



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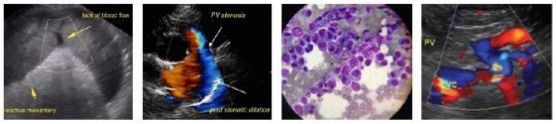

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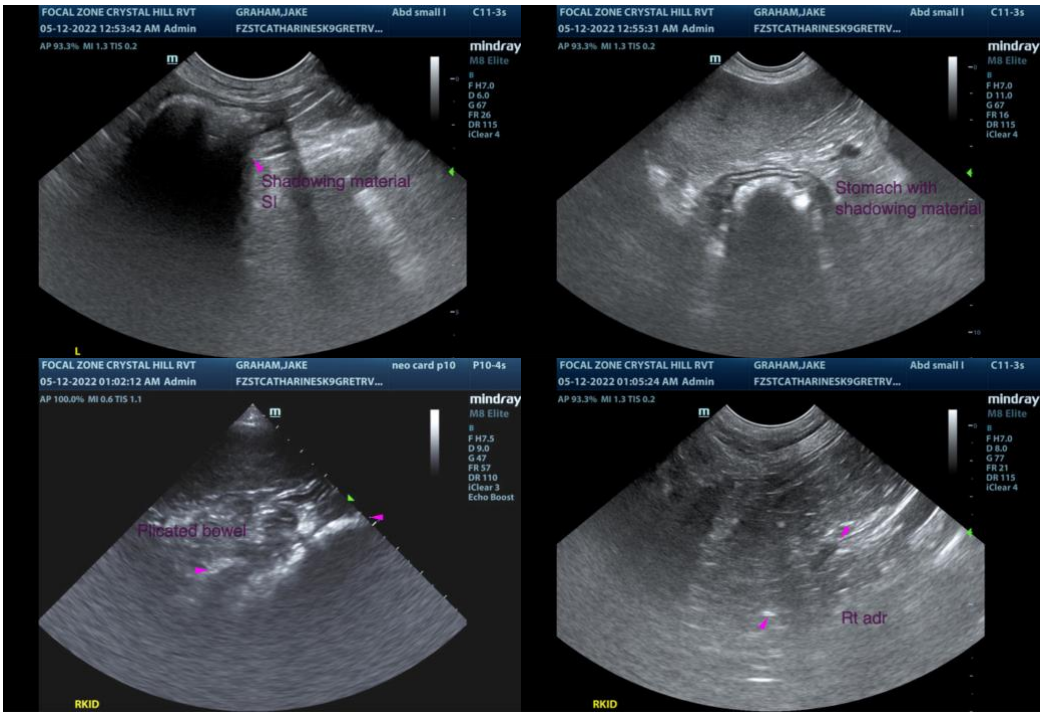

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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