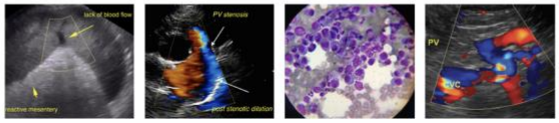

PATIENT
Gus Martin

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered Male

AGE
11/26/2107

WEIGHT
69.7 lb

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

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

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REFERRING VET
Dr. Pignatello

INVOICE
10957

DATE
5/26/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: - T: 104.0. Tense on abdominal palpation

Current Medications: Cerenia, Midazolam, and Hydromorphone
Radiographic Findings: Homogeneous soft tissue opaque material in the bowel segment which could represent descending duodenum or ascending colon. This is best seen on right lateral images in the region ventral to L3 and 4. Possible duodenal foreign material. The more heterogeneous small intestinal material is within normal sized intestinal segments and resembles frothy fluid. This could also represent foreign material, but these bowel segments are normal in size. Ultrasound may help identify the intestinal segment in question. Alternatively consider recheck radiographs following a period of supportive care to assess interval change.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal mildly enlarged (2.29 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is mildly heterogenous. The prostatic urethra is s not overtly dilated .

The left kidney is normal size (7.23 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. Renal vasculature is normal.

The right kidney is normal size (8.05 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. Renal vasculature is normal.

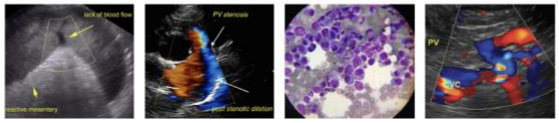
Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.65 cm at caudal pole) (3.02 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 (1.17 cm at cranial pole) (0.51 cm at caudal pole) (3.10 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 (2.10 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



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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

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. A few, small intestinal segments are mildly fluid-distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The lumen of the ascending colon is mildly fluid-distended and hypomotile. The remaining colonic lumen is empty. There is no evidence of an obstructive pattern.

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. A few, prominent mesenteric lymph nodes are visualized, the largest measuring 1.58 cm in length. Surrounding mesentery is mildly hyperechoic.

Other

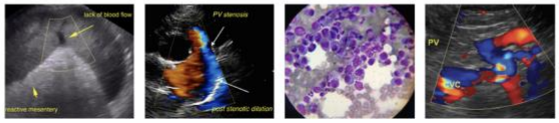
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel change is most consistent with acute gastroenteritis. There is no obvious evidence of a foreign body/obstruction. A partial obstruction cannot be completely excluded but is considered unlikely.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings



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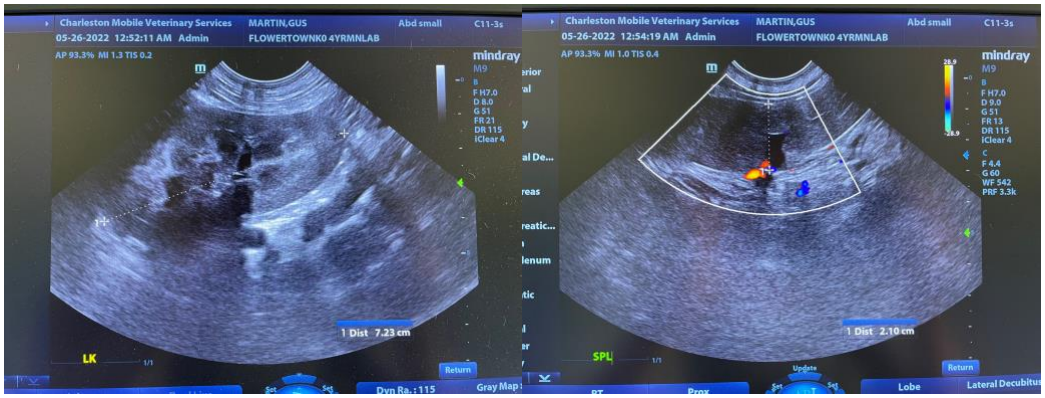
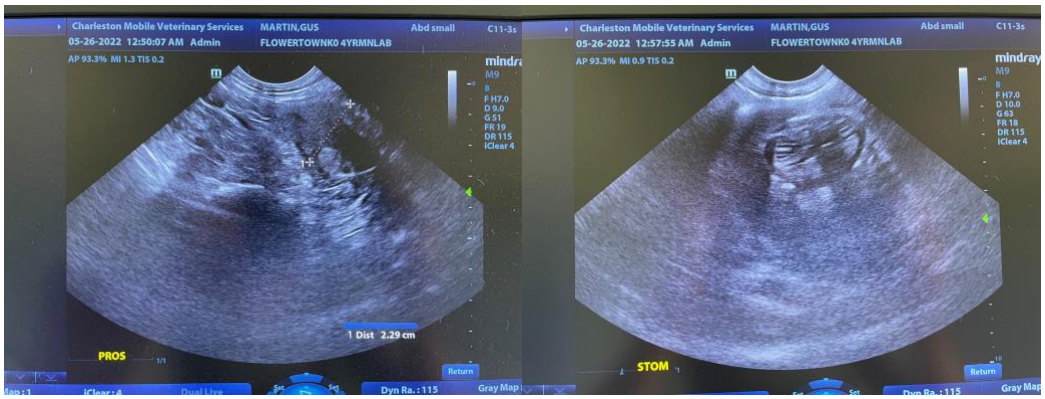
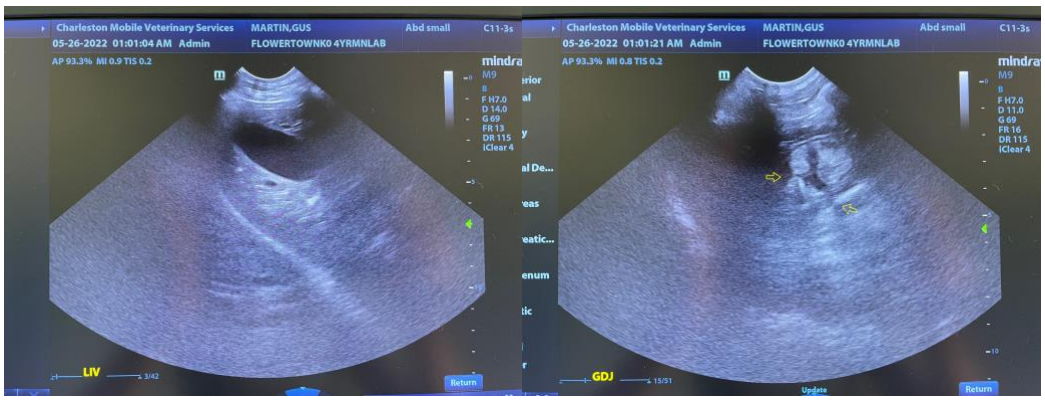
- The prostate changes could be consistent with resolving hyperplasia (if the patient was neutered later in life). Alternatively, inflammatory disease or emerging neoplasia are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended, as well as a fecal evaluation for ova and Giardia.
- If the patient's clinical signs do not improve within 48-72 hours of medical management, consider repeat abdominal imaging, +/- a more advanced GI work-up (i.e., malabsorption panel, resting cortisol level, etc.)







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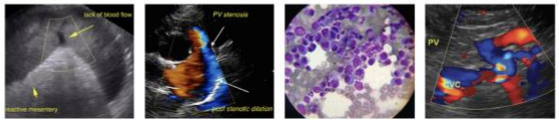

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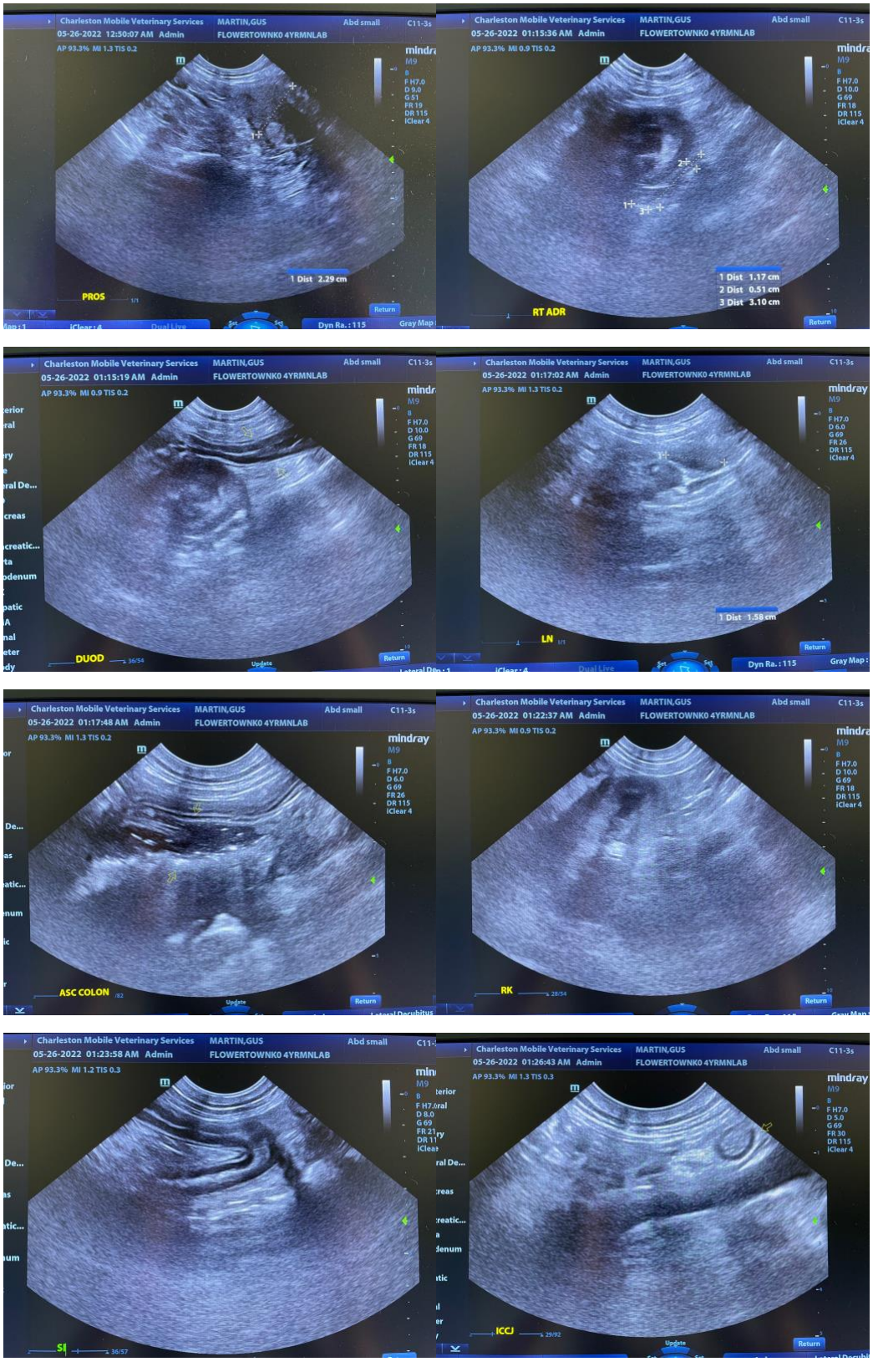

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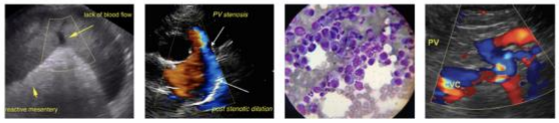

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com