

PATIENT PRESENTING CLINICAL SIGNS

Mika Arias
History: The patient presented as a referral for an abdominal ultrasound to evaluate recurrent Gastrointestinal problems. Has been anorexic, vomiting, and with bloody diarrhea for the last 2 days. She also had a foreign body surgery on Sept 2022. Not currently on meds, but was prescribed Sucralfate and Omeprazole. Has not eaten in 2 days.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: Unremarkable CHEM: All WNL

BREED

Mixed

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 is normal.

SEX

Spayed Female

The left kidney is normal in size (5.11 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.

AGE

2 years

The right kidney is normal in size (5.32 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.

WEIGHT

26 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.45 cm at caudal pole) (2.50 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 are normal.

INTERPRETED BY

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

The right adrenal gland is in normal size (0.56 cm at cranial pole) (0.43 cm at caudal pole) (2.24 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 are normal.

IMAGING PERFORMED BY

Dr. Ferrer, DVM

Spleen

The spleen is normal in size (1.07 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.

HOSPITAL NAME

Paseos Veterinary
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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.

REFERRING VET

Dr. Javier Rodriguez

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

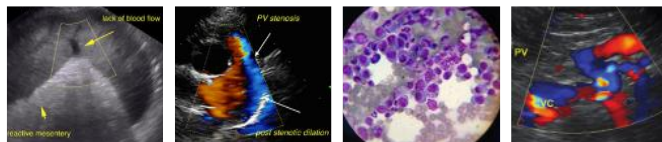
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Gastrointestinal

The gastric lumen is moderately distended with echogenic fluid. 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 is normal in thickness with a normal layering

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pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains granular-appearing fecal material.

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Pancreas

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

BREED

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Free Abdomen

There is no obvious evidence of free fluid. Prominent lymph node are observed throughout the abdomen, the largest measuring 2.99 cm in length (mesenteric node).

ULTRASONOGRAPHIC FINDINGS

Findings

SEX
Spayed Female

- Gastric ileus. Functional ileus is suspected. However, intermittent structural obstruction of the pyloric outflow tract (i.e., small foreign body) cannot be completely excluded.
- Other considerations for the patient's clinical signs include microscopic gastrointestinal disease (i.e., dietary indiscretion, food allergy/intolerance, infectious/parasitic disease) underlying metabolic issue, other.

AGE

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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- Parvo testing is recommended (particularly if the patient is not vaccinated).
- Fecal evaluation for ova and Giardia +/- a fecal PCR infectious disease panel.
- Consider prophylactic deworming with Fenbendazole.
- Initiation of a probiotic along with a fiber supplement, bland diet and other symptomatic care is recommended.
- If the patient's clinical signs persist, a more comprehensive GI work-up (i.e., malabsorption panel, including serum cobalamin and folate, TLI, PLI, and resting cortisol level, limited antigen diet trial +/- endoscopic or surgical GI biopsies) may be warranted. If there is a strong suspicion for a small gastric foreign body, consider performing abdominal radiographs, and/or a repeat ultrasound in 24-48 hours to assess the stomach. If clinical suspicion for a foreign body still remains high, an upper GI endoscopy or surgery may be warranted sooner rather than later.

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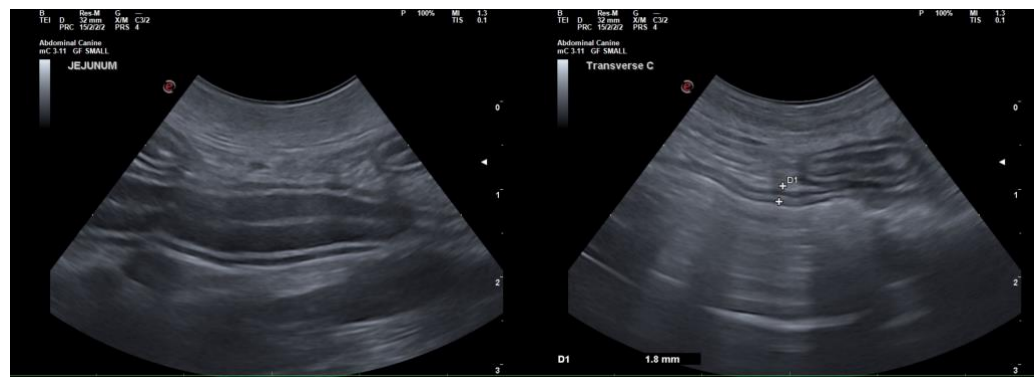
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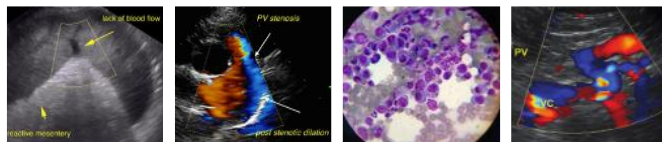
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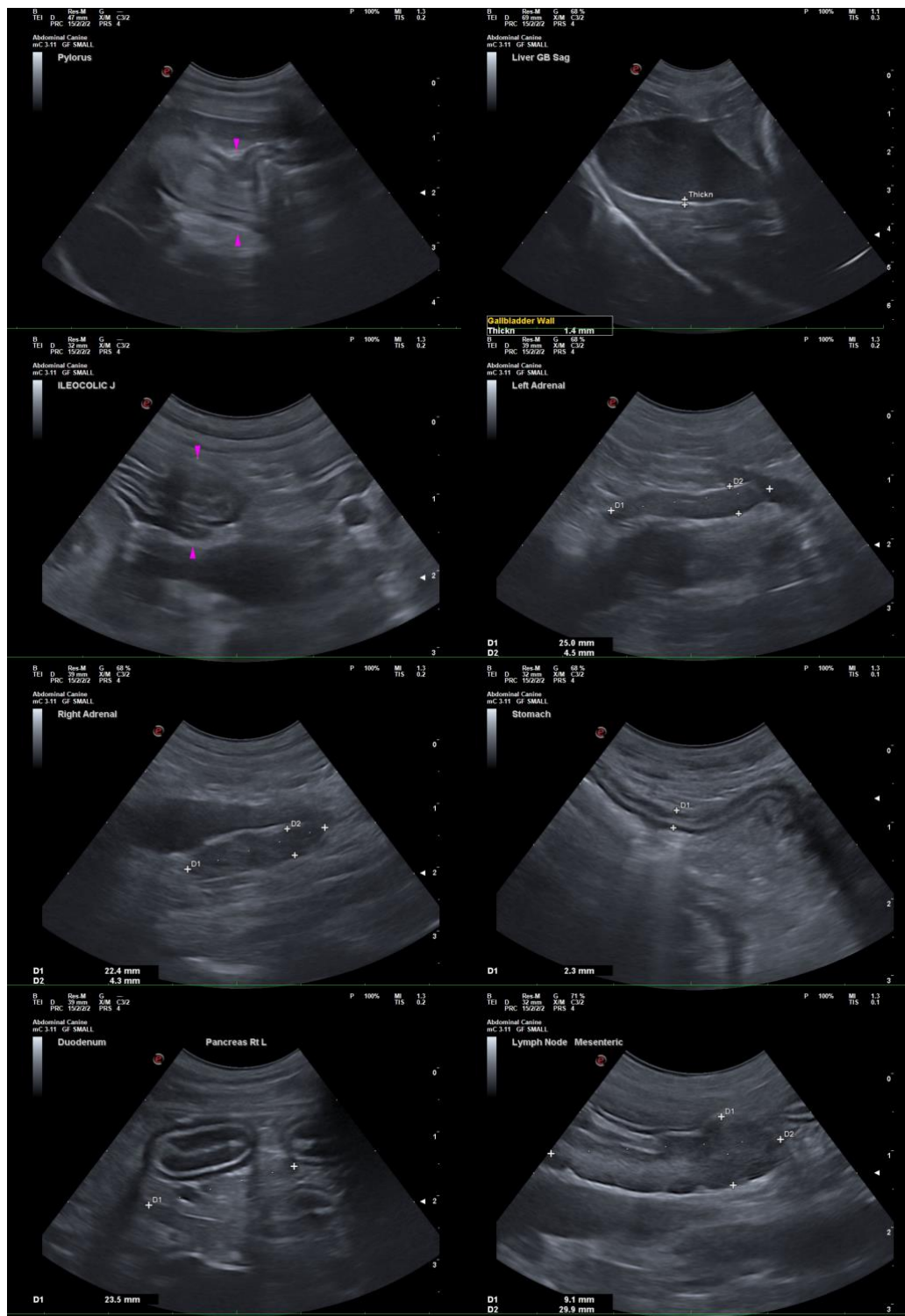
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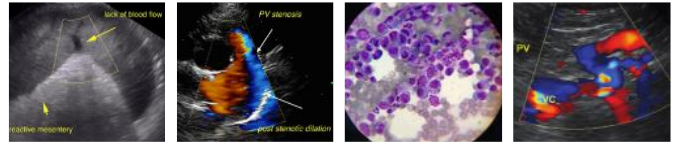
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

Mika Arias

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