



## PATIENT PRESENTING CLINICAL SIGNS

**Wiwi Vale**  
History: The patient presented as a referral for an urgent abdominal ultrasound for evaluation of anorexia. Pt has been acting anorexic and doing downward dog stretch position.

**SPECIES**  
Abnormal PE/Chem/CBC/UA Results: ALT: above normal range. x-rays: Suspected foreign body in pylorus, duodenum area

Canine

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

American Bull  
Terrier Mix

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

### SEX

Neutered Male

The prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

### AGE

2 years

The left kidney is normal in size (7.90 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

54.2 lbs

The right kidney is normal in size (8.17 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.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.63 cm at caudal pole) (2.99 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

The right adrenal gland is in normal size (0.65 cm at cranial pole) (0.51 cm at caudal pole) 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.

## HOSPITAL NAME

Paseos VC

### Spleen

The spleen is prominent in size (2.61 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## REFERRING VET

Dr. Jose Cruz

### 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.

## INVOICE

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

## DATE

5.8.23



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**Gastrointestinal**

The gastric lumen is gas-distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, proximal duodenum, an irregular shadowing structure is visualized. The wall in this region is thickened (up to 1.19 cm) with questionable retention of the normal layering pattern. In the remainder of the small intestine, the lumen is empty. The wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

**Pancreas**

The pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic. A moderate amount of slightly echogenic free fluid is present. The medial iliac lymph node are visualized (the largest measuring 2.10 cm in length). A few prominent mesenteric lymph nodes are also seen (the largest measuring 1.81 cm in length). A prominent cranial abdominal lymph node is also visualized (1.56 cm in length).

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The shadowing structure in the region of the pyloric antrum/proximal duodenum is suspected for a foreign body. The small intestinal wall thickening in the region is most consistent with inflammation, with a lower possibility emerging neoplasia.
- The pancreatic changes could be consistent with mild pancreatitis.
- The ascites may be secondary to bowel pathology, pancreatitis, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- An abdominal exploratory with evaluation for an upper GI foreign body is recommended. Bowel biopsies should also be obtained to assess for underlying pathology.
- Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.





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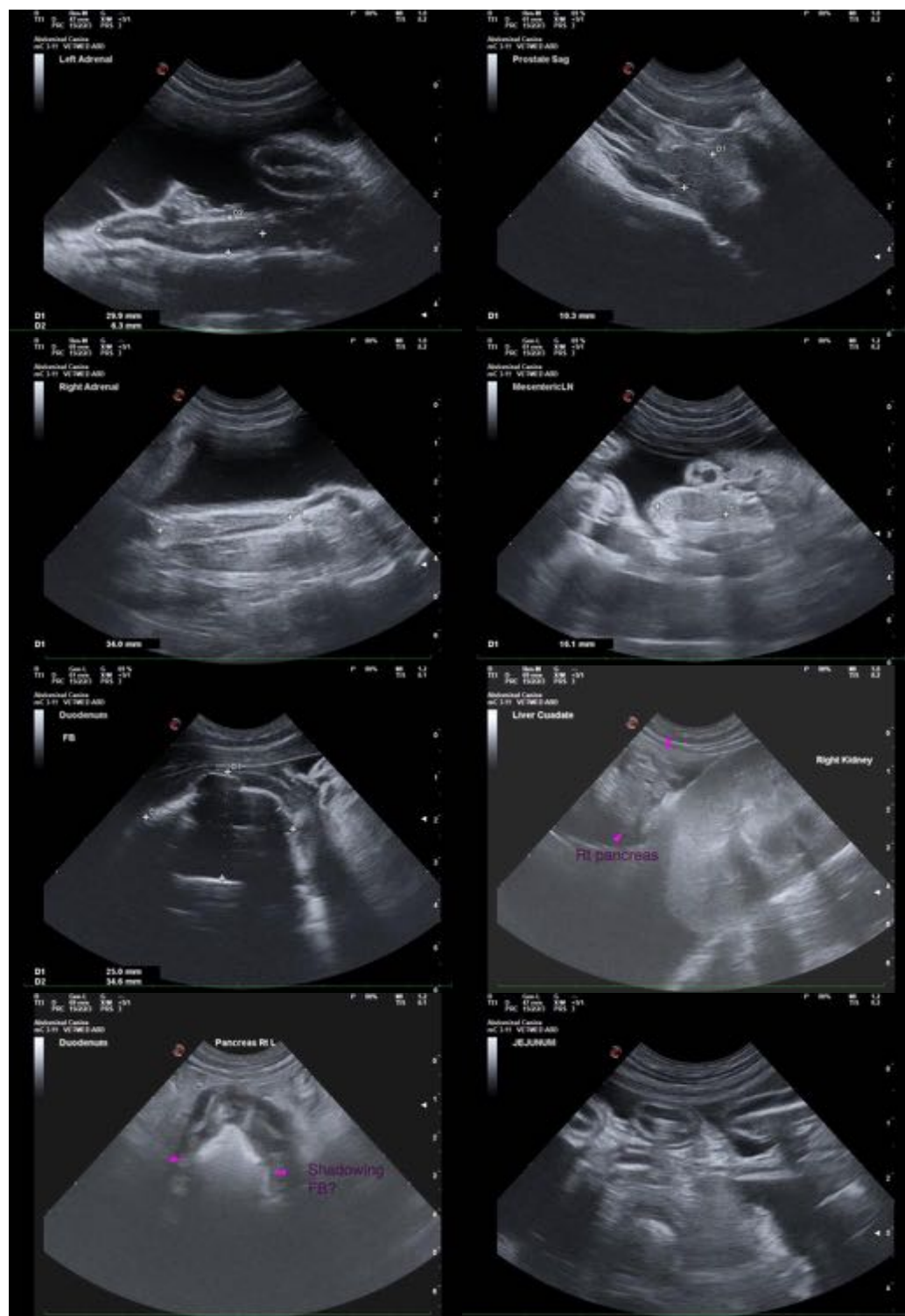
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Wiwi Vale

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.

**SPECIES**

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