



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Little Bit Hostetler  
**SPECIES** Canine

History: presents 6/13 daytime shift P started v+ last night before dinner. P V+ many times throughout the night and a few times this morning. P has not eaten in 12 hours. No C/S/D. No Hx of GI upset prior to this or any injury/illness. No large treats or meals given recently. No HX if dietary indiscretion. P is normally a very picky eater. Sent home on subq fluids and cerenia Lethargic, usually a hyper dog. Carrying out to pee, walked a few steps and laid down. Cerenia and SQF yesterday. Only eats high value foods in general. Ate very little yesterday, none today.

**BREED** Terrier Mix

Abnormal PE/Chem/CBC/UA Results  
CBC: HCT 53.%, RETIC HGB 22.2, MONO 1.74, EOS 0.00,  
Chem 10: Crea 0.7, BUN 9, Glu 150, TP 7.6, Alb 3.5, ALT 100, ALP 195  
EPOC: Ca 0.93, Crea <0.3, Glu 163, K 3.2, Na 136, LAC 1.79, BUN 10  
UA- USG 1.048, wbc 2/hpf, rbc 6/hpf, suspect cocci, trace glucose and protein and ketones  
**SEX** CPL: 50 ng/mL (WNL)

**Spayed Female ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE** 3.5 years

**Urinary System**  
The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

**WEIGHT** 12.3 lbs

The left kidney is normal in size (4.51 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.

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

The right kidney is normal in size (4.73 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.

**IMAGING PERFORMED BY** Maggiulli

**Adrenal Glands**  
The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.54 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** Willamette VH

The right adrenal gland is normal in size (0.50 cm at cranial pole) (0.38 cm at caudal pole) (xxx 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.

**REFERRING VET** Badigian

**Spleen**  
The spleen is normal in size (0.82 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.

**INVOICE** 13338

**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.

**DATE** 6.15.23



## PATIENT

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.

Little Bit Hostetler

## Gastrointestinal

The The gastric lumen is moderately to severely fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme (mild). 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.

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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.

## SEX

## Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

### AGE

### Primary Findings

3.5 years

- Gastric ileus. There is no obvious evidence of a foreign body/obstruction. However, a partial upper GI obstruction or an intermittent gastric outflow tract obstruction cannot be completely excluded.
- Trace ascites

### WEIGHT

12.3 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care is recommended, along with a fecal evaluation for ova and Giardia. If the clinical signs do not improve in the next 24 hours, consider repeat abdominal imaging +/- a more comprehensive GI work-up.

## INTERPRETED BY

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

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Maggiulli

## HOSPITAL NAME

Willamette VH

## REFERRING VET

Badigian

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## DATE

6.15.23





**PATIENT**

Little Bit Hostetler

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

3.5 years

**WEIGHT**

12.3 lbs

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**HOSPITAL NAME**

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**REFERRING VET**

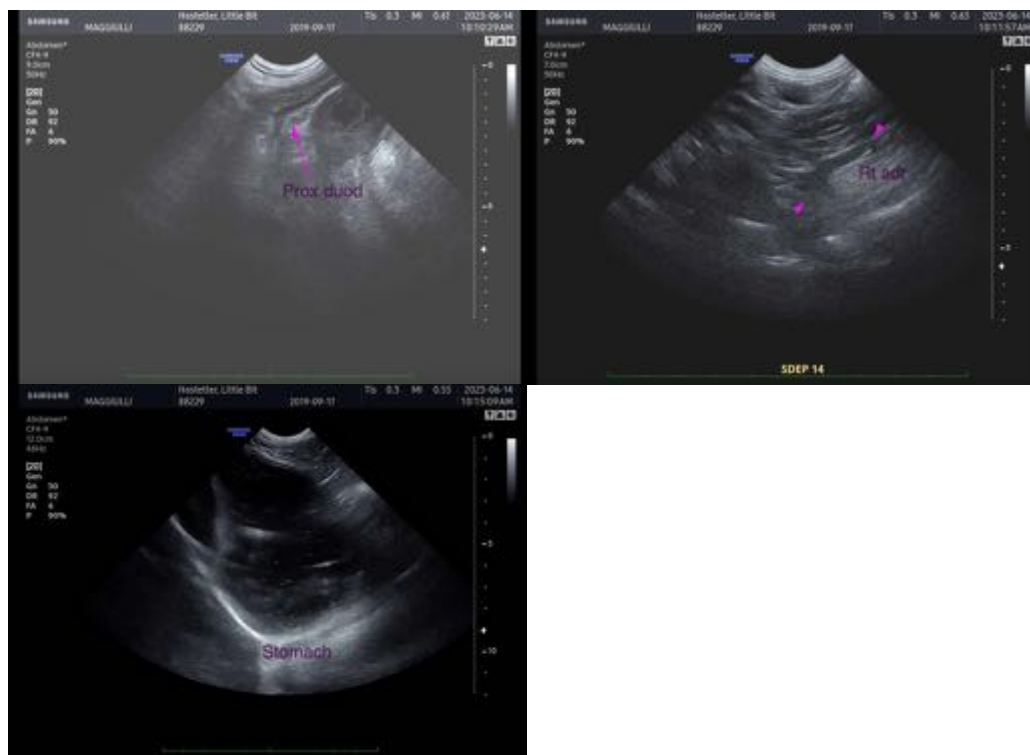
Badigian

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