



PATIENT PRESENTING CLINICAL SIGNS

Jillian Dawson History: Pet presented yesterday for vomiting and diarrhea. She seems lethargic today. Radiologist mentioned possible cecum inflammation.

SPECIES Abnormal PE/Chem/CBC/UA Results: Nsf including spec cpl Urine specific gravity: 1.070

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

German Shepherd The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX The left kidney is normal size (7.04 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.

Spayed Female

AGE The right kidney is normal size (7.24 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.

6 years

Adrenal Glands

WEIGHT The caudal pole of the left adrenal gland is visualized and is normal size (0.67 cm in width); with a normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

79.4 lbs

The region right adrenal gland is evaluated. No obvious pathology is seen.

INTERPRETED BY

Spleen

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) The spleen is normal in size (2.59 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.

IMAGING PERFORMED BY

Liver

Dr. Reyes 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.

HOSPITAL NAME

Mobile Vet Ultrasound

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.

REFERRING VET

Dr D'Ambrose *Gastrointestinal*

INVOICE The gastric lumen is mildly to moderately distended, with ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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DATE

6/21/22

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

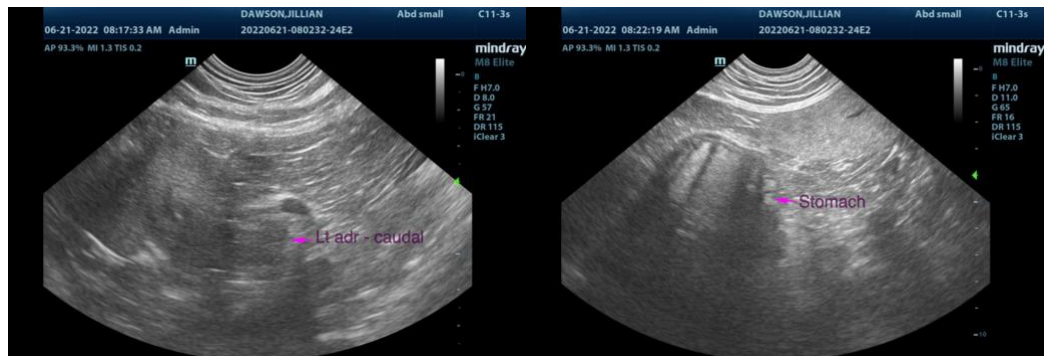
- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., dietary indiscretion, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, mild pancreatitis, other.

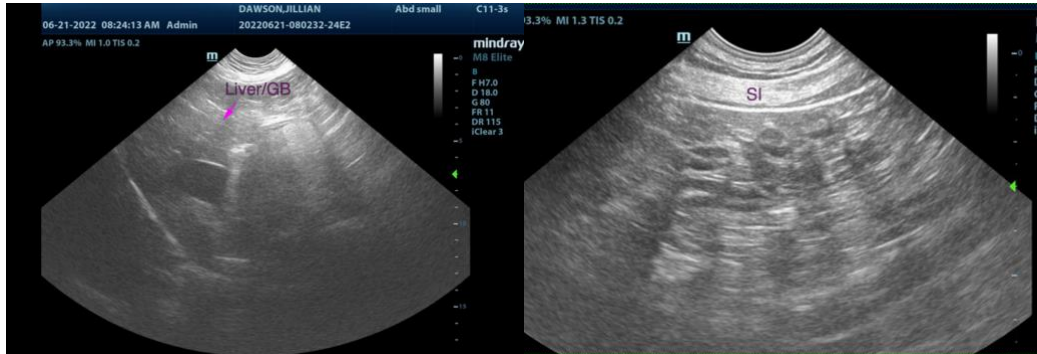
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal evaluation for ova and Giardia

Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

Supportive care for acute gastroenteritis, including fluid therapy as needed, gastric protectants, antiemetics, +/- a probiotic with a high colony count (i.e., Proviabile Forte or Visbiome). If the patient's clinical signs do not improve with support within 48-72 hours of supportive care, a more advanced GI work-up (i.e., resting cortisol level, GI panel, +/- GI biopsies) may be warranted.





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