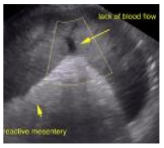
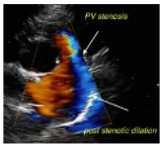
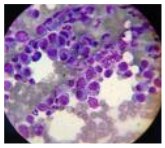
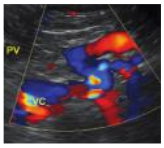
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Smith

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

4 years

WEIGHT

51 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Hlatky

INVOICE

11143

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: Went to ER Friday for vomiting, diarrhea, and decreased appetite. Diagnosed as pancreatitis- sent home on meds. Did not eat on Sunday or Monday but continued to have diarrhea (hematochezia). Seems to be doing a little better today. HX of foreign body in past. Do you recommend exploring?

Abnormal PE/Chem/CBC/UA Results: All BW ran today: all WNL (CBC is attached)

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 moderately 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 left kidney is normal size (5.37 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.

The right kidney is normal size (5.54 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.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.45 cm in width); normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (1.68 cm at cranial pole) (0.57 cm at caudal pole) (2.85 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 (1.46 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.

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 distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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 evidence of an obstructive pattern. There is no obvious evidence of an obstructive pattern.

Pancreas

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

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few, prominent, mesentery lymph nodes are visualized, the largest measuring 3.80 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

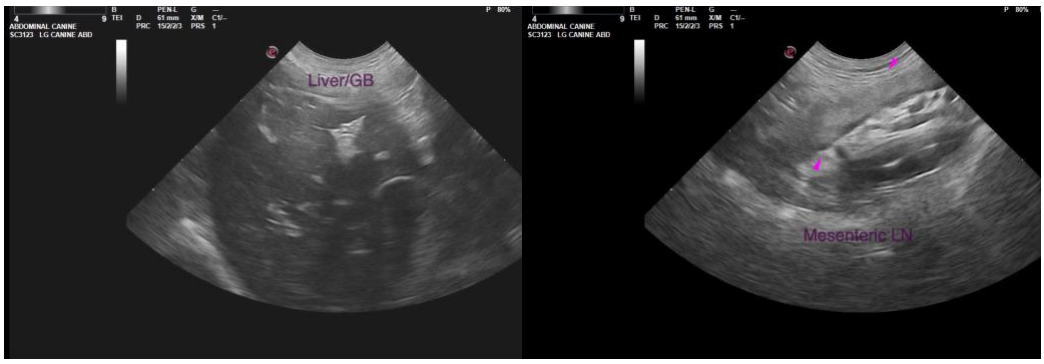
Primary Findings

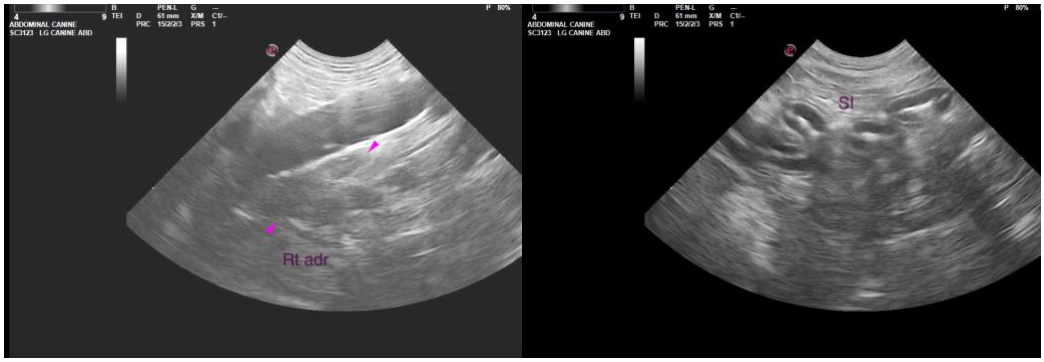
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

  *An obvious cause for the patient's clinical signs is not identified in this study. There is no obvious evidence of a foreign body or obstruction. However, a partial small intestinal obstruction cannot be completely excluded. Other considerations include dietary indiscretion, infectious/parasitic disease, mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia, if not already performed.
- Prophylactic deworming with fenbendazole is recommended.
- Consider a fecal PCR infectious disease panel.
- Supportive care for acute gastroenteritis is recommended, including fluid therapy (as needed), gastric protectants, antiemetics, sucralfate, and other supportive measures. Also consider a probiotic with a high colony count (i.e., Proviable Forte or Visbiome).
- If the patient's clinical signs do not improve within 48-72 hours symptomatic care, a more advanced GI work-up (i.e., repeat abdominal imaging, resting cortisol level, GI biopsies) should be considered.





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