



PATIENT

Ripley Bennett

SPECIES

Canine

BREED

Bullmastiff

SEX

Female, spayed

AGE

6.5 Yrs.

WEIGHT

142.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Casas

HOSPITAL NAME

State Ave VC

REFERRING VET

Dr. Casas

INVOICE

15075

DATE

6/21/23

PRESENTING CLINICAL SIGNS

History: Eye recheck O thinks P ate a bone, has found pieces of bone in stool Thinks P ate it last night around 5pm Has been V+ a lot since 6am Has been drinking and trying to eat but will V+ after Recheck swelling under jaw PE: BAR; friendly; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; ears, LNs WNL; overweight; BCS- 7+/9; pulled blood OS- entropion; corneal defect appears sl smaller; vessels seen; fluorescein positive; 1x2mm; mod cloudiness placed IVC; sedated; blocked cornea with proparacaine; debrided with swabs; performed grid keratotomy with 25ga needle; ended up with a 5x4mm defect took dig rad and performed abd US; adm Cerenia IV; started on fluids cbc- nsf
Abnormal PE/Chem/CBC/UA Results: elevated ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (8.29 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 (8.86 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (2.07 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.

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 mildly fluid distended. The gastric wall is thickened (up to 1.63 cm) with questionable retention of the normal layering pattern in the region of the pylorus. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall



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thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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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.

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Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

The gastric wall changes could be consistent with gastritis, hypertrophy or emerging neoplasia. The remainder of the abdomen is unremarkable. A non-neoplastic process is favored.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider a fine needle aspirate of the gastric wall if accessible and if clotting status is appropriate. A 25-gauge needle should be used.
- Also consider a fecal evaluation for internal parasites.
- Symptomatic care for acute gastroenteritis is recommended. If clinical signs do not begin to improve within 24-72 hours of initiating therapy, a more comprehensive GI workup (i.e., resting cortisol level, malabsorption panel, endoscopic or surgical GI biopsies) may be warranted.
- Given the frequency of the patient's vomiting, consider three-view thoracic radiographs to assess for occult aspiration pneumonia.

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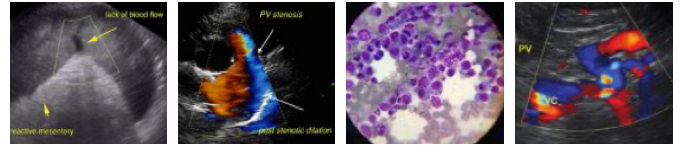
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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