



PATIENT PRESENTING CLINICAL SIGNS

Ash Festa History: Anorexia for 3 days and vomited 10 times over last 2 days. Liquid diarrhea starting yesterday. Mild cervical pain and evidence of cervical IVDD according to radiologist review.

SPECIES Abnormal PE/Chem/CBC/UA Results: 18,000 PMN's. GGT= 18. Otherwise, normal BW including Chem, CBC, SnapCPL, Snap4DX, Keyscreen stool

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Fr Bulldog The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (0.94 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 (4.91 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.

WEIGHT

33 lbs

The right kidney is normal in size (5.70 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)

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.50 cm at caudal pole) (1.64 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

Christensen

The right adrenal gland is normal in size (0.55 cm at cranial pole) (0.58 cm at caudal pole) (2.33 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.

HOSPITAL NAME

Tranquility VC

Spleen

The spleen is normal in size (1.85 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.

REFERRING VET

House

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

13518

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

6.29.23



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Gastrointestinal

The gastric lumen is moderately fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. A few small intestinal segments are moderately fluid-distended and contained shadowing material. The mesentery effacing the serosal surface in these segments is hyperechoic. Several small intestinal segments are empty. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

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

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion,

Free Abdomen

A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

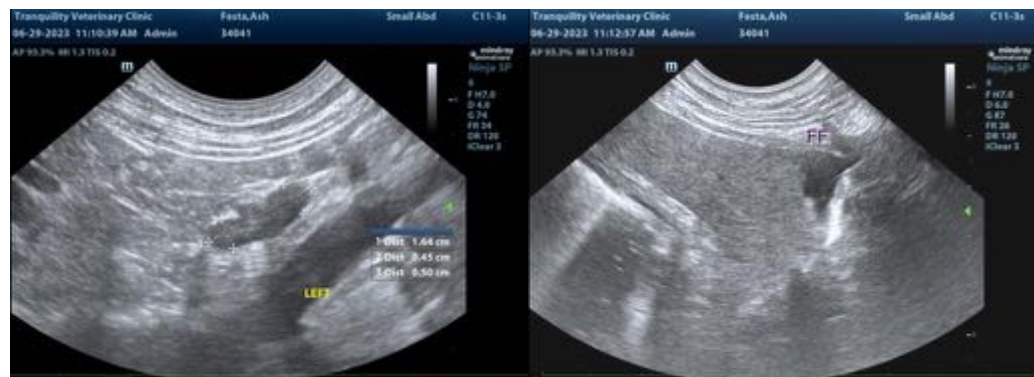
ULTRASONOGRAPHIC FINDINGS

Findings

- The shadowing material within the small intestinal lumen is concerning for foreign material/obstruction. Adjacent peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory to assess for/remove any gastrointestinal foreign material should be strongly considered. If surgery is not pursued at this time, symptomatic care should be administered with a repeat ultrasound in 8-12 hours to assess for movement of the shadowing material. However, the client should be warned of the risk of bowel perforation, if foreign material is present. Consider three-view thoracic radiographs prior to anesthesia to evaluate for occult aspiration pneumonia.





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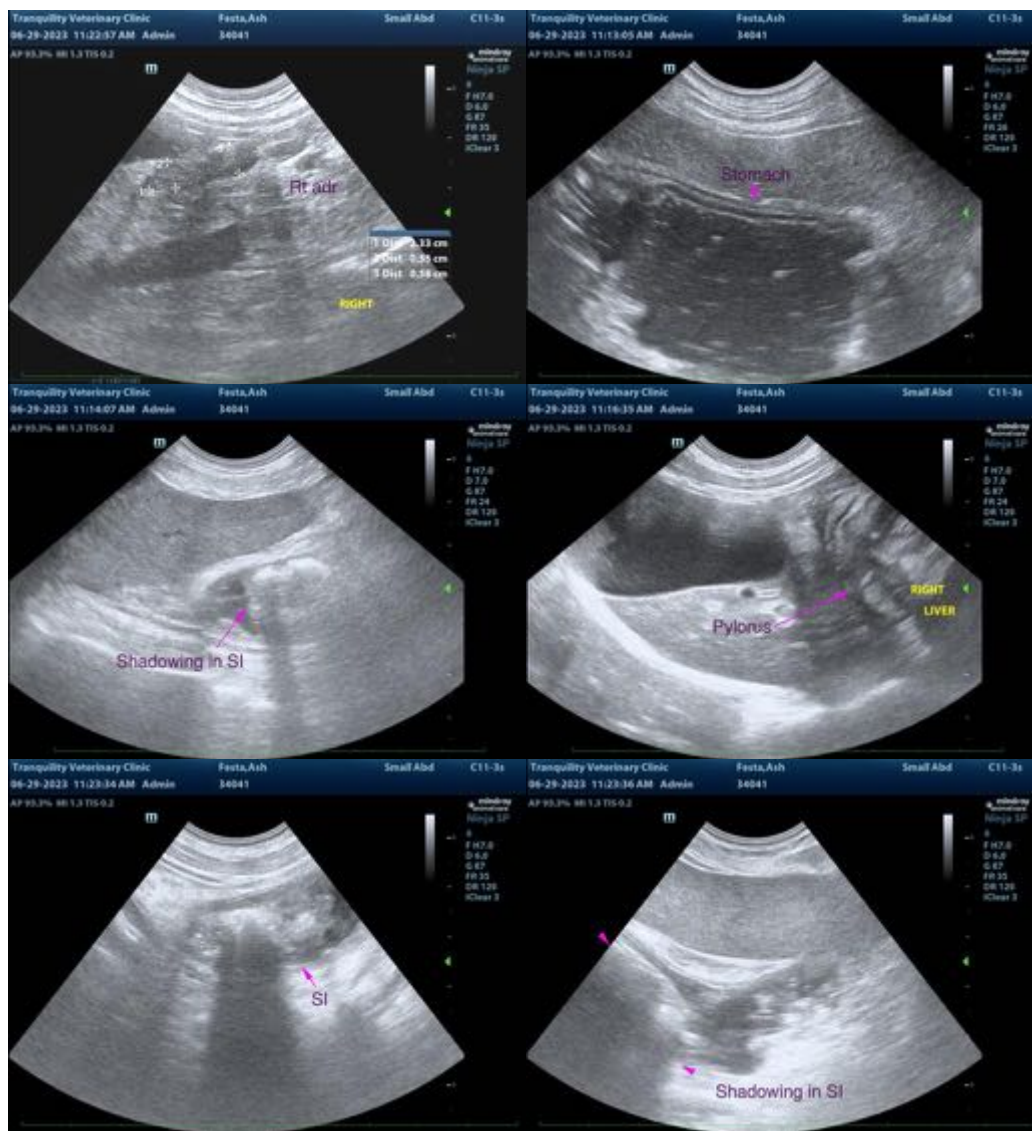
House

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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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