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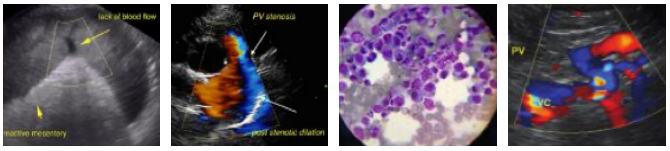


PATIENT
Syd Gropp

SPECIES
Canine

BREED
Mini Schnauzer

SEX
Male, neutered

AGE
10 Yrs. 10 months

WEIGHT
13.9 lbs.

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

IMAGING PERFORMED BY
Ashley Fatzer

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Bihlear

INVOICE
13755

DATE
7/20/22

PRESENTING CLINICAL SIGNS

History: hx of diarrhea for 48 hours that progressed to hematochezia; vomiting which then progressed to hematemesis. hyporexia. was sent home with symptomatic treatment (metronidazole, cerenia, famotidine, probiotic). hematochezia progressed into this am.
Abnormal PE/Chem/CBC/UA Results: PE: discomfort on cranial abd palpation, severe bloody diarrhea/mostly frank bloody liquid, mm tachy/CRT <2 sec CBC: Lymph 8 (12-30), eosin 1 (2-10), CHEM: alk phos 567 (5-131), Glucose 44 (70-138) UA: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.44 cm at caudal pole) (1.19 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

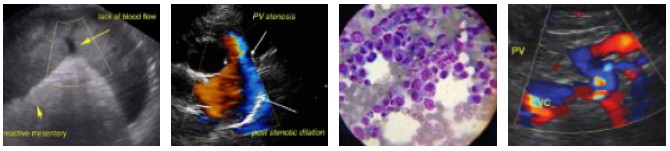
Spleen

The spleen is normal in size (1.35 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. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern. One bowel segment is moderately fluid distended. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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

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

ULTRASONOGRAPHIC FINDINGS

Mild diffuse intestinal ileus without obvious evidence of GI obstruction. However, a partial obstruction cannot be completely excluded. Given the patient's clinical history, acute hemorrhagic gastroenteritis is suspected. Given the concurrent hypoglycemia, secondary sepsis is a consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Supportive care for acute hemorrhagic gastroenteritis is recommended including fluid therapy, gastric protectants, antiemetics and broad-spectrum antibiotics (to help prevent bacterial translocation).
- Given the patient's age, thoracic radiographs are recommended to assess for occult aspiration pneumonia.
- Also consider a cPLI +/- a full GI panel (serum cobalamin, folate, TLI and PLI) to assess for pancreatitis and maldigestion/malabsorption.
- If clinical signs persist despite medical management, an endoscopy/colonoscopy with GI biopsies may be warranted.

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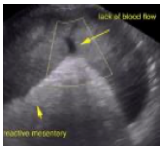
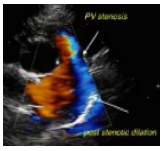
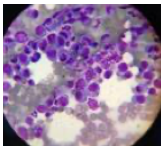
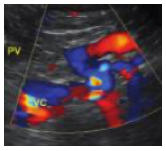

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com