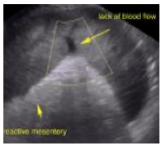
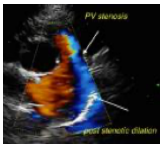
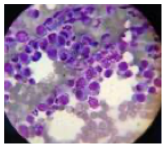
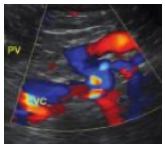
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**
Oscar Phelps

**SPECIES**
Canine

**BREED**
Dachshund

**SEX**
Neutered Male

**AGE**
5 years

**WEIGHT**
12.5 lbs

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

**IMAGING PERFORMED BY**
Cara, CVT RDMS

**HOSPITAL NAME**
1st Pet Vet Mesa

**REFERRING VET**
Dr. Deer

**INVOICE**
11289

**DATE**
8.1.22

## PRESENTING CLINICAL SIGNS

History: vomiting, no eating, lethargic
Abnormal PE/Chem/CBC/UA Results: x-rays suspect for foreign body tbili-3.7 pcv-59 tp-6.8 icteric

## 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (5.00 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.

The **right kidney** is normal size (4.50 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.

### *Adrenal Glands*

The **left adrenal gland** is normal size (0.51 cm at cranial pole) (0.47 cm at caudal pole) (2.04 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 **right adrenal gland** is normal size (0.59 cm at cranial pole) (0.34 cm at caudal pole); 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 (0.99 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 small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The **gastric lumen** is moderate fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. The visible small

intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

***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***
Trace free fluid is observed. A focal area of reactive mesentery is observed in the midabdominal region. The abdominal **lymph nodes** are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

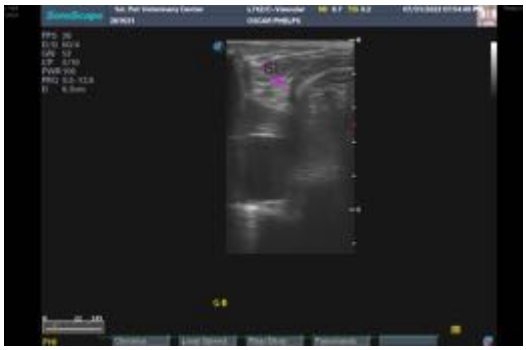
- The gastric luminal distention could be consistent with focal ileus or an obstruction.
- Focal mid-abdominal peritonitis is present, the cause of which is unclear. It may be secondary to bowel pathology, mild pancreatitis, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the hyperbilirubinemia, a recheck total bilirubin is recommended to assess for a spurious reading (i.e., due to hemolysis) versus true elevation.

Additional sonographic images of the bowel would be helpful to further evaluate for an obstruction. Alternatively, an abdominal exploratory can be considered, particularly if the clinical suspicion for a foreign body is high. If a foreign body is not found at the time of surgery, gastrointestinal biopsies and further GI work-up 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**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com