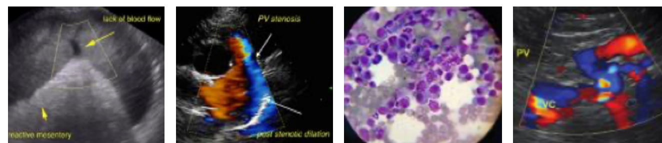


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Gus Runte

SPECIES
Canine

BREED
Labador Retriever

SEX
Male, neutered

AGE
6 Yrs. 7 months

WEIGHT
35.6 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Calhoun

INVOICE
13817

DATE
8/10/22

PRESENTING CLINICAL SIGNS

History: Gus presented on 8/9/22 as a transfer for post-op hypovolemic shock, hematochezia, hypotension. Gus had a congenital retinal detachment and has been blind (left eye) for a long time. Recently, he developed cloudiness in the eye as well as hyphema and had a high IOP (OS 46 OD 13) in the left eye, lost PLR and no menace; had a scheduled enucleation today. Intraoperatively he was bradycardic (43-52bpm and then rose to 100-130 once optic nerve cut despite retrobulbar block Bupivicaine 0.5mL given). He was transferred for post op care because he was slow to wake up. He was also reported to have bloody stools in clinic today. He received Ketorolac 0.6mL and Simbadiol 0.4mL post operatively. He also had a retrobulbar block. He had been on carprofen and was planning to go home on that, trazadone and tramadol. He received ~ 1 L SCF total Overnight patient developed marked hematochezia that poured out of him while trying to walk. Patient continued in AIVR, but had several 10-15s bouts of true ventricular tachycardia. Concern for periods of true vtach - started on Lidocaine CRI for both suspect Vtach episodes and pain relief @ 2mg/kg loading and 50mcg/kg/min CRI. Pt was also moved to a kennel for better management, and had a fecal catheter placed due to the severity and volume of hematochezia.
Abnormal PE/Chem/CBC/UA Results: Post op they did BW - PCV 55% BUN 30 CREA 3.2 and CBC showed a neutrophilic leukocytosis. Renal profile 8/10: Creat - 1.9 (0.5 - 1.8) BUN - 34 (7-27) Na- 154 (144-160) K- 4.2 (3.5-5.8) Cl- 118 (109-122) PCV- 37% TS- 4.0 USG: >1.050

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 mostly 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 (1.02 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 (7.65 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.

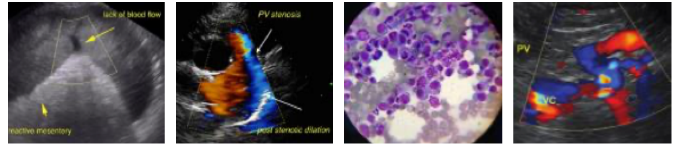
The right kidney is normal size (7.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.64 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.

The right adrenal gland is upper limits of normal size (0.67 cm at cranial pole) (0.83 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



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

PATIENT

Gus Runte

SPECIES

Canine

BREED

Labador Retriever

SEX

Male, neutered

AGE

6 Yrs. 7 months

WEIGHT

35.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Calhoun

INVOICE

13817

DATE

8/10/22

The spleen is normal in size (1.97 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 gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Occasional small intestinal segments are mildly fluid distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. What is thought to be cecum is moderately fluid distended. The wall in the region of the ileocecocolic junction is normal. The colonic wall is also 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

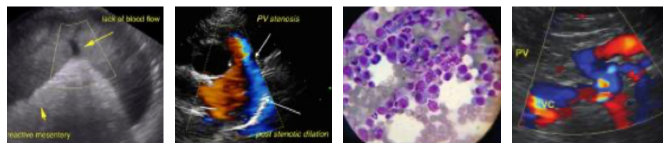
Trace free fluid is observed. The lymph nodes adjacent to the aortic trifurcation are visible, the largest measuring 3.16 cm in length. The nodes are normal in shape and echogenicity. A few prominent mesenteric lymph nodes are also seen, the largest measuring 2.98 cm in length. The surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The trace ascites may be secondary increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.
- The bowel changes are consistent with gastroenteritis +/- mild ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for hypovolemic shock is recommended with close monitoring of the patient's metabolic functions.
- Consider a resting cortisol level to screen for atypical hypoadrenocorticism, which can sometimes result in post-operative/post-anesthetic complications.



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

PATIENT

Gus Runte

SPECIES

Canine

BREED

Labador Retriever

SEX

Male, neutered

AGE

6 Yrs. 7 months

WEIGHT

35.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Calhoun

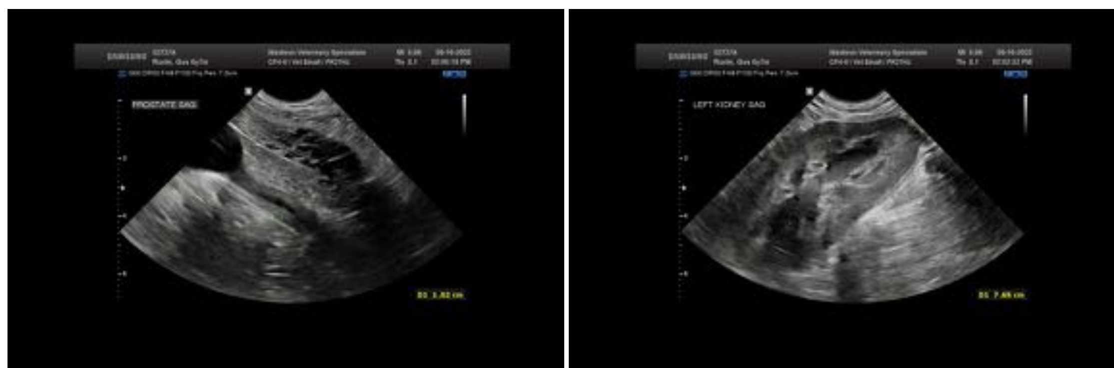
INVOICE

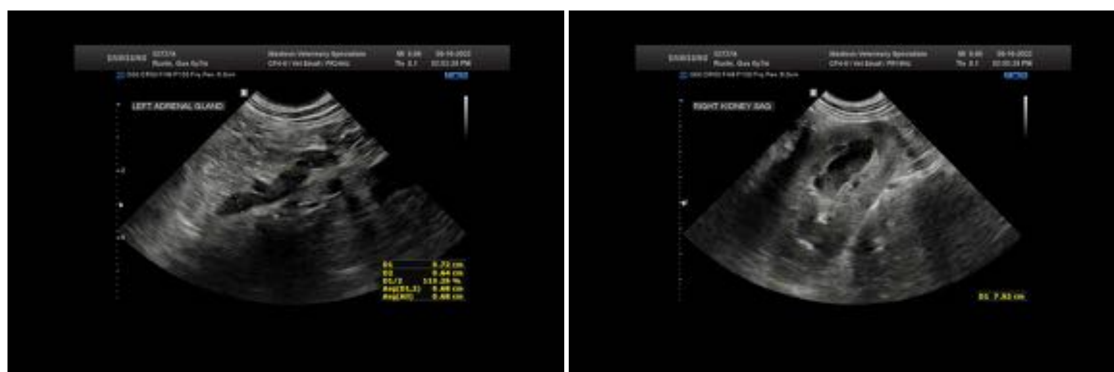
13817

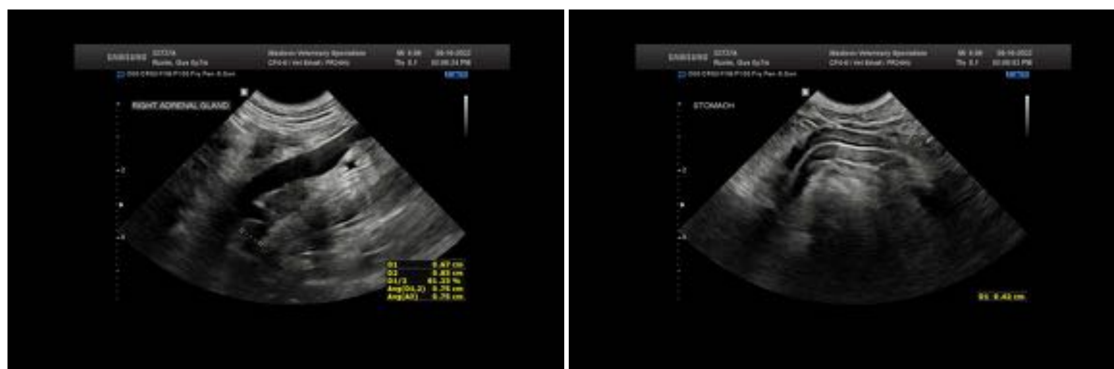
DATE

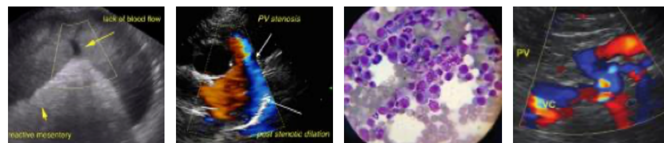
8/10/22

- An echocardiogram should also be considered to evaluate for underlying cardiac disease as a cause for the ventricular arrhythmia.
- Serial monitoring of the patient's blood pressure is also recommended.
- Consider thoracic radiographs to assess cardiopulmonary status.









SonoPath.com

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

PATIENT

Gus Runte

SPECIES

Canine

BREED

Labador Retriever

SEX

Male, neutered

AGE

6 Yrs. 7 months

WEIGHT

35.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

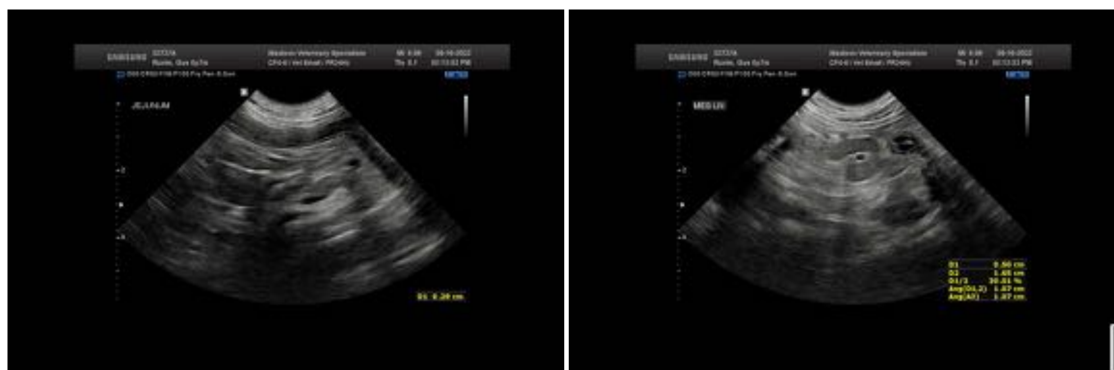
Dr. Calhoun

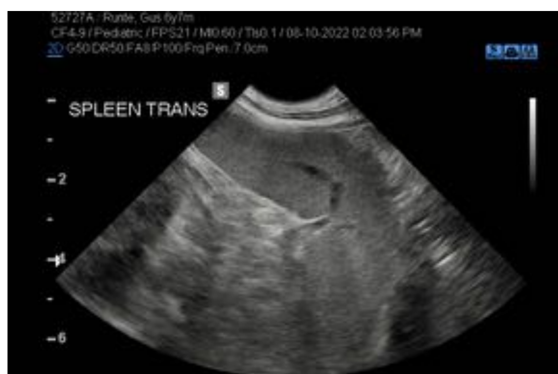
INVOICE

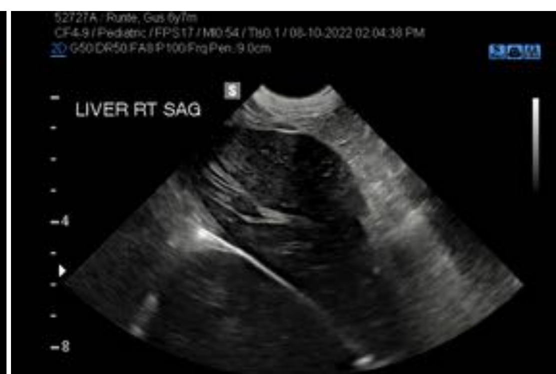
13817

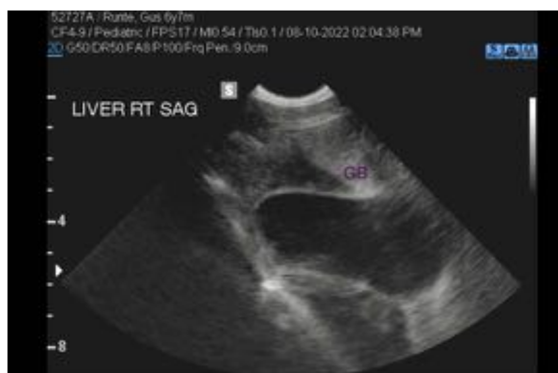
DATE

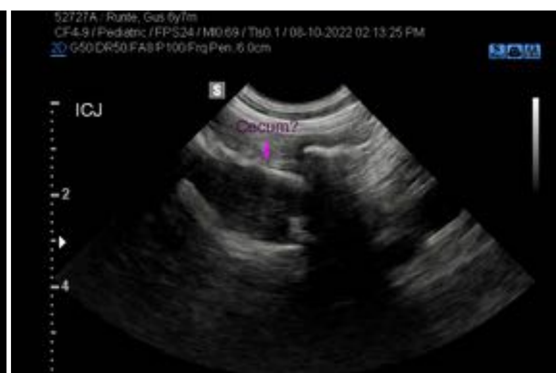
8/10/22

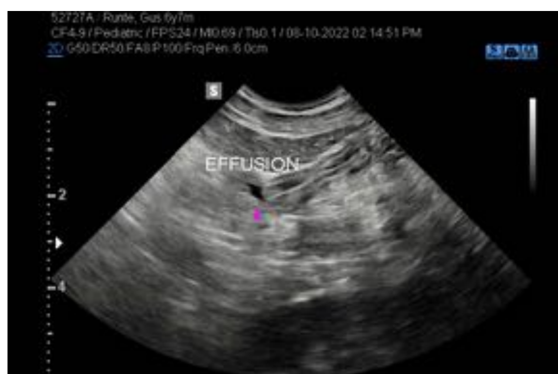






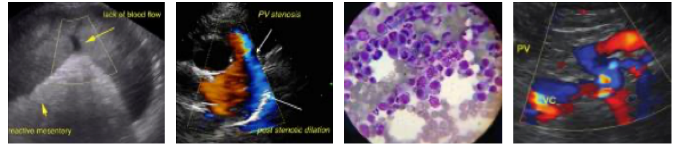






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gus Runte

SPECIES
Canine

BREED
Labador Retriever

SEX
Male, neutered

AGE
6 Yrs. 7 months

WEIGHT
35.6 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Calhoun

INVOICE
13817

DATE
8/10/22

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