

**DATE PRESENTING CLINICAL SIGNS**

8/11/21

History: Recurrent gastritis x 4 days- concern for occult foreign body.

PATIENT

Remington Gattus

Current Medications: No current medications.

Lab Results: Blood work NSF - done at Pet ER.

Radiographs: Rads here 8/6-87 show passing foreign material, went to ER 8/9 - no obstruction

Date of Previous IntraPet Ultrasound: 4-21-2020.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

9/9/2019

WEIGHT

40 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 not definitively visualized due to its pelvic location.

The left kidney is normal size (6.35 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 (6.13 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in length (0.46 cm at cranial pole) (0.45 cm at caudal pole) (2.28 cm in length) with a slightly flattened contour. 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 (0.47 cm at cranial pole) (0.71 cm at caudal pole) (2.61 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.

HOSPITAL NAME

Warm & Fuzzy
 Veterinary Clinic

Spleen

The spleen is normal in size (1.23 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.

REFERRING VET

Dr. Urie

Liver**INVOICE**

11869

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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.38 cm in length.

ULTRASONOGRAPHIC FINDINGS

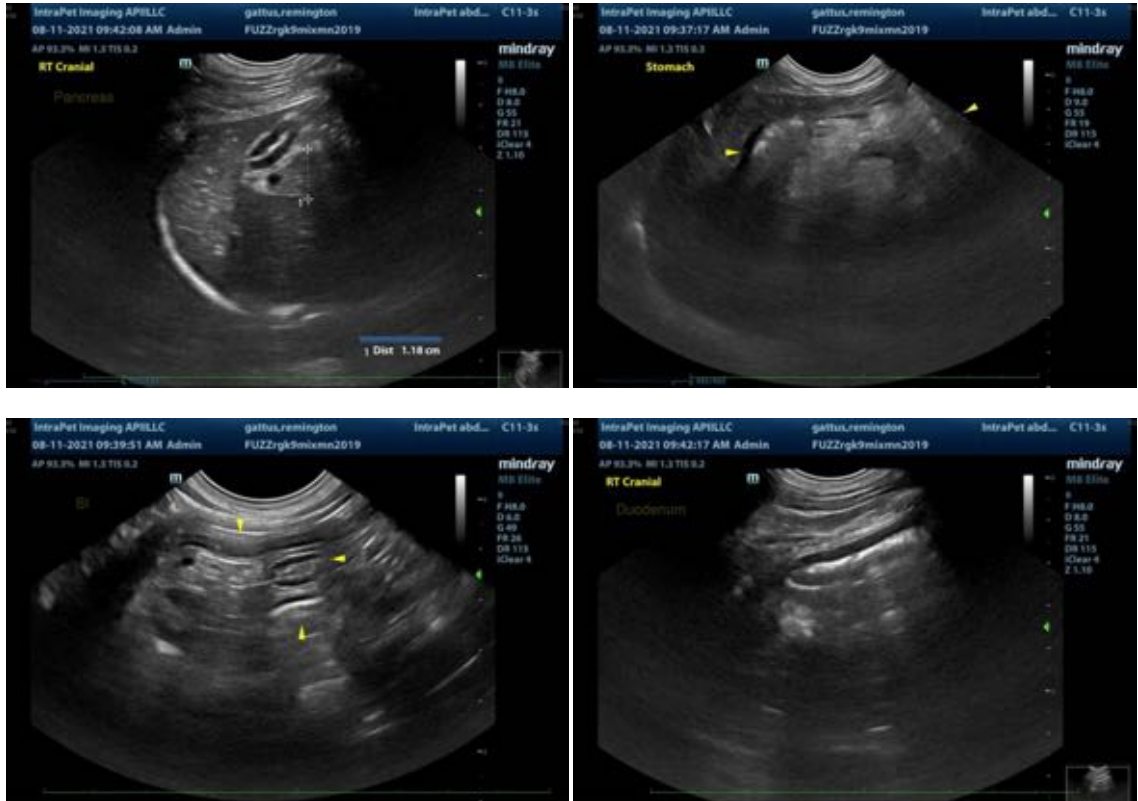
- If the patient was fasted for the study, the presence of ingesta in the gastric lumen would suggest delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia or, less likely, neoplastic infiltration.
- The flattened left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hyperadrenocorticism).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

*There is no obvious evidence of a gastrointestinal foreign body or obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- Three view thoracic radiographs are recommended to assess for occult esophageal disease.
- If clinical signs persist despite supportive care, further workup (i.e., resting cortisol level, hypoallergenic diet trial, pre- and post-prandial serum bile acids (to assess for occult hepatic disease), +/- endoscopic or surgical gastrointestinal biopsies may be warranted.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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