



## PATIENT PRESENTING CLINICAL SIGNS

Finley Love

### History:

Had FB surgery in beginning of June. Has had GI issues since they got him in December. rDVM trying to rule out Addison's. Sent GI panel out and was normal. On Friday went to rDVM for deep swallowing, gulping, licking lips, whining, coughing up foam o went to west hills, they did rads, gave him cerenia, was sent home with cerenia, things seemed to be getting better until midnight. Today at midnight same symptoms started and rapid breathing started. o has been giving cerenia since tablet. No diarrhea, BM in lobby when he got here. was solid, o treating for giardia. last meds are two days from now

## SPECIES

Canine

## BREED

Lab

## SEX

Intact Male

## AGE

1 year

## WEIGHT

71.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Andrew Beachy

## HOSPITAL NAME

Willamette VH

## REFERRING VET

Dr. Gary Jimmerson

## INVOICE

11414

## DATE

8.15.22

## 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 1-2 cm, are normal.

The **prostate** is mildly enlarged (2.82 cm in width) with a normal shape and homogenous parenchyma. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (7.42 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 (7.66 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 region of the **adrenal glands** is evaluated. No obvious pathology is seen.

### Spleen

The **spleen** is normal in size (2.14 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 distended with ingesta. The pyloric outflow tract is not visualized due to severe gastric distention. 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.

### **Pancreas**

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

### **Free Abdomen**

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

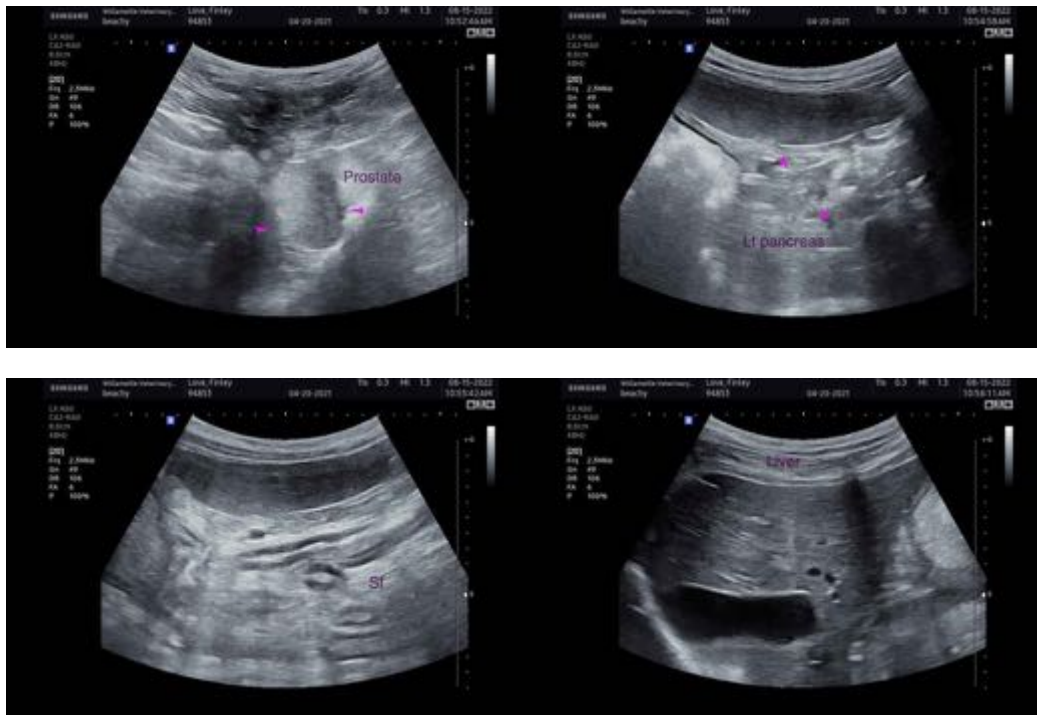
- The gastric distention could be consistent with a post-prandial presentation, gastric ileus, or a pyloric outflow tract obstruction. The remainder of the abdomen is unremarkable.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider three-view thoracic radiographs to assess for occult esophageal disease and aspiration pneumonia.

Also consider repeating abdominal radiographs to assess for evidence of a foreign body, particularly in the gastric outflow tract. If there is strong suspected for a foreign body, a barium study or abdominal CT scan can be considered.

Depending on the results of the above diagnostics, as well as the GI Panel and ACTH stimulation test, GI biopsies (i.e., endoscopic or surgical) 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.

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