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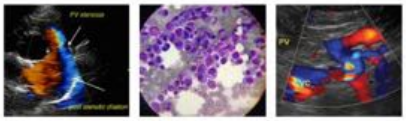
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Leo Amburn 277495

SPECIES

Canine

BREED

Mixed

SEX

Intract Male

AGE

1 year

WEIGHT

14.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC Dr. Mallo

INVOICE

11439

DATE

8.18.22

PRESENTING CLINICAL SIGNS

History: Leo presented to WVRC's Emergency Service on 8/18/2022 for vomiting. Leo may have torn up a toy on Sunday 08/14/2022. He is known to shred and destroy things in past. Started to vomit that day and has barely wanted to eat food. Feeling lethargic. No BM since 08/14/2022, either. Saw rDVM today and ABXR concerning for obstruction. Recommended to come to WVRC for AUS/further care. Did receive SQF, maropitant SQ and has vomited again today before coming here. Otherwise benign medical history. No current medications.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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 enlarged (2.99 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and homogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (5.59 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 (5.41 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 (0.41 cm at cranial pole) (0.61 cm at caudal pole) (2.24 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 (0.43 cm at cranial pole) (0.47 cm at caudal pole) (2.28 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.

Spleen

The **spleen** is normal in size (1.71 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.

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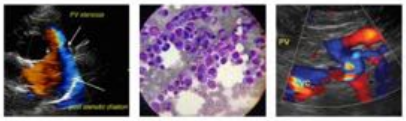

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Gastrointestinal

The **gastric lumen** is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally fluid-distended (mild). At least one jejunal loop is mildly corrugated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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

The mesentery in the midabdominal region is mildly hyperechoic. No free fluid is observed. Medial iliac **lymph nodes** are prominent, the left measuring 2.69 x 0.57, the right measuring 2.30 x 0.69 cm. A 0.67 x 0.42 gastric lymph node is seen. A few prominent mesenteric lymph nodes are also observed, the largest measuring 2.70 cm in length.

Other

The left testicle measures 3.26 x 2.05 cm. The right testicle measures 3.38 x 2.01 cm. The testicles are subjectively normal in size and symmetrical with homogenous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastrointestinal changes are most consistent with acute gastroenteritis. There is no obvious evidence of an obstruction. However, a partial obstruction cannot be completely excluded.
- The mild mid-abdominal peritonitis is likely secondary to underlying bowel and/or lymph node inflammation.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- The prostate changes are consistent with a young intact male.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis is recommended, including fluid therapy, antiemetics, gastric protectants, and pain medication as needed. If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a more advanced GI work-up may be warranted.

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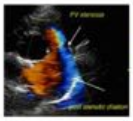
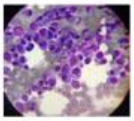
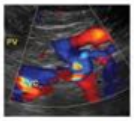

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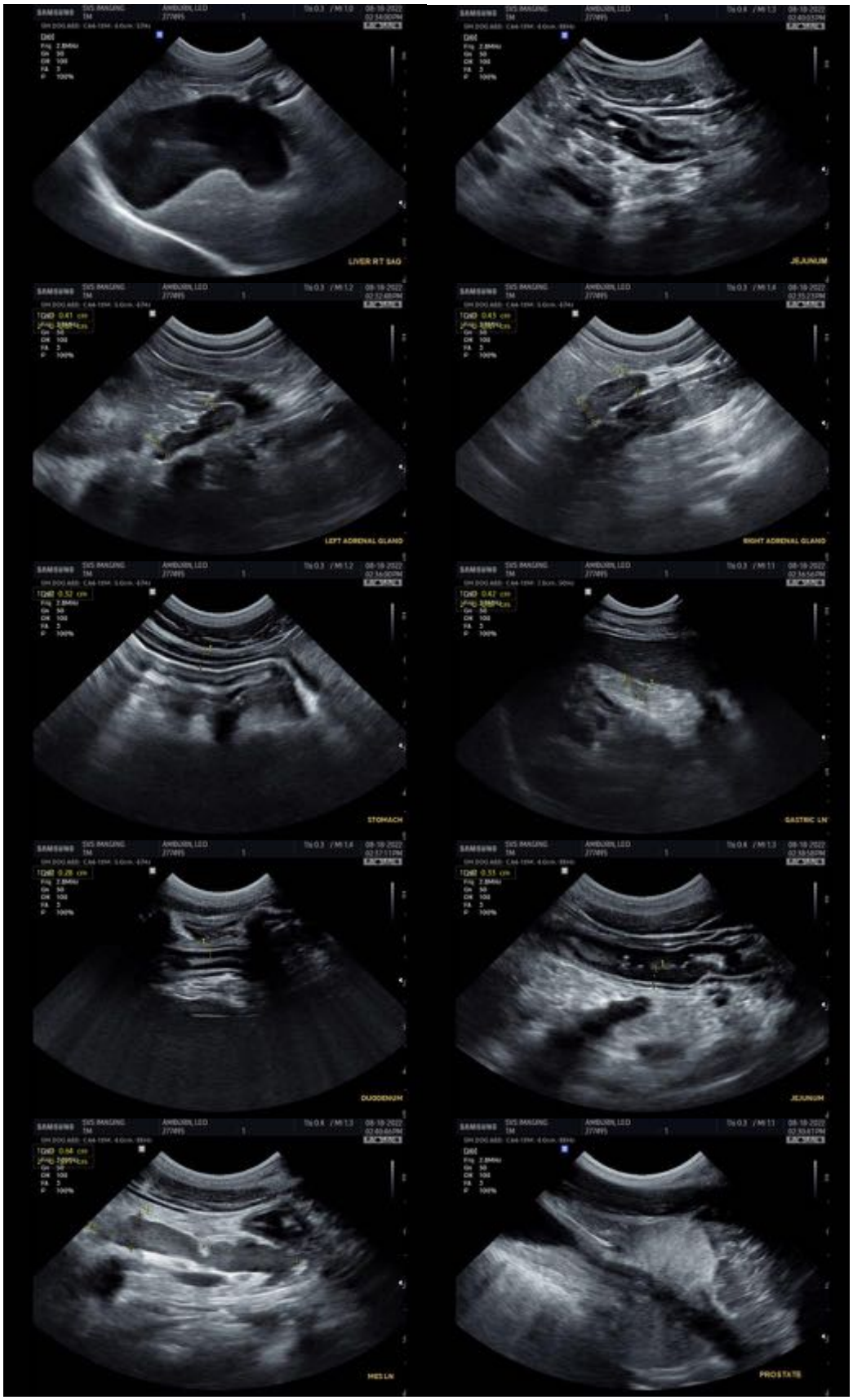

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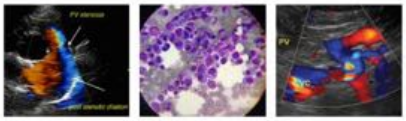

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com