



PATIENT PRESENTING CLINICAL SIGNS

Rocky Bratolli History: Patient presents for history of anorexia and intermittent diarrhea. Current meds: Cerenia 160 mgs SID, metronidazole 1500 mgs BID.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia and monocytosis.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

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. The region of the trigone is normal.

Great Dane

SEX

The **prostate** is not definitively visualized due to its pelvic location.

Neutered Male

The **left kidney** is normal size (8.42 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 hydronephrosis. Renal vasculature is normal.

AGE

8 years

The **right kidney** is normal size (9.15 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

140 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.57 cm at cranial pole) (0.58 cm at caudal pole) (3.28 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.

INTERPRETED BY

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

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

The **spleen** is normal in size (1.91 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.

HOSPITAL NAME

Pompton Lakes AH

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.

REFERRING VET

Dr. Giammanco

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 fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended. One to two small intestinal segments are slightly corrugated in appearance. 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.

INVOICE

11448

DATE

8.18.22

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. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

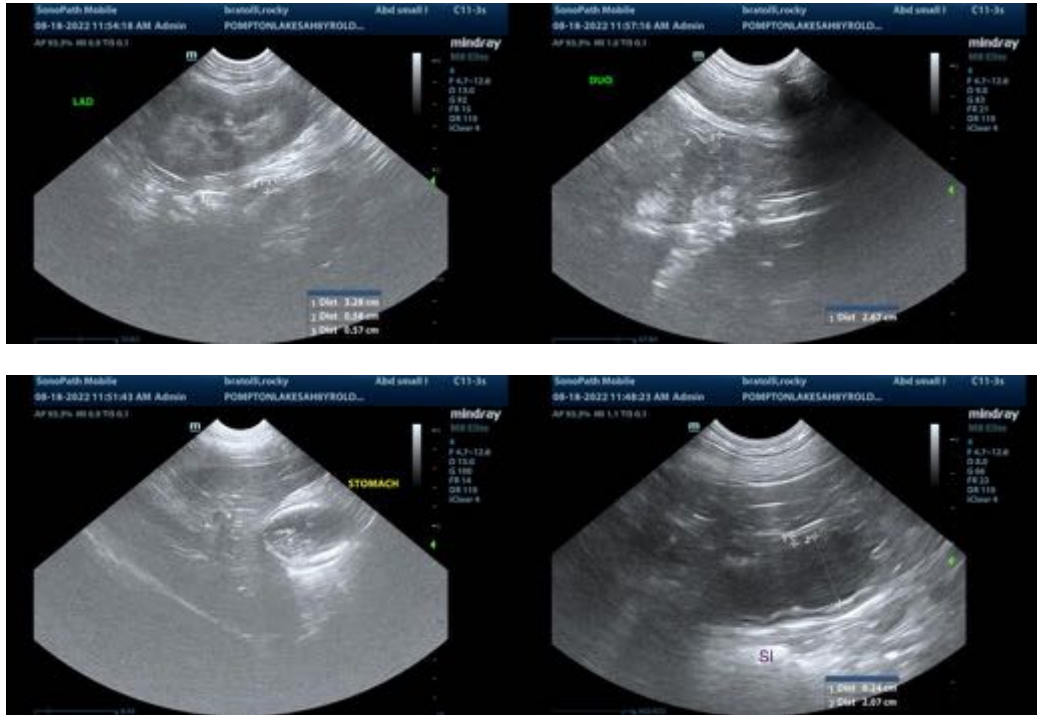
Primary Findings

- The gastrointestinal changes are most consistent with acute gastroenteritis. However, although a foreign body is not definitively identified, a partial obstruction cannot be completely excluded.
- The mild mid-abdominal peritonitis is likely secondary to bowel inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- If the patient's gastrointestinal signs are chronic, consider a GI panel (i.e., serum cobalamin and folate, TLI and PLI).
- Also consider a resting cortisol level to screen for hypoadrenocorticism.
- Consider empirical treatment for small intestinal bacterial overgrowth with a full-week course of Tylosin and supplementation with a probiotic with a high colony count (i.e., Provable Forte or Visbiome).
- If the patient's clinical signs do not improve or worsen over the next 48-72 hours, consider repeat abdominal imaging (i.e., radiographs, ultrasound, +/- GI biopsies), particularly if the above diagnostics are inconclusive.





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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