



PATIENT PRESENTING CLINICAL SIGNS

Storm Allen **History:** hyporexia concern for gastric fb

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

BREED

Pitbull Terrier

The **left kidney** is normal size (6.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Spayed Female

The **right kidney** is normal size (6.88 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.

AGE

7 Years

Adrenal Glands

The **left adrenal gland** is normal size (0.68 cm at cranial pole) (0.50 cm at caudal pole) (2.77 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.

WEIGHT

49.5 Lbs

The **right adrenal gland** is normal size (1.27 cm at cranial pole) (0.63 cm at caudal pole) (2.81 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*)

Spleen

The **spleen** is normal in size (1.15 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.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Ascot

Gastrointestinal

The **gastric lumen** is severely distended with ingesta and some soft, shadowing material. The gastric wall is 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.

INVOICE

11456

Pancreas

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

DATE

8.19.22

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

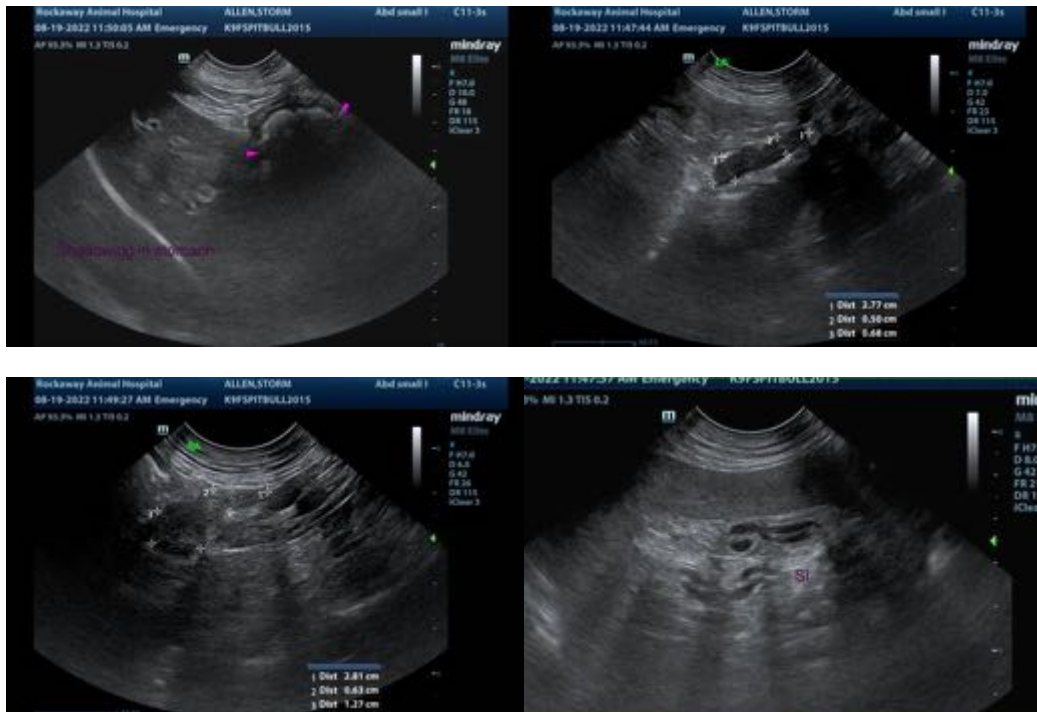
- Severe gastric distention (ingesta) along with soft, shadowing material near the pyloric antrum, which may represent foreign material (i.e., stuffing, grass, other).

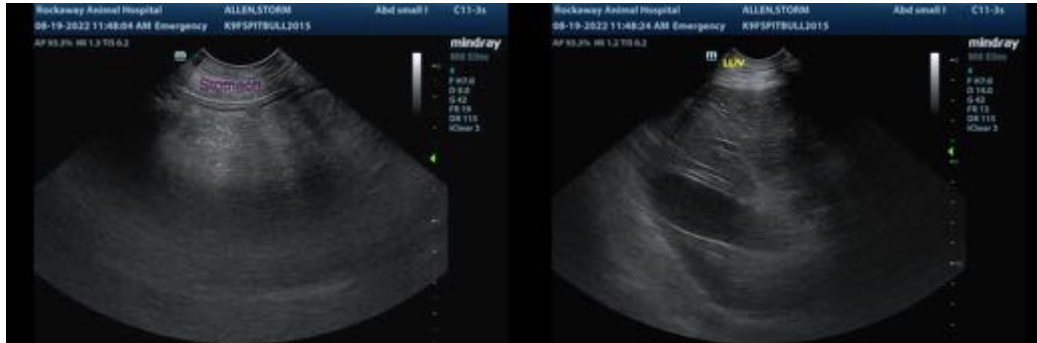
Secondary Findings

- Bilateral age-related degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was fasted prior to the study, an abdominal exploratory with gastrotomy and removal of any foreign material should be considered. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.





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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