



PATIENT PRESENTING CLINICAL SIGNS

Bella Bilege
 Brief History: Presented 8/5 for vomiting x 4 days. 3 view abdominal radiographs = gastric dilation and speckled mineral opacity in region of pylorus.
 Ex lap performed, small amount of bone material present in stomach. Pexy performed. Continual regurgitation despite NGT in place.

SPECIES

Canine
 Abnormal PE/Chem/CBC/UA Results: 8/7 AM EPOC- HCT 40%, K+ 3.1, GLU 125,
 CBC: RBC 5.59, HCT: 40.8%, Reticulocyte Hemoglobin 21.9, WBC 21.19, Neutrophils 16.69, Monocytes 1.33. Mild anemia, mild inflammatory leukogram. Chem 10: BUN 4. Baseline cortisol: 4.46 ug/dL

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Spayed Female

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 cystourethral junction is normal.

AGE

1.5 years

The **left kidney** is normal size (6.08 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.

WEIGHT

61 lbs

The **right kidney** is normal size (6.83 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 region of the **adrenal glands** is evaluated. No obvious pathology is observed.

INTERPRETED BY

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

Spleen

The **spleen** is normal in size (1.94 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

Meg Schneck

Liver

(No images provided.)

HOSPITAL NAME

Willamette VH

Gall bladder

(No images provided.)

REFERRING VET

Dr. Meg Schneck

Gastrointestinal

The **gastric lumen** is moderately distended with echogenic fluid and appears hypomotile. The visualized portion of the gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears to be patent. However, this area is difficult to visualize, due to 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. There is no evidence of an obstructive pattern.

INVOICE

11352

Pancreas

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

DATE

8.8.22

Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected gastric ileus. However, gastric outflow tract obstruction cannot be completely excluded.
- The trace ascites is likely secondary to postoperative peritonitis. However, other causes of peritonitis (i.e., mild pancreatitis) cannot be completely ruled out.

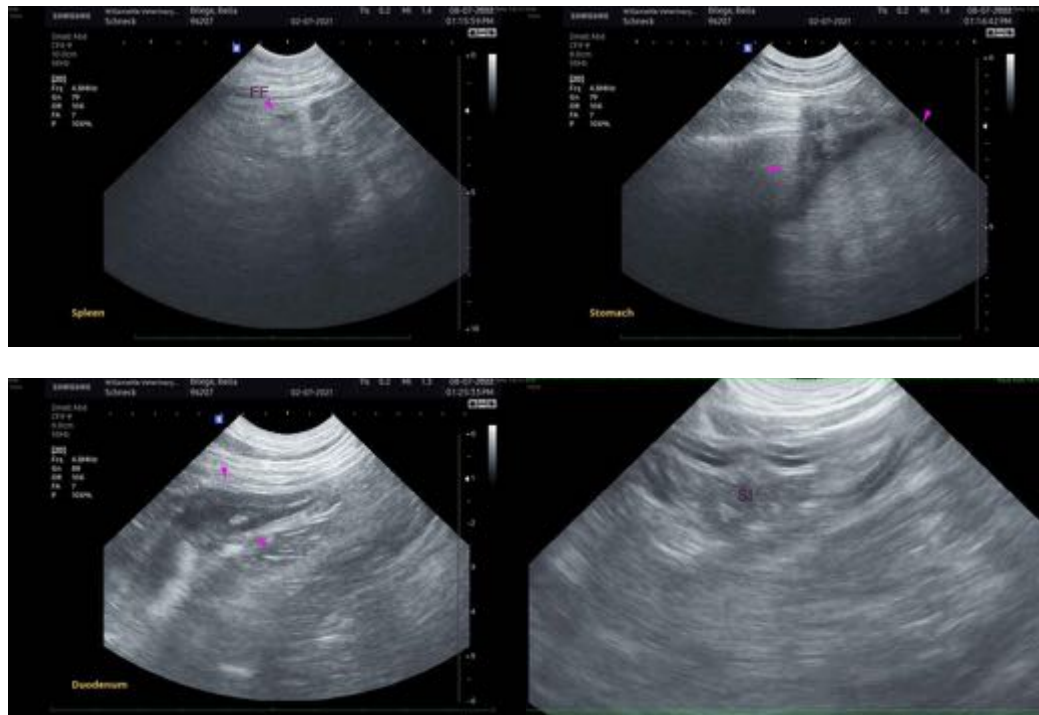
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Additional sonographic images of the liver and gall bladder are recommended to complete this study.

Three-view thoracic radiographs are recommended, if not already performed, to assess for esophageal dilation and occult aspiration pneumonia.

Supportive care for suspected esophagitis and gastric ileus is recommended.

Also consider a cPLI to further assess for pancreatitis.





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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