



PATIENT

Pumpkin Ward

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8.30.18

WEIGHT

45.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Nawa

INVOICE

11561

DATE

9.1.2022

PRESENTING CLINICAL SIGNS

Clinical Exam Findings

- Vomiting through Cerenia
- Suspected hematemesis
- Lethargy
- Tacky mm
- Painful on abdominal palpation

Abnormal lab-work values: AMYL 455, Chloride 91, Potassium 2.5, Sodium 136, HGB 21.8, WBC 22.04, Neut 19.14, RBC 9.20, MPV 14.8

Current Medications: Cerenia, Omeprazole and Provable

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 2 cm, are normal.

The **left kidney** is normal size (6.94 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.

The **right kidney** is normal size (7.43 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.68 cm at cranial pole) (0.53 cm at caudal pole); 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 (1.31 cm at cranial pole) (0.56 cm at caudal pole) (2.17 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 (1.51 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.



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The **gall bladder** is mildly to moderately distended. The wall is normal in thickness. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The **gastric lumen** is severely fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal small intestinal lumen is severely fluid-distended and hypomotile. Approximately mid-jejunum, a >2.00 cm shadowing structure is observed within the lumen. The mesentery effacing the serosal surface in this region is hyperechoic. Distal to this region, the small intestinal lumen is empty. 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.

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Pancreas

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

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Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid jejunal foreign body/obstruction with mild adjacent peritonitis. There is no obvious evidence of perforation at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to remove the foreign body. Consider three-view thoracic radiographs prior to anesthesia to assess for occult aspiration pneumonia.

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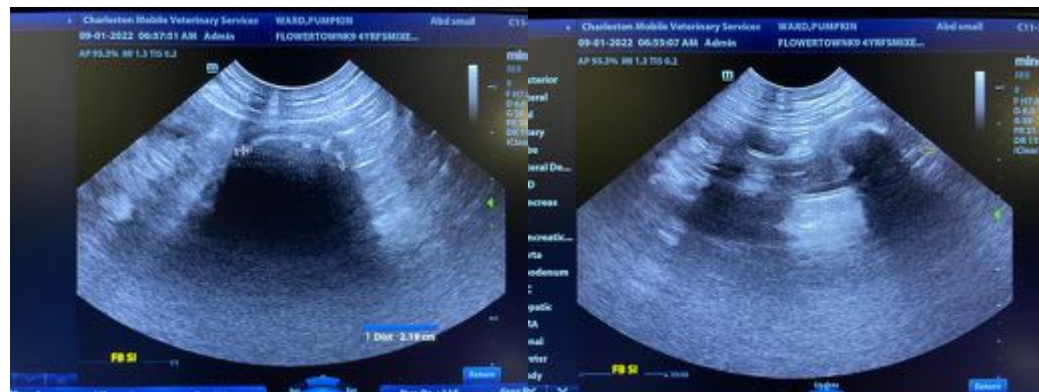
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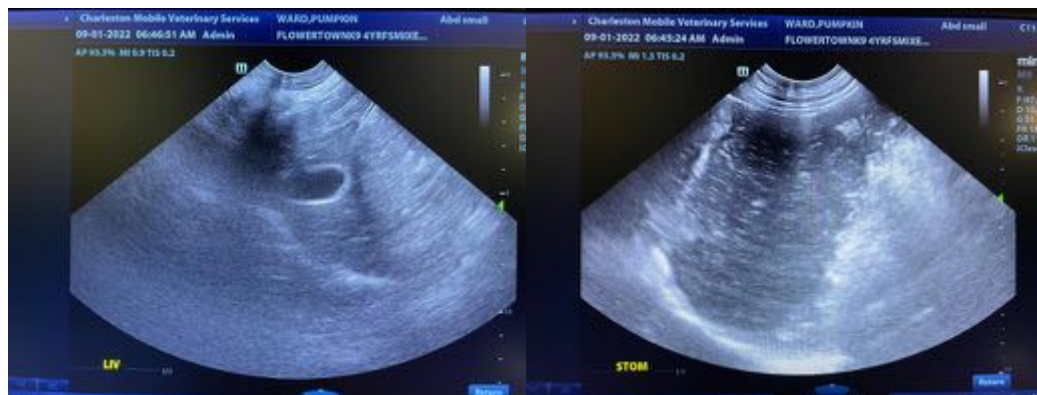
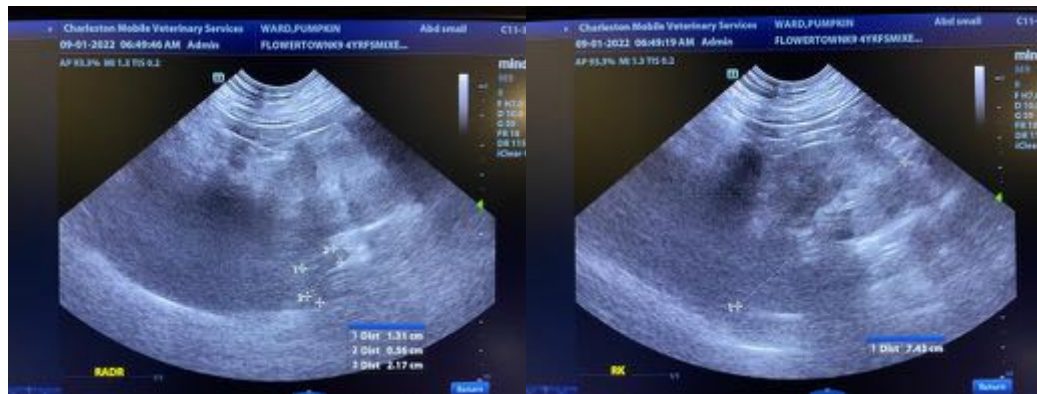
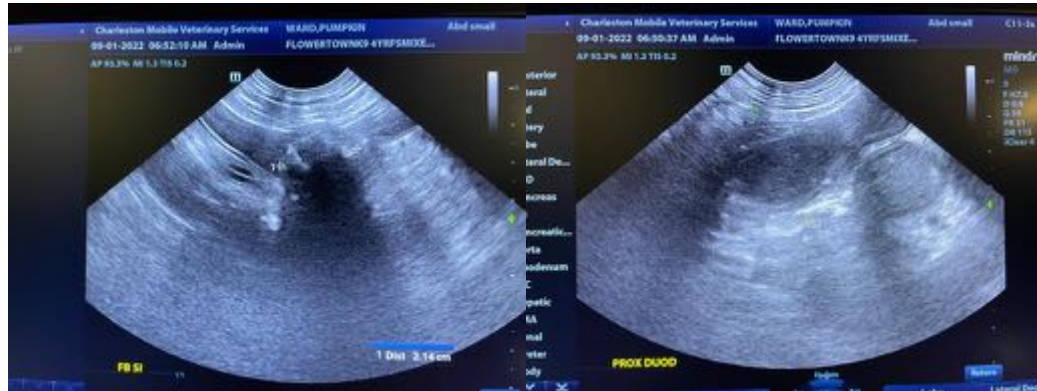
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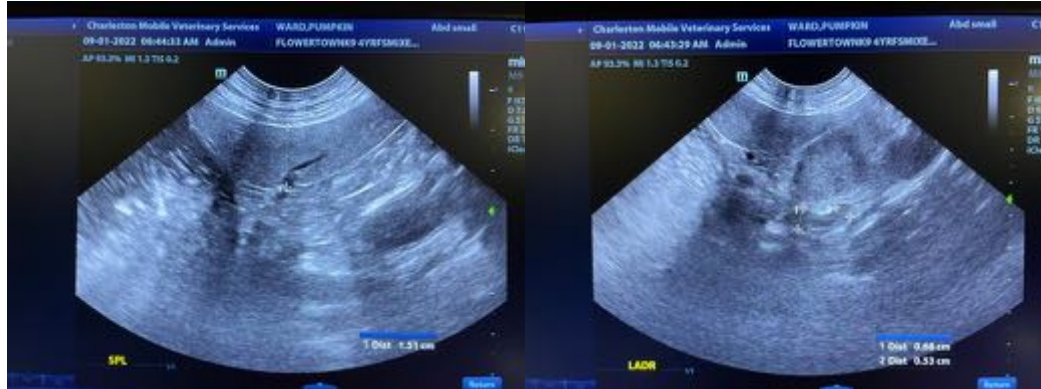
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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