



## PATIENT PRESENTING CLINICAL SIGNS

**Sophie Basch** History: Hx of hematemesis last night - 1 episode. Ate boiled chicken and rice afterwards. Attitude seems improved as per owner

## SPECIES Abnormal PE/Chem/CBC/UA Results:

Painful on abdominal palpation

Canine T - 102.0

melena and red blood noted on rectal exam

MM - pink<2

## BREED

CBC - unremarkable

CHem - CL 123 (109-122N)

Yorkshire Terrier

cPL - pending

## SEX

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female

### Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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.

## AGE

3 years

The **left kidney** is normal size (3.36 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. An ill-defined hyperechoic medullary rim is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

12.2 lbs

The **right kidney** is normal size (3.34 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. An ill-defined hyperechoic medullary rim is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (*Small Animal  
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### Adrenal Glands

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

## IMAGING PERFORMED BY

Adrienne Waffle

### Spleen

The **spleen** is normal in size (1.58 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

Torch Lake VC

### 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. Adrienne Waffle

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.

## INVOICE Gastrointestinal

11552

The **gastric lumen** is mildly to moderately distended with ingesta and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent at the time of this study. The small intestinal lumen is not dilated. The small intestinal wall thickness

## DATE

9.1.22

is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

### ***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 **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

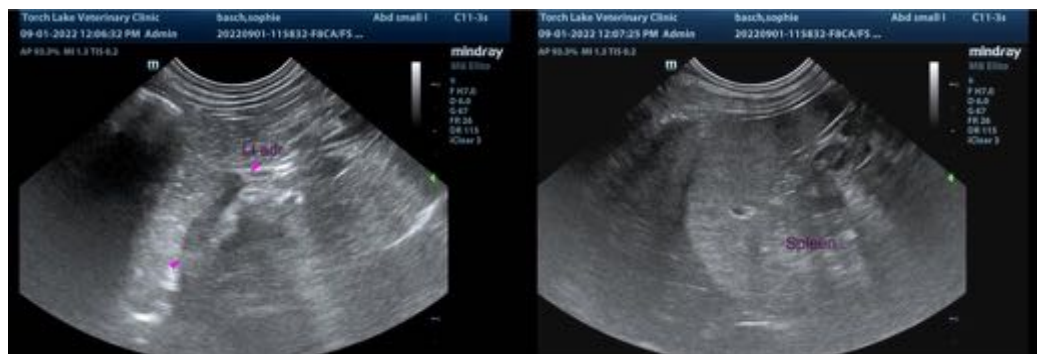
- The gastric luminal contents could be consistent with ingesta and/or a soft foreign body (i.e., grass, cloth, hair, digesting Nylabone). There is no obvious evidence of a pyloric outflow tract obstruction at this time.

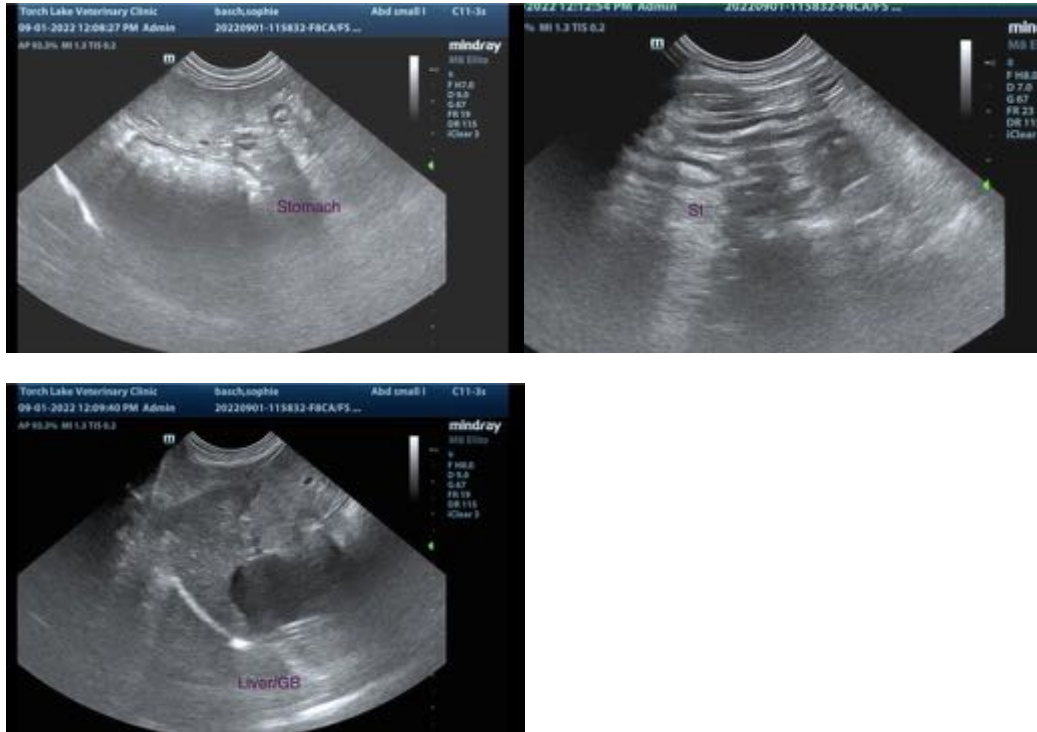
### **Secondary Findings**

- The medullary rims seen in both kidneys is likely a benign incidental finding. However, subclinical renal disease can be considered. Correlation with the patient's renal values is recommended.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider fasting the patient in conjunction with symptomatic care followed by a recheck ultrasound in 12-24 hours. If the shadowing material is still present, an upper GI endoscopy or gastrotomy can be considered to remove any foreign material. Alternatively, an upper GI endoscopic can be considered at this time.





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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