



PATIENT

Bronco Kurlak

SPECIES

Canine

BREED

Golden retriever

SEX

Male, intact

AGE

6 Months

WEIGHT

27 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Seltzer

INVOICE

12059

DATE

9/10/21

PRESENTING CLINICAL SIGNS

History: vomiting, diarrhea, inappetence, very thin. residual material in stomach on rads despite not eating for 24 hours. on Cerenia and metronidazole.

Abnormal PE/Chem/CBC/UA Results: CPL normal, cbc/chem not done

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 prostate is normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.46 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.

The right kidney is normal size (5.71 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.

Adrenal Glands

The left adrenal gland is normal in length (0.34 cm at cranial pole) (0.39 cm at caudal pole) (2.76 cm in length) with a flattened contour. 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 (1.39 cm at cranial pole) (0.39 cm at caudal pole) (2.61 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 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. The portal vein: caudal vena cava ratio is approximately 1:1. 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



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The gastric lumen is moderately fluid distended and hypomotile. Irregular shadowing material is observed within the gastric lumen. The gastric wall is normal in thickness with a normal layering pattern. Numerous small intestinal segments are moderately to severely distended with fluid and/or echogenic material. A few of the bowel loops appear plicated. Within these loops, shadowing material, possibly a linear foreign body, is observed within the lumen. In the remaining loops, the lumen is minimally fluid distended. Discreet masses are not identified. The colonic wall is normal. The colonic lumen is moderately to severely distended with echogenic fluid.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery throughout the mid-abdominal cavity is hyperechoic. There is no obvious evidence of free fluid. Several prominent mesenteric lymph nodes are visualized, the largest measuring 4.1 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastrointestinal changes are very concerning for gastric and small intestinal foreign material/obstruction, possibly a linear foreign body. Diffuse peritonitis, likely secondary to bowel pathology.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The flattened left adrenal gland may be a normal variant for this young patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended to assess for aspiration pneumonia.
- An abdominal exploratory should be considered to evaluate for foreign body/obstruction. If a foreign body is not found, gastrointestinal biopsies should be obtained. Consider concurrent castration if the patient is stable under anesthesia.



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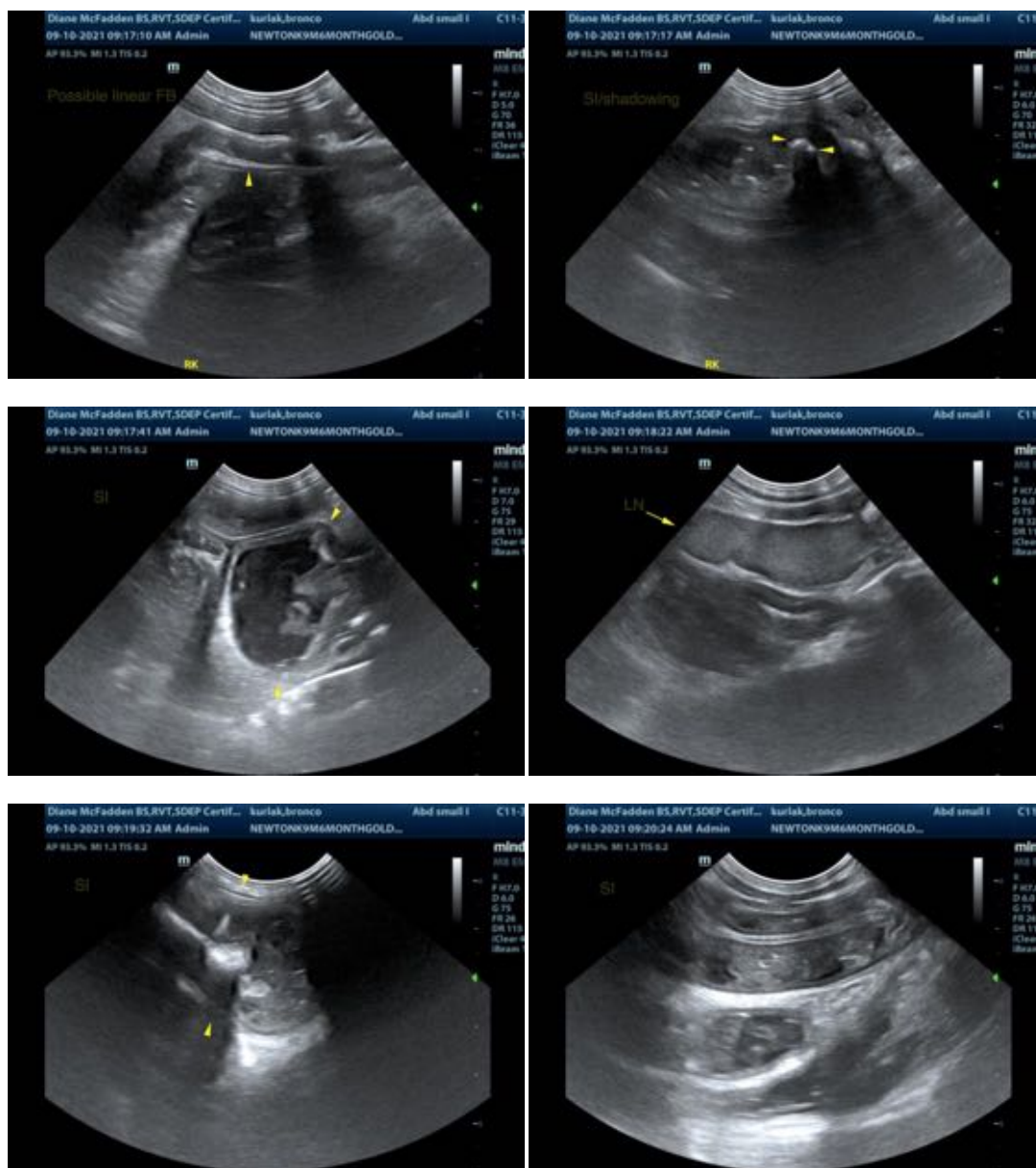
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
andrea_nicastro2@hotmail.com