
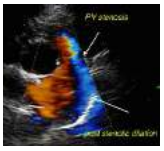
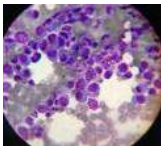
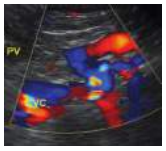

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mai Haley

SPECIES
Canine

BREED
Standard Poodle

SEX
Female spayed

AGE
11 Years

WEIGHT
41.4 lbs.

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

IMAGING PERFORMED BY
Dr. Cerf

HOSPITAL NAME
Veterinary Center of Hardyston

REFERRING VET
Dr. Cerf

INVOICE
11861kk

DATE
9/20/21

PRESENTING CLINICAL SIGNS

History: Splenectomy and GDV with stomach tack - two weeks vomiting and regurg. Pale gums.

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 left kidney is normal size (5.48 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 (5.93 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 left adrenal gland is normal size (0.45 cm at cranial pole) (0.45 cm at caudal pole) (1.58 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.

The caudal pole of the right adrenal gland is visualized and is normal in size (0.60 cm in width) with a normal shape, glandular echogenicity, and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The patient was previously splenectomized.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is of normal echogenicity with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. The small intestinal lumen is not dilated. One segment of intestine in the left cranial to mid-abdomen appears slightly irregular/kinked. It is unclear if this region represents the ileocolic junction. In the remaining small intestinal tract, the lumen is not dilated, and the wall is normal in thickness 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

Pancreas

See “Free Abdomen”

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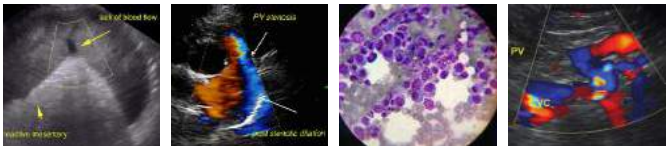

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Free Abdomen

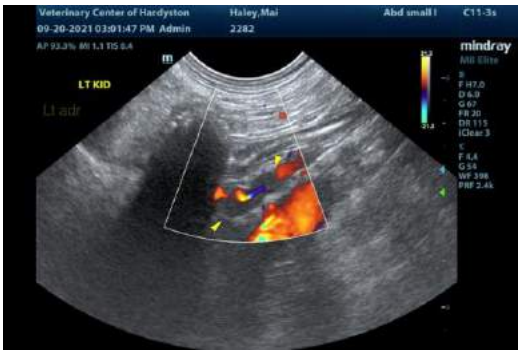
The mesentery in the cranial abdomen is hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The mild peritonitis in the cranial abdomen could be consistent with post-operative peritonitis and/or mild pancreatitis.
- The irregular/kinked bowel loop in the left cranial to mid-abdomen is not obviously obstructed and may represent an area of hyperperistalsis or the ileocolic junction.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for esophageal disease/dilation.
2. Consider empirical treatment for esophagitis.
3. Consider baseline lab work including a CBC chemistry panel, urinalysis, and T4, if not already performed.



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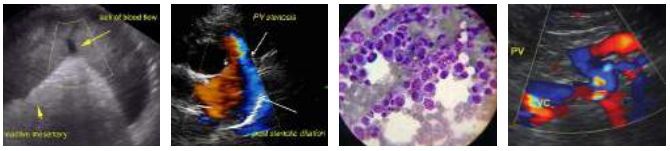

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com