



PATIENT

Buddha Damico

SPECIES

Canine

BREED

Pitbull

SEX

Male, neutered

AGE

7 yrs.

WEIGHT

89 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Shelley Parker

INVOICE

13991

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: Vomiting 30 minutes after eating food, Dark loose stools, asking to go out every 15 minutes, not able to hold BM. Injection of Cerenia given approx. 24hours ago
Abnormal PE/Chem/CBC/UA Results: ^ ALKP, ^ALT, ^Glob

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregularly. 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 1-2 cm, are normal.

The prostate is normal in size (1.52 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 (7.20 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.

The right kidney is subjectively normal size with 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 caudal pole of the left adrenal gland is visualized and is normal size (0.65 cm in width) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized in the available images. However, no obvious pathology is observed in this region.

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.

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 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 mildly fluid distended. An approximately 2-3 cm curved linear shadowing structure is observed within the lumen. The gastric wall is normal in thickness with a normal layering pattern. The



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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.

Pancreas

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Suspected gastric foreign material, which appears non-obstructive at the time of the study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Treatment options could include an upper GI endoscopy or gastrostomy to remove the foreign material. Alternatively, if the patient is stable, consider medical management with fluid therapy, gastric protectants and a probiotic with recheck abdominal ultrasound in 12-24 hours. If there is no improvement in the patient's clinical status and/or if the foreign material is still present, consider removal via one of the above methods.
- Depending on the degree of liver enzyme elevation, further hepatic workup (i.e., Leptospirosis testing, serum bile acids, +/- hepatic tissue sampling) may be warranted.

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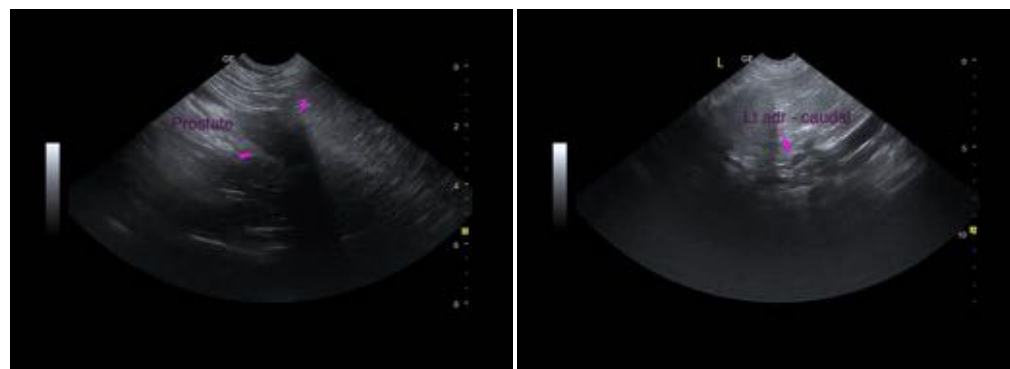
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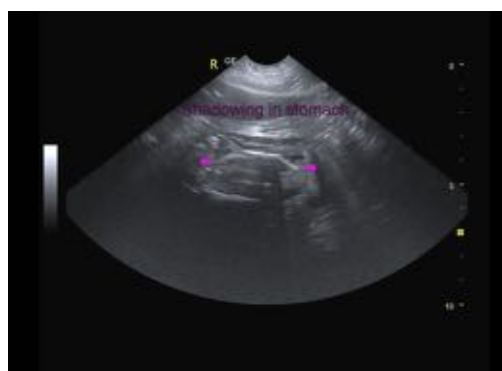
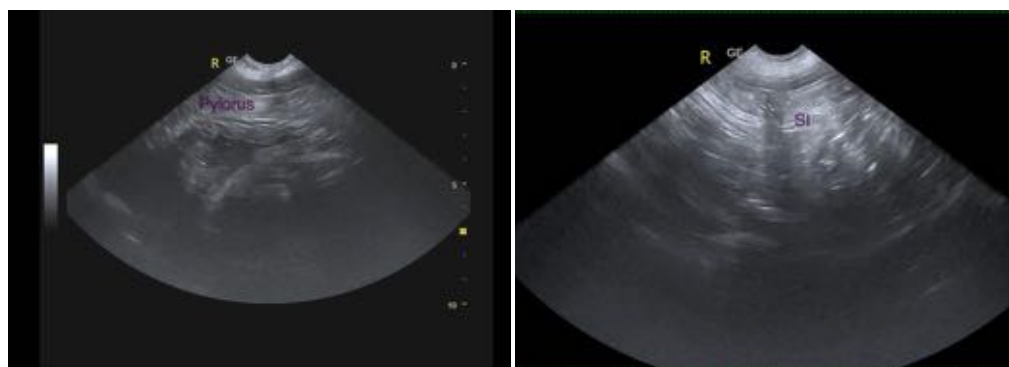
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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