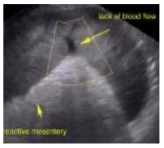
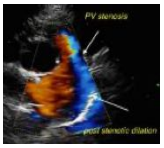
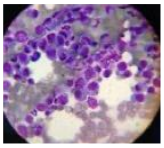
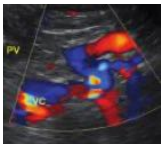
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
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PATIENT
Khaya Crelling

SPECIES
Canine

BREED
Rhodesian Ridgeback

SEX
Spayed Female

AGE
10 years, 8 mos

WEIGHT
67 lbs

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

IMAGING PERFORMED BY
Haley Harasimowicz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Haley Harasimowicz

INVOICE
11677

DATE
9.22.22

PRESENTING CLINICAL SIGNS

History: Was seen on 9/19 for 2-day history of diarrhea, decreased appetite and lethargy. P had eaten several apples the day prior to clinical signs and owner reports that she eats naughty things all of the time. Abdominal radiographs showed small amount of ST opacity material with tiny radioopaque structures (such as bone fragments, small gravel). Small intestine was unremarkable, and colon was unremarkable. CBC/Chem showed elevated amylase (1931) and Lipase (3721) - otherwise unremarkable. She was treated with SQ fluids, Cerenia, Famotidine and B12 and was sent home with oral omeprazole and metronidazole. Rechecked today (9/21/22) due to persistent diarrhea and drooling. Eating EN diet well and no vomiting. Trying to eat grass outside.

Abnormal PE/Chem/CBC/UA Results: Today's physical exam showed mildly tacky gums. Painful cranial abdomen. Afebrile (100.4). Rectal exam had scant amount of mucoid yellow/brown stool. In-house cPL snap test was abnormal. P was treated with IVF thorughout the day, IV cerenia and IV metronidazole.

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is subjectively normal in size, with normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.52 cm at cranial pole) (0.61 cm at caudal pole) (2.15 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 **right adrenal gland** is normal size (1.62 cm at cranial pole) (0.72 cm at caudal pole) (3.39 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 (2.29 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, ill-defined myelolipomas are observed in the region of the hilus. 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 to moderately distended with ingesta and shadowing fragments. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

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 normal ingesta and/or foreign material. There is no obvious evidence of an outflow tract obstruction at this time. However, an intermittent pyloric outflow tract obstruction cannot be completely excluded.

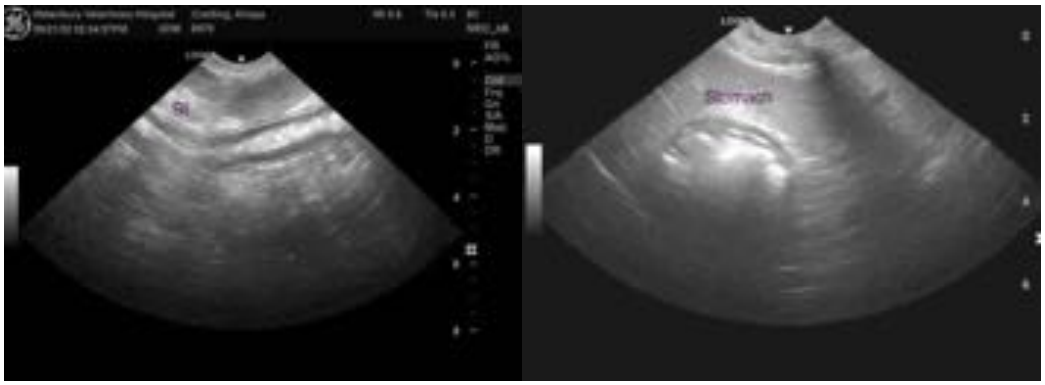
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

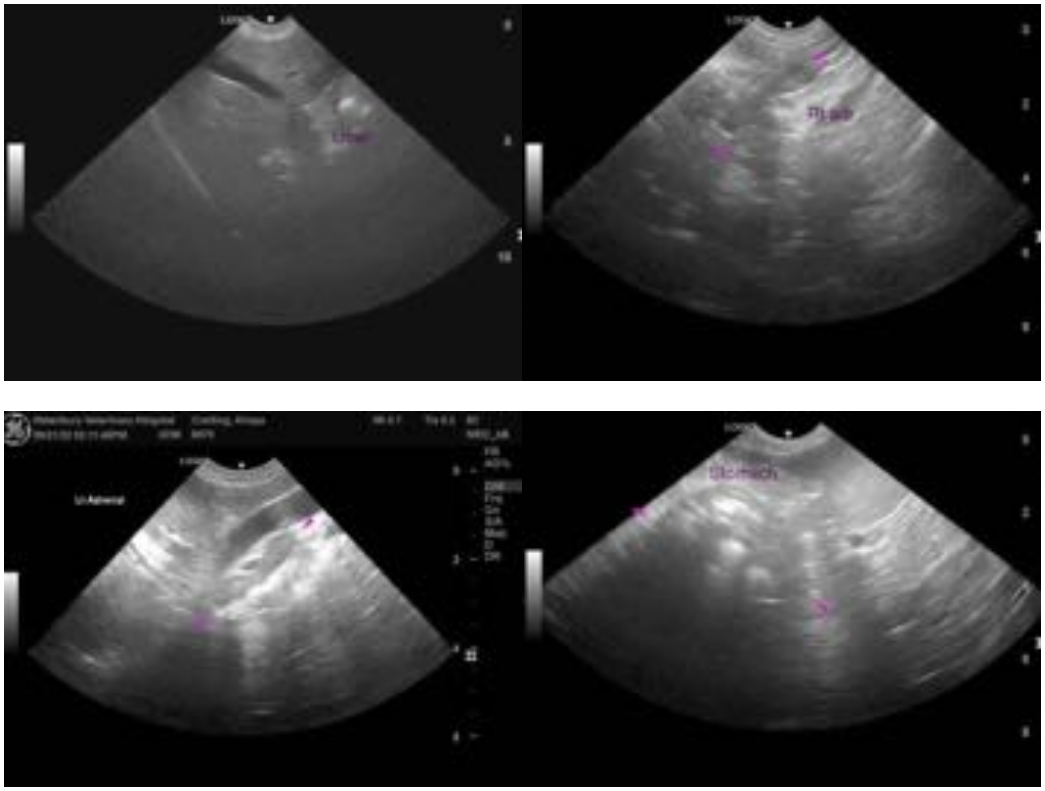
Supportive care for acute gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics, and pain medication (as needed).

Also consider a cPLI (send to Texas A&M) to further assess for pancreatitis.

A fecal evaluation for ova and Giardia should also be considered along with prophylactic deworming with Fenbendazole.

If the patient's clinical signs do not improve within 48-72 hours of medical management, a more advanced GI work-up may be warranted.





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)
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