



PATIENT

Lennie Caruso

SPECIES

Canine

BREED

Bull Terrier

SEX

Female spayed

AGE

7 Years

WEIGHT

60 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Striano-Kaplan

INVOICE

11890kk

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History: 7 yo FS Bull Terrier with a history of Addison's disease, controlled on DOCP and daily prednisone presented to RVH on 9/24/21 for lethargy, decreased appetite, straining to defecate (diarrhea), vomiting and aggressively trying to eat dried leaves. The vomiting had stopped 9/20/21 but the other clinical signs continued so she was brought in for evaluation.

Abnormal PE/Chem/CBC/UA Results: QAR, suspected cranial organomegaly, tense on abdominal palpation and BCS 7/9, CBC - Neut 12.92, Chem - Chol 381, ALP 150, 3 view abdominal radiographs revealed 1. The gastric soft tissue content could represent food or foreign material, correlate this best clinically. No evidence to suggest an obstruction. 2. The slightly increased soft tissue opacity in the craniodorsal abdomen near the stomach may be due to summation of normal soft tissues and imaging technique, however pancreatitis is possible. May consider an abdominal ultrasound to further evaluate the gastrointestinal tract and peritoneum or repeat fasted abdominal radiographs to monitor for interval changes if warranted. Repeat fasted abdominal radiographs showed minimal change in gastric contents concerning for foreign material.

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 (7.00 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 hydronephrosis.

The right kidney is normal size (7.01 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

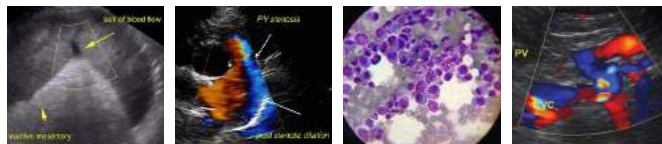
The caudal pole of the right adrenal gland is visualized and is normal size (0.68 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.30 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are



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observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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The gastric lumen is distended with soft and hard shadowing material and a small amount of ingesta. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular appearing fecal material.

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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.

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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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for aspiration pneumonia.
2. A gastrotomy is recommended to remove the foreign material. Endoscopic removal can be considered. However, given that the nature of the foreign material is not known, it may not be removable endoscopically. If a conservative approach is desired, endoscopy can be considered first and if removal of the foreign material is not possible, then surgery can be pursued.

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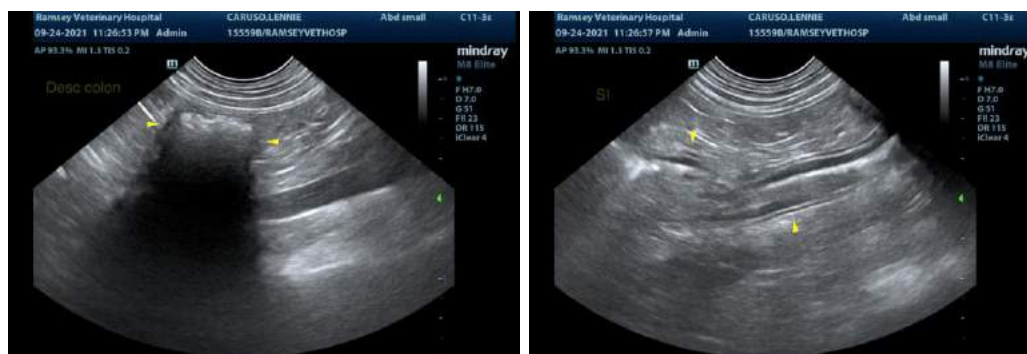
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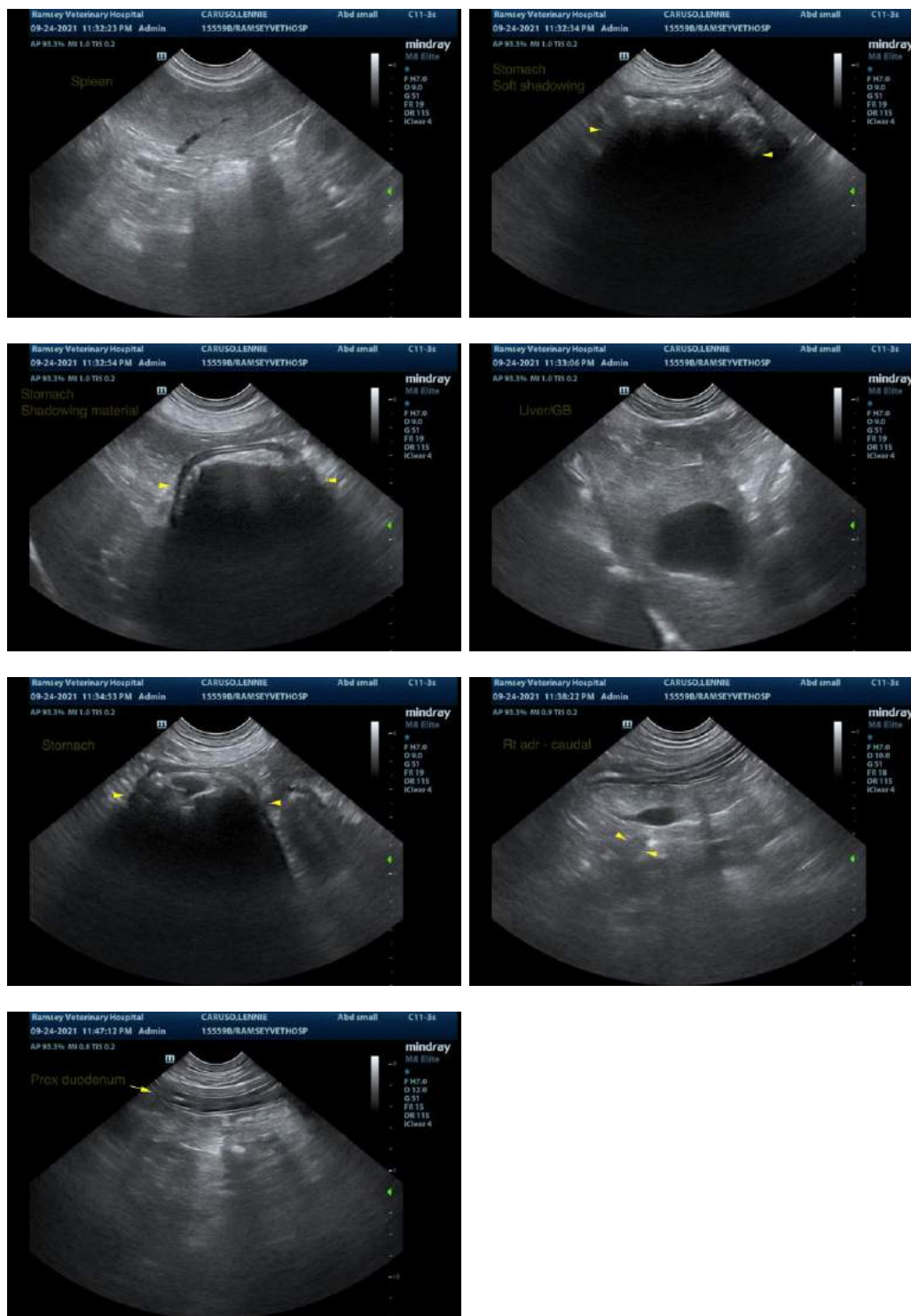
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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