



**PATIENT**

Mackenzie Finnegan

**SPECIES**

Canine

**BREED**

Newfoundland mix

**SEX**

Female, spayed

**AGE**

2 Yrs.

**WEIGHT**

47.5 kgs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Kristin Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson

**INVOICE**

14021

**DATE**  
9/27/22

**PRESENTING CLINICAL SIGNS**

**History:** Presents for concerns if a GI obstruction. Owner reports that she has had diarrhea since adoption off and on. They have been to Oregon State for GI biopsies in an attempt to get a diagnosis. More recently she has been lethargic, not eating as much, and vomiting off and on. Their rDVM took ABD Rads and was concerned for a small GIFB. She is here for repeat rads and possible Sx. JAL Patient originally came from china, has had chronic diarrhea, chronic diarrhea since adoption, evaluated by OSU VTH 5/13 for chronic diarrhea; diagnosed with giardia in May 2022 and treated with fenbendazole; Patient was boarded 9/20-9/24 - not eating, drinking since pick up. Hx of hook worm infection Pt was fasted in clinic for 8hrs prior to ultrasound. 3-view rads were non-conclusive for Obstructive GI Foreign Body.

**Abnormal PE/Chem/CBC/UA Results:** CBC/chem10: HCT 56.4, Platelets 256,000, Eosinophils 0.04, MPV 14.9; GLUC 157 EPOC: HCT 60, Glucose 161, Lactate 3.62, Cl 102, K 3.2, Na 138, pH 7.476, cSO2 97.6, pO2 89.8

**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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.28 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; 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 size (0.64 cm at cranial pole) (0.61 cm at caudal pole); 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size (2.20 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



**PATIENT**

Mackenzie Finnegan

distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Canine

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild to moderate). Some small intestinal segments are empty. One bowel segment, which appears to be cecum, is moderately fluid distended. Some soft fecal material is observed within the colonic lumen. There is no obvious evidence of a foreign body.

**BREED**

Newfoundland mix

**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.

**SEX**

Female, spayed

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent jejunal lymph nodes are visualized, the largest measuring 3.91 cm in length.

**AGE**

2 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

47.5 kgs.

Partial obstructive pattern within the small intestinal tract, which may represent regional intestinal dysfunction or potentially, obstruction, although a definitive foreign body is not seen. If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest decreased gastric motility. The presence of stool within the colon does indicate some level of intestinal transit.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's history, a repeat fecal evaluation for ova and Giardia is recommended along with prophylactic deworming with Fenbendazole.
- A resting cortisol level to screen for hypoadrenocorticism.
- It is also recommended that the patient be fasted with a repeat abdominal ultrasound in 12-24 hours to reassess for possible intestinal obstruction. In the meantime, symptomatic care is recommended.

**IMAGING PERFORMED BY**

Dr. Kristin Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson

**INVOICE**

14021

**DATE**

9/27/22



**PATIENT**

Mackenzie Finnegan

**SPECIES**

Canine

**BREED**

Newfoundland mix

**SEX**

Female, spayed

**AGE**

2 Yrs.

**WEIGHT**

47.5 kgs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Kristin Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

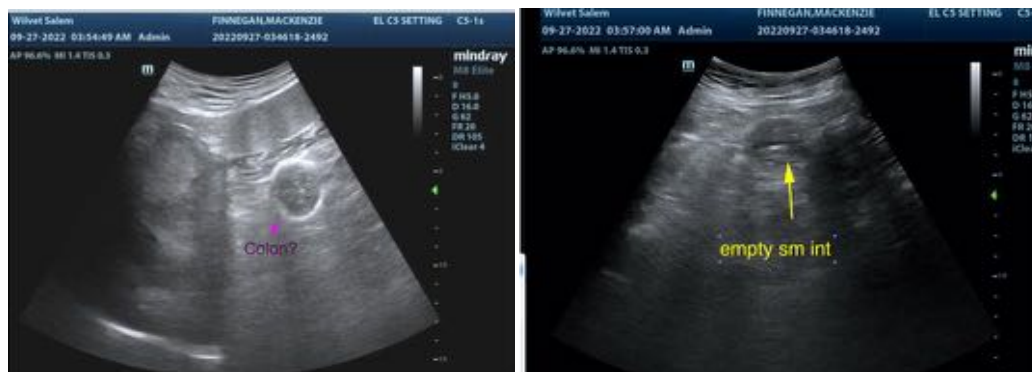
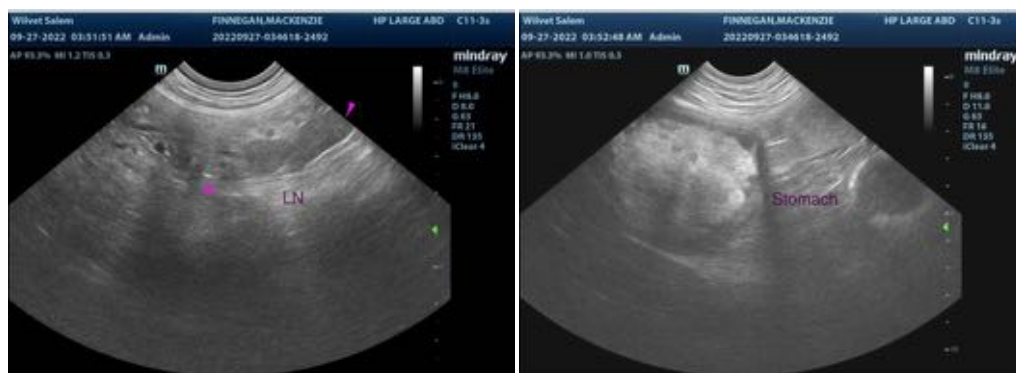
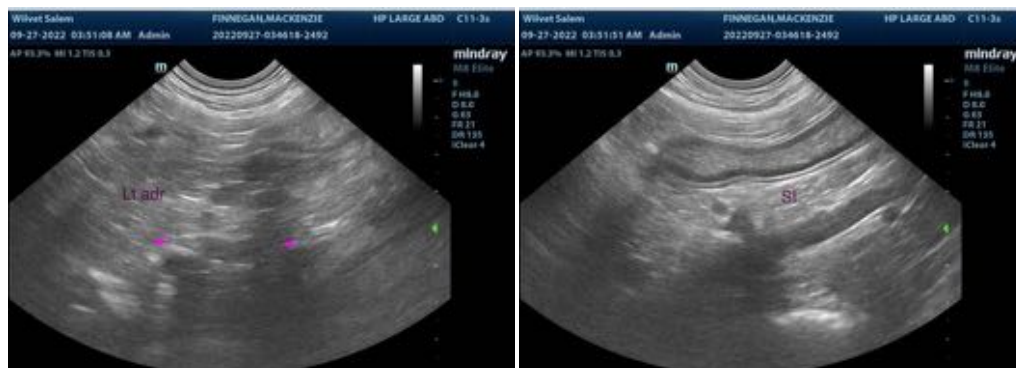
Dr. Kristin Peterson

**INVOICE**

14021

**DATE**

9/27/22





**PATIENT**

Mackenzie Finnegan

**SPECIES**

Canine

**BREED**

Newfoundland mix

**SEX**

Female, spayed

**AGE**

2 Yrs.

**WEIGHT**

47.5 kgs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Kristin Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson

**INVOICE**

14021

**DATE**  
9/27/22



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