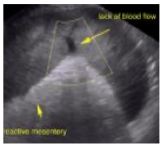
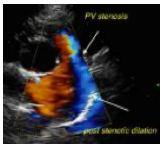
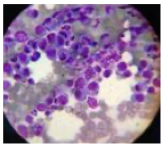
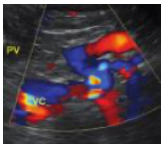
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Morty Liddy

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

6 years

WEIGHT

6.12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

11723

DATE

9.29.22

PRESENTING CLINICAL SIGNS

History: Monday morning P V small amount of bile. In afternoon P was acting off and had a tense abd. O took P on walk later in the evening and P V blood and had bloody D. Took P to dove lewis and was not seen, took P to sunny side vet. Was given Sub Q fluids, pain meds, abx, cerenia. Could not hold down meds, V through cerenia. Did not eat Monday night, has not eaten yesterday or today. Tues P had more bloody D. This AM O woke up and found oom covered in blood- poss D vs V unsure. Drank a small amt of water today. Took back to Sunnyside for recheck rads- poss cloth in stomach.

Abnormal PE/Chem/CBC/UA Results/Mentation: QAR, Abdomen: tense on deep palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 3-4 cm, are normal.

The **prostate** is normal in size (0.79 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 (3.79 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 (4.17 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm at cranial pole) (0.54 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 **right adrenal gland** is normal size (0.62 cm at cranial pole) (0.55 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.

Spleen

The **spleen** is normal in size (0.95 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. A small amount of aggregated, echogenic, suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is minimally distended with fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with fluid/chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic lumen is mildly fluid-distended proximally. The wall of the distal descending colon is mildly thickened (up to 0.34 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

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.

Free Abdomen

The **mesentery** surrounding the stomach is mildly hyperechoic. No free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

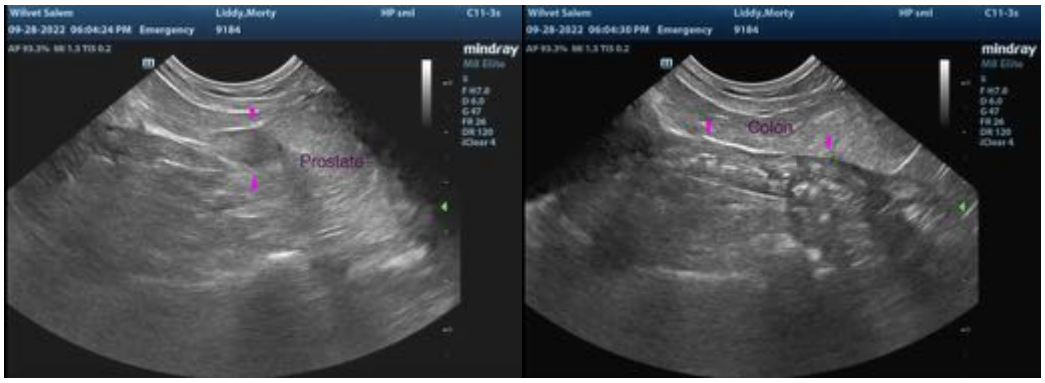
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Given the patient's clinical history and gastrointestinal findings, acute hemorrhagic gastroenteritis is suspected. There is no obvious evidence of foreign body/obstruction. Cranial peritonitis is present, likely secondary to gastroenteritis +/- mild pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab-work including a CBC, chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Fecal evaluation for ova and Giardia is recommended.
- Consider prophylactic deworming with Fenbendazole.
- Supportive care for acute hemorrhagic gastroenteritis is recommended. If the patient does not respond to medical management within 24-72 hours, a more advanced GI workup (i.e., resting cortisol level, malabsorption panel (send to Texas A&M) +/- GI biopsies) may be warranted.




SI


Liver


Pylorus


Rt adr


Prox duod


Stomach


Transv colon


Lt adr

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