**PATIENT**

Winston Hounsell
43219A

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

3 years 3 mos

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec
Dr. McKelvey

INVOICE

11761

DATE

9.30.22

PRESENTING CLINICAL SIGNS

History: Yesterday at about 4pm, Winston vomited yellow, foamy bile. Later at 9pm, he vomited red liquid two times. Winston's owner called here for advice; we instructed to withhold food/water and monitor until they can be evaluated by their pcDVM. This morning at 10am he had a very hard stool, followed by a large amount of black and liquidy diarrhea. He has been eating and drinking normally. Winston was unable to be seen through their pcDVM today and was told to seek emergency care. His owner gave him a raw-hide chew on Monday or Tuesday, which they believe could be causing these symptoms.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** 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 is normal.

The **prostate** is normal in size (0.88 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 (6.62 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 (6.58 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.

Adrenal Glands

The **left adrenal gland** is borderline small in size (0.37 cm at cranial pole) (0.49 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 borderline small in size (0.54 cm at cranial pole) (0.38 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

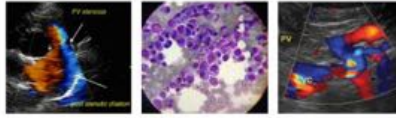
The **spleen** is normal in size (1.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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

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The **gastric lumen** is mildly to moderately gas-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The medial iliac **lymph nodes** are visualized (left: 1.77 x 0.47 cm) (right: 1.85 x 0.76 cm). A 0.81 x 0.72 cm gastric lymph node is also seen. One to two prominent mesenteric lymph nodes are also observed (2.30 cm in length). All nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- The gastrointestinal changes are most consistent with gastroenteritis, the etiology of which is unclear.

Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Minor pancreatic remodeling

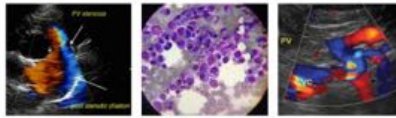
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical signs, consider the following:

- A fecal evaluation for ova and Giardia is recommended
- Prophylactic deworming with Fenbendazole
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Empirical treatment for gastric ulceration is recommended, including a proton pump inhibitor and sucralfate.
- If the above diagnostics are inconclusive and if the patient's clinical signs do not begin to improve within 24-72 hours, consider an upper GI endoscopy with gastrointestinal biopsies.

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svsimagingqc.net 309-737-3070



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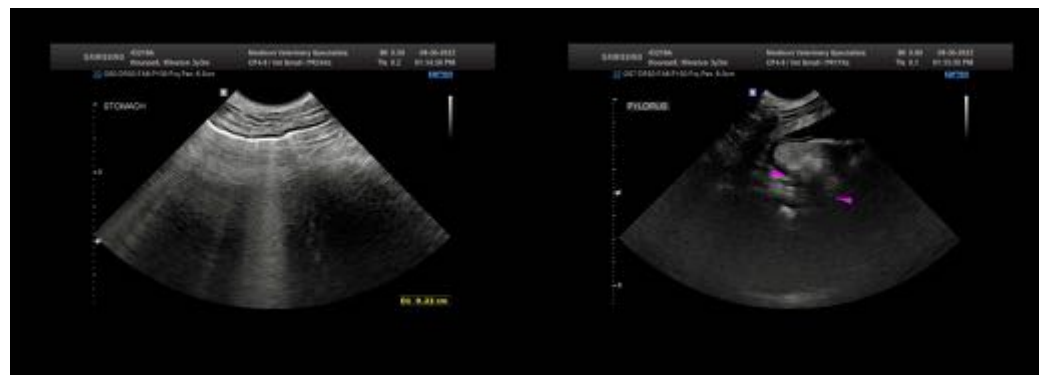
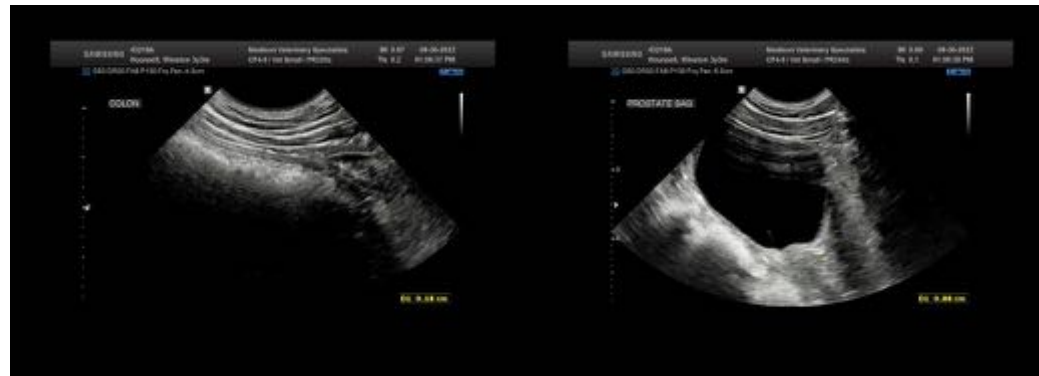
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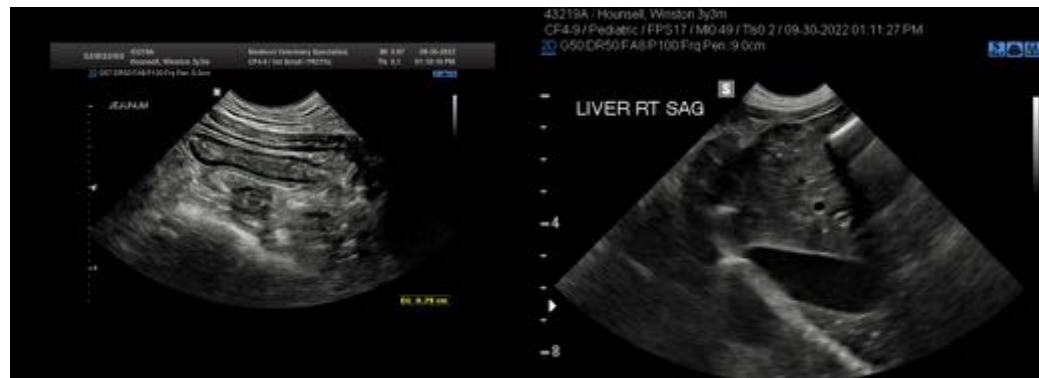
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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