



PATIENT PRESENTING CLINICAL SIGNS

Jack Brickner History: Dehydration, vomiting, anorexia, Poss foreign material within stomach vs gastric growth vs other

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

BREED

Beagle Mix

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.

SEX

Neutered Male

The **left kidney** is normal size (5.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

12 years

The **right kidney** is normal size (4.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

25 lbs

Adrenal Glands

The **left adrenal gland** is enlarged (1.06 cm at cranial pole) (0.91 cm at caudal pole) (2.41 cm in length); with an irregular shape. The parenchyma is mildly heterogenous. There is questionable extension of glandular material into the phrenic vein. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The **right adrenal gland** is normal size (1.53 cm at cranial pole) (0.48 cm at caudal pole) (2.37 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.

IMAGING PERFORMED BY

Jenn

Spleen

The **spleen** is normal in size (1.51 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.

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Ascot

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic to mineralized gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

11601

DATE

9.8.22

Gastrointestinal

The **gastric lumen** is moderately distended with fluid. Within the fluid, aggregated, echogenic, non-shadowing material is observed. The gastric wall is normal in thickness with a normal layering pattern. A few moderately fluid-distended small intestinal loops are observed in the cranial abdomen. The GI tract appears hypomotile. In one video clip, there is shadowing material within a bowel segment. It is unclear if the segment represents small intestine or colon. Surrounding mesentery is hyperechoic.

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** in the cranial to midabdominal region is hyperechoic. Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric and small intestinal dilation is concerning for obstruction. However, ileus cannot be completely excluded. Cranial to midabdominal peritonitis is present, likely secondary to bowel pathology.

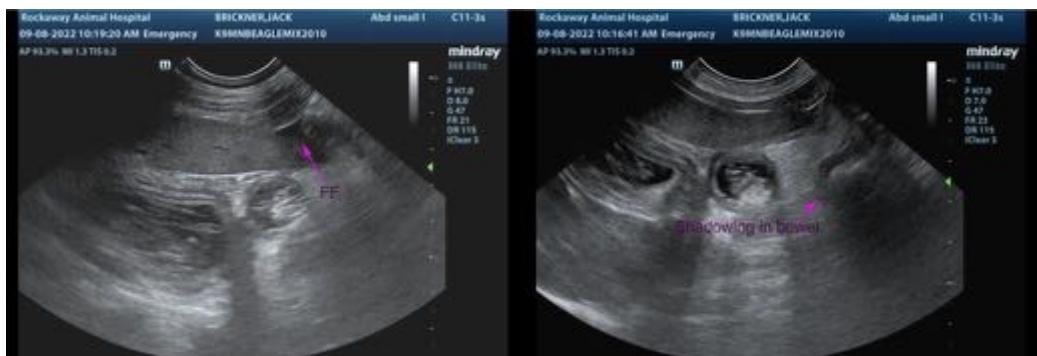
Secondary Findings

- Mineralized gall bladder debris/sludge – incidental
- The left adrenomegaly could be consistent with hyperplasia or possibly, emerging neoplasia. Additional sonographic images with Doppler would be helpful in determining if there is obstruction of the phrenicoabdominal vein.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Additional sonographic images of the bowel would be useful and help in assessing for a foreign body/obstruction. Consider an abdominal exploratory to assess for a foreign body. If a foreign body is not found, gastrointestinal biopsies should be obtained to assess for microscopic pathology.





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.

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