



PATIENT PRESENTING CLINICAL SIGNS

Brownie Clark Patient has been vomiting and anorexia since 4/10 despite cerenia and supportive care. PE- lethargic, 5% dehydrated, heart/lungs wnl, light pink mildly tacky mm, soft abdomen, no stool on rectal

SPECIES 4/13 cbc/chem- hemoconcentration; repeating BW today

Canine Medications: cerenia, posatex

BREED Serial abdominal rads- concern for pyloric outflow obstruction

Lab mix ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX 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.

Female, intact

AGE The left kidney is normal size (7.69 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.

4 Yrs.

WEIGHT The right kidney is normal size (8.35 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.

44.7 kg.

INTERPRETED BY

Adrenal Glands

Andrea Nicastro, DVM, Diplomat ACVIM (Small Animal Internal Medicine) The left adrenal gland is normal size (0.66 cm at cranial pole) (0.75 cm at caudal pole) (2.56 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

The right adrenal gland is normal size (1.35 cm at cranial pole) (1.63 cm at caudal pole) (2.89 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.

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

HOSPITAL NAME

Spleen

Blue Pearl Mount Pleasant The spleen is normal in size (2.44 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.

REFERRING VET

Liver

Dr. Graham 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.

INVOICE

13250

DATE
4/20/22



PATIENT *Gastrointestinal*

Brownie Clark

SPECIES

Canine

BREED

Lab mix

SEX

Female, intact

AGE

4 Yrs.

WEIGHT

44.7 kg.

The gastric lumen is moderately to severely fluid distended and hypomotile. Irregular hard shadowing material is observed within the gastric lumen. The gastric wall is normal in thickness with a normal layering pattern. The shadowing material extends through the pyloric outflow tract and into the duodenum for several cm. A few small proximal small intestinal segments are severely distended with fluid and echogenic material. There is evidence of plication of bowel in the mid-abdominal region. The small intestinal wall in this region is thickened and irregular and the mesentery effacing the serosal surface is hyperechoic. The remaining small intestinal segments are empty. The colonic wall is normal. The colonic lumen contains shadowing fecal material.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

Free Abdomen

There is no evidence of effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body with extension into the small intestine. A linear foreign body is suspected. There is peritonitis around the plicated bowel suggesting potential impending rupture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for aspiration pneumonia.
- An emergency exploratory surgery is strongly recommended to remove the gastrointestinal foreign material.

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(Small Animal Internal
Medicine)

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HOSPITAL NAME

Blue Pearl Mount
Pleasant

REFERRING VET

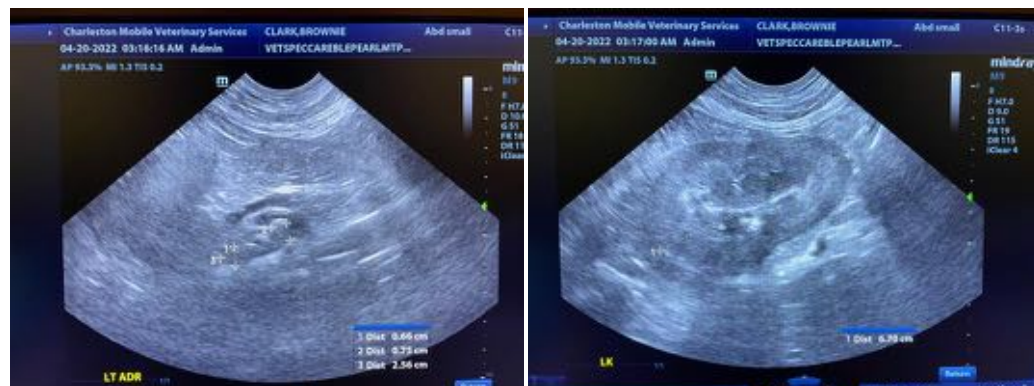
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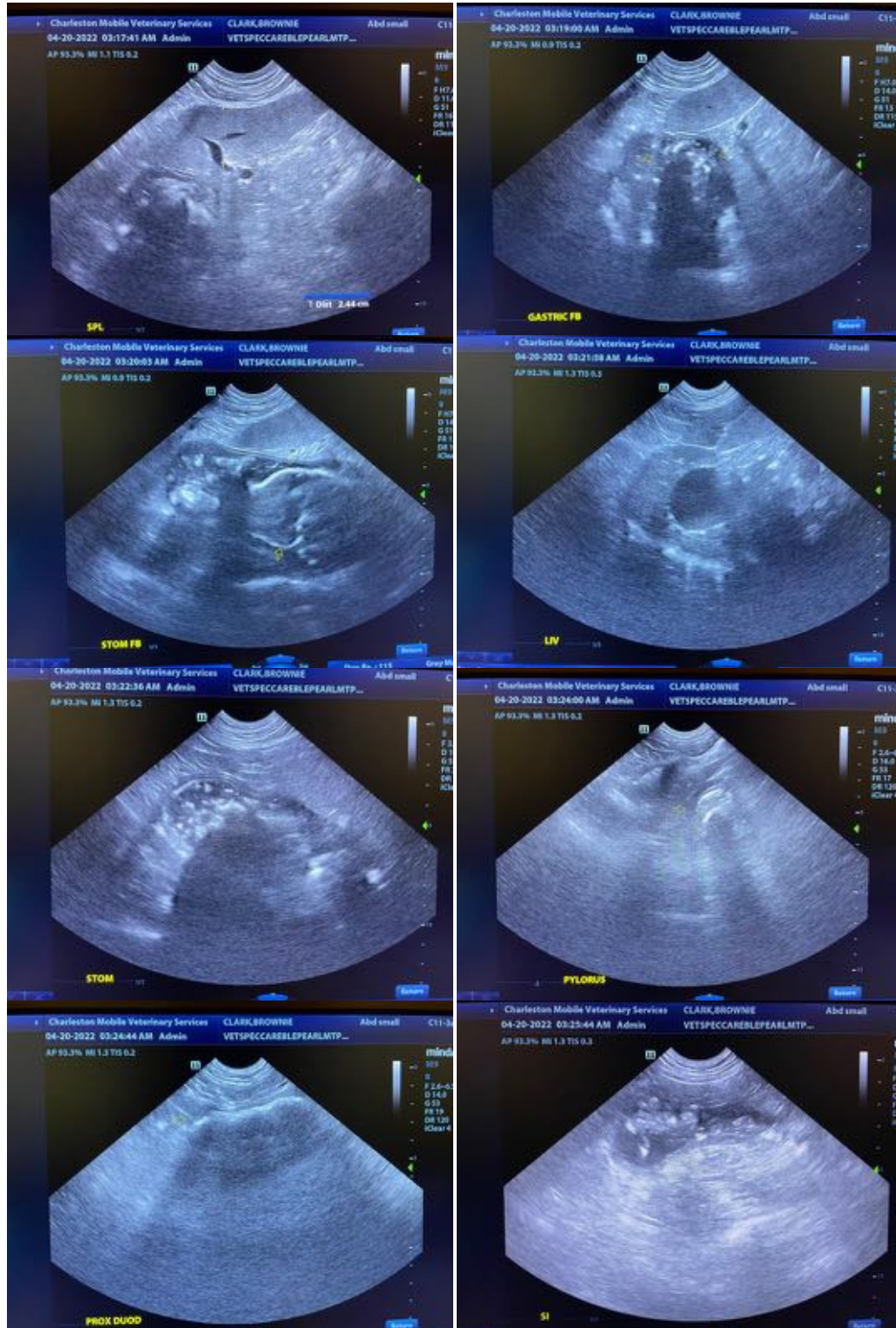
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PATIENT

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Lab mix

SEX

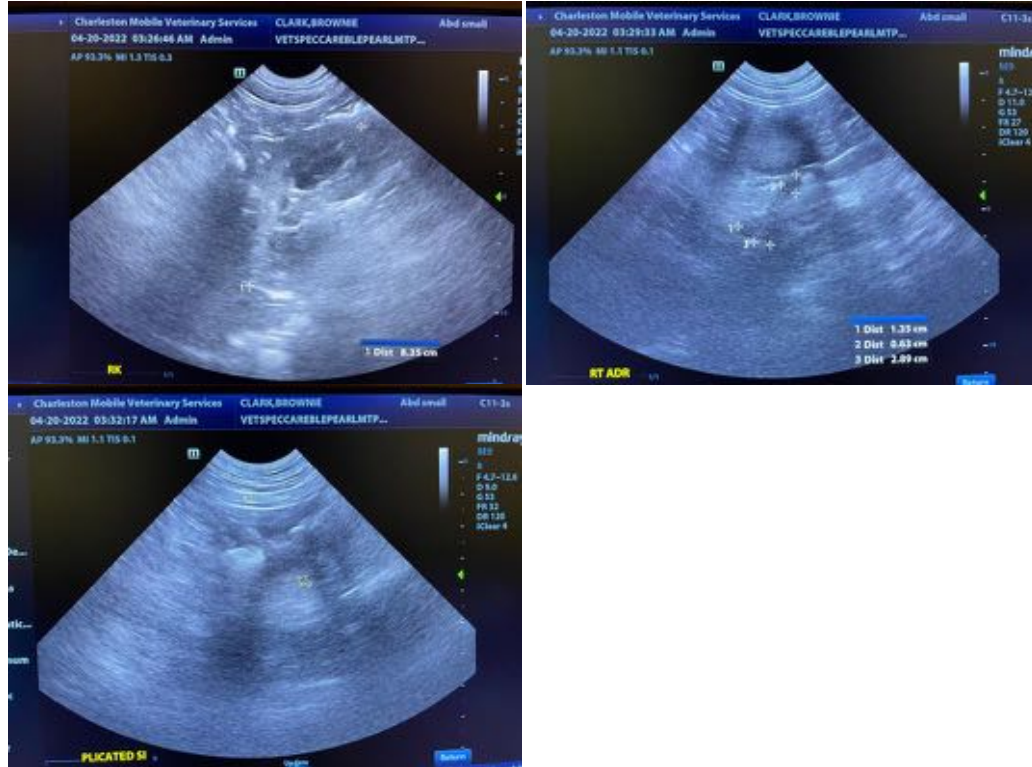
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.Nicastro@CharlestonMobile.net