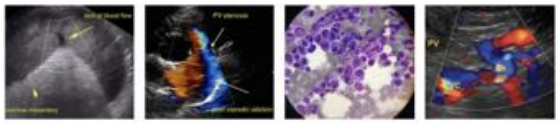


PATIENT

River Goldenberg

SPECIES

Canine

BREED

Lab

SEX

Male, neutered

AGE

1/1/2013

WEIGHT

84.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Sauls

INVOICE

13729

DATE

7/19/22

PRESENTING CLINICAL SIGNS

Recent history of inappetence and vomiting. Today is weak and lethargic. Abdominal pain suspected.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. A small amount of suspended echogenic debris is observed within the lumen. Cystic calculi and discrete masses are not observed.

The prostate is normal in size (1.10 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 (7.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.90 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.66 cm at caudal pole) (2.70 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.

The right adrenal gland is normal size (0.73 cm at cranial pole) (0.48 cm at caudal pole) (1.74 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.

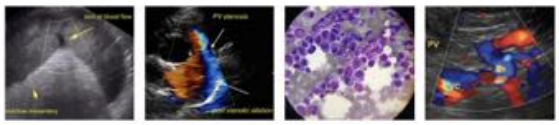
Spleen

The spleen is normal in size (1.74 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 severely fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is difficult to visualize due to patient's size and gastric distention. A bowel loop in the right cranial quadrant is severely fluid distended and hypomotile. Within the lumen of this loop, an approximately 3-3.5 cm soft shadowing structure is visualized. The mesentery effacing the serosal surface in this region is mildly hyperechoic. Distal to this loop, the small intestinal segments appear empty or mildly fluid distended. The remaining small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains some shadowing fecal material.

Pancreas

The right limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. the pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 2.10 cm in length. The surrounding mesentery is mildly hyperechoic.

Other

A brief visualization of the heart reveals no obvious evidence of pericardial effusion.

Several B-lines are visualized within the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

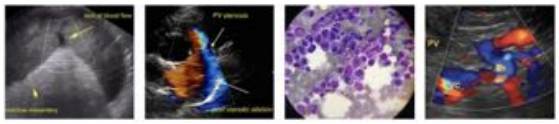
- Possible small intestinal foreign body/obstruction. There is no obvious evidence of neoplasia. However, a small tumor or a luminal stricture cannot be completely excluded. Adjacent peritonitis is present.
- The pancreatic changes are suggestive of mild pancreatitis.
- The B-lines within the thorax are consistent with pulmonary parenchymal disease (i.e., pneumonia, allergic lung disease, pulmonary edema, neoplasia, pulmonary thromboembolism).

Secondary Findings:

- Mild bilateral, chronic age-related renal changes.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs +/- repeat abdominal radiographs are recommended.



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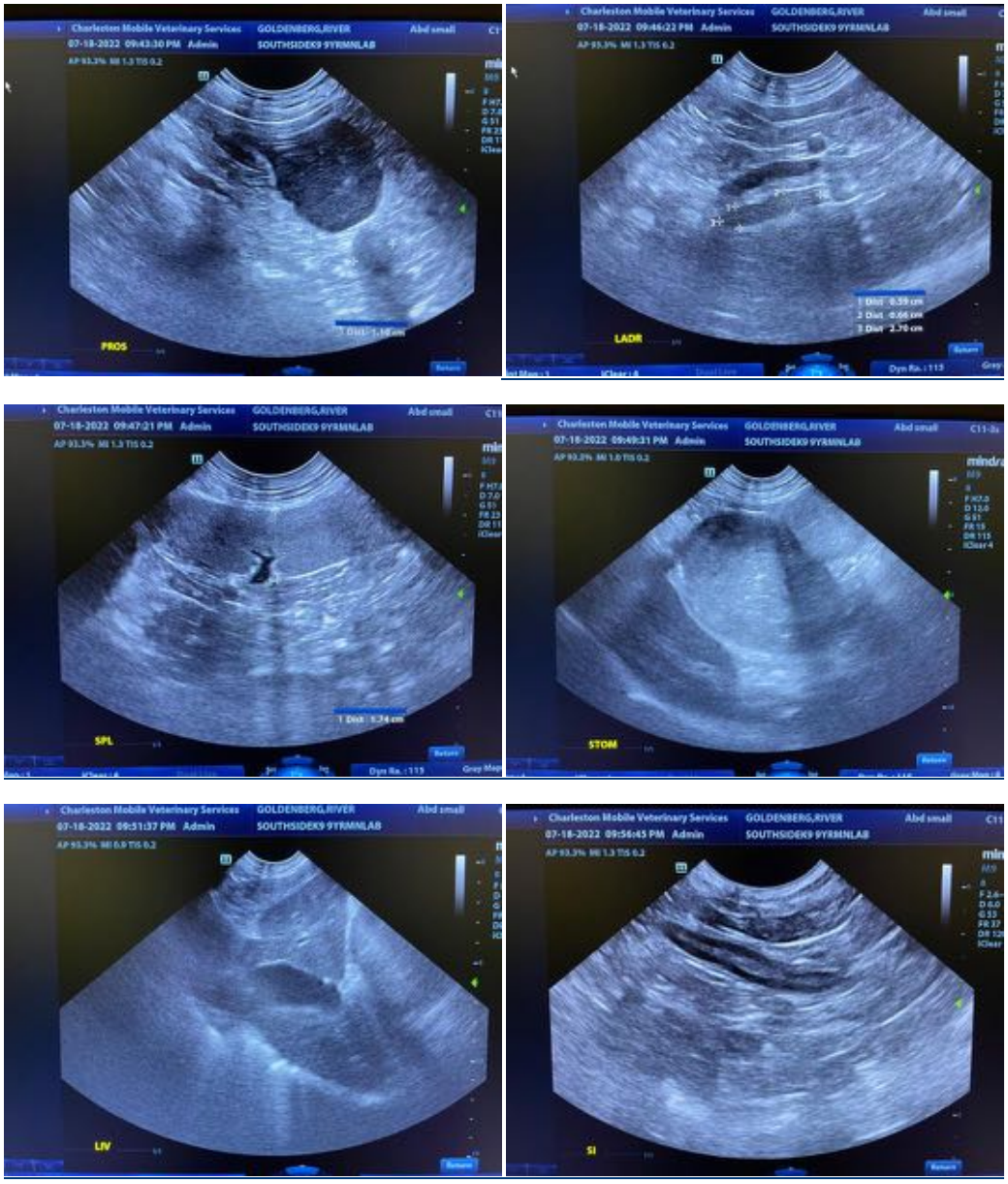
- An abdominal exploratory should be considered to assess for a small intestinal foreign body. If no foreign body is found, gastrointestinal biopsies should be obtained at the time of surgery.



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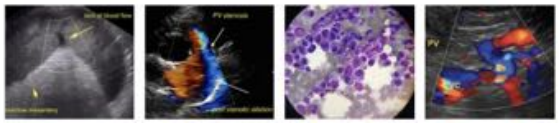

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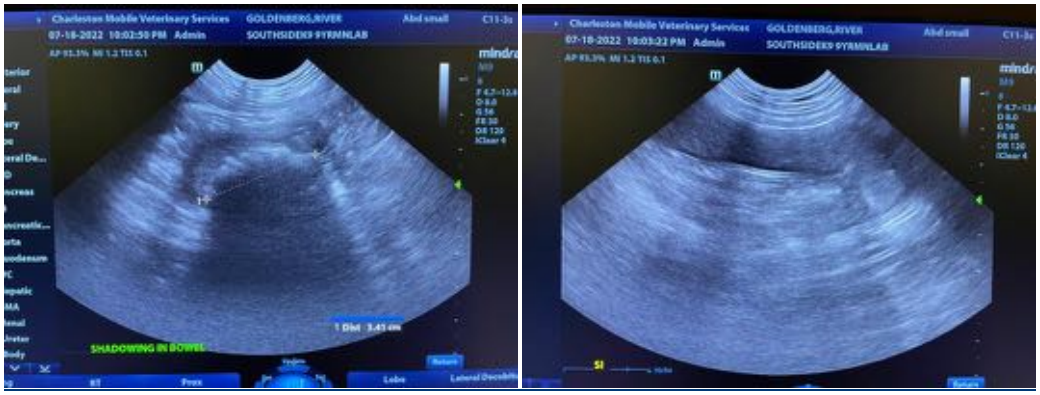

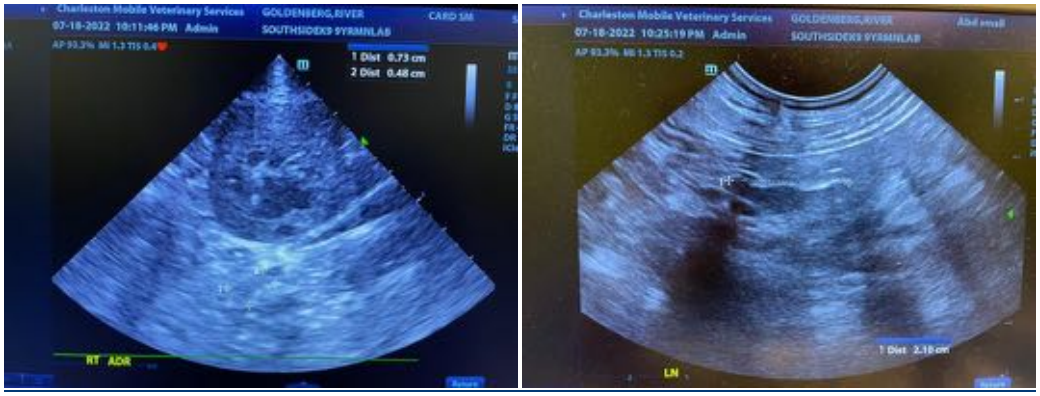

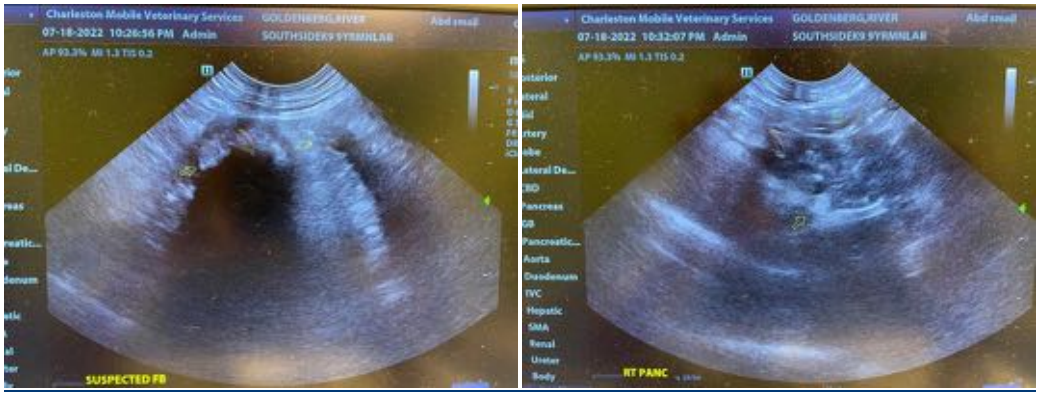

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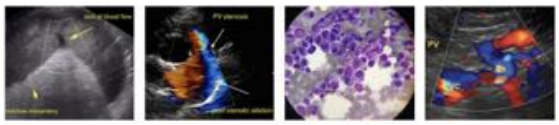

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.Nicastro@CharlestonMobile.net