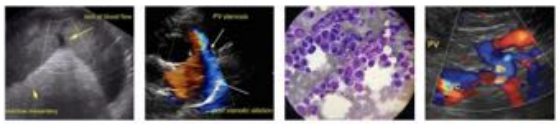


PATIENT

Enzo Hudson

SPECIES

Canine

BREED

Yorkshire terrier

SEX

Male, neutered

AGE

3/8/18

WEIGHT

6.4 kg.

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

Blue Pearl

REFERRING VET

Dr. Graham

INVOICE

13775

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Enzo is a 4Y IM Yorkie presenting for labored breathing and vomiting. O says she left this morning, P was fine, ate and drank as normal, normal bowel movements. O says she got home around 630PM this evening, and found several piles of vomit. O says the vomitus consisted of undigested food. O says that P was laying down, looked lethargic and was having labored breathing. O says that there is no known FB ingestion, no toxins in the home P could have gotten into, but P was at a friends house over the weekend that does have sago palms.

Rads initially consistent with aspiration pneumonia on 7/25/22. On 7/26, concern for cardiomegaly and CHF with additional pulmonary infiltrates. Mild hepatomegaly

Meds: 7/25: O2 cage @ 40-50% P-lyte 24 ml/hr IV (1.5x maint) Cerenia 6.5 mg IV 24h Ampicillin/sulbactam 195 mg IV q8h Protonix 6.5 mg IV q12h Torb 1.2 mg IV PRN for sedation. Received a total of 8 mg/kg of Lasix since 9am.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. the region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.21 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

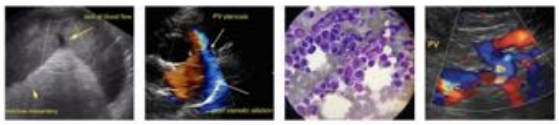
The right kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.52 cm at caudal pole) (1.69 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 (0.45 cm at cranial pole) (0.42 cm at caudal pole) (1.60 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



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The spleen is normal in size (0.92 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with fluid and gas. In addition, a floating hyperechoic shadowing structure is visualized. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The 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 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 seen.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric ileus. The shadowing material within the gastric lumen may represent ingesta, foreign material and/or chyme. It appears non-obstructive at this time.

Secondary Findings:

- The hyperechoic medullary bands seen in both kidneys may be a benign incidental finding. However, subclinical renal disease is possible.
- The hepatic parenchymal changes are suggestive of a vacuolar hepatopathy or other benign process. Infiltrative neoplasia and inflammatory disease are considered unlikely, particularly in light of the normal liver values.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute gastroenteritis and aspiration pneumonia is recommended. If the patient's GI signs do not improve within 24-48 hours of supportive care, consider repeat abdominal ultrasound to reassess the stomach/shadowing material within the gastric lumen. A more advanced GI workup (i.e., fecal evaluation for ova and Giardia, GI panel,

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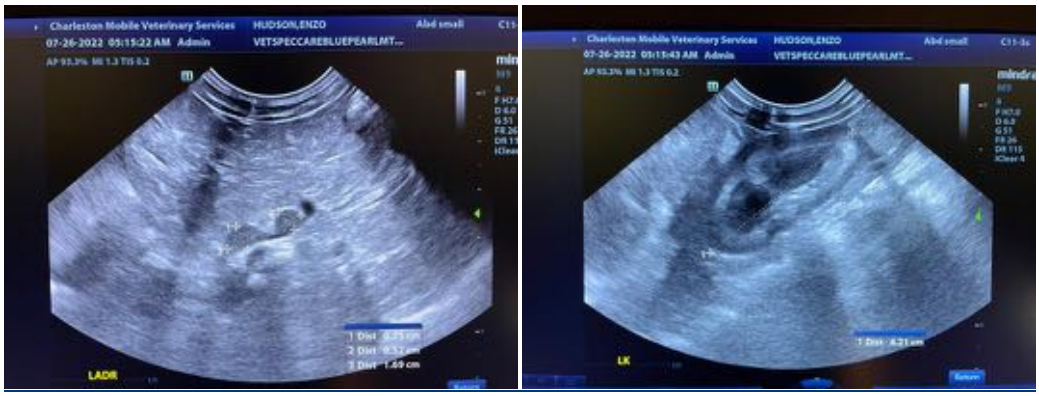
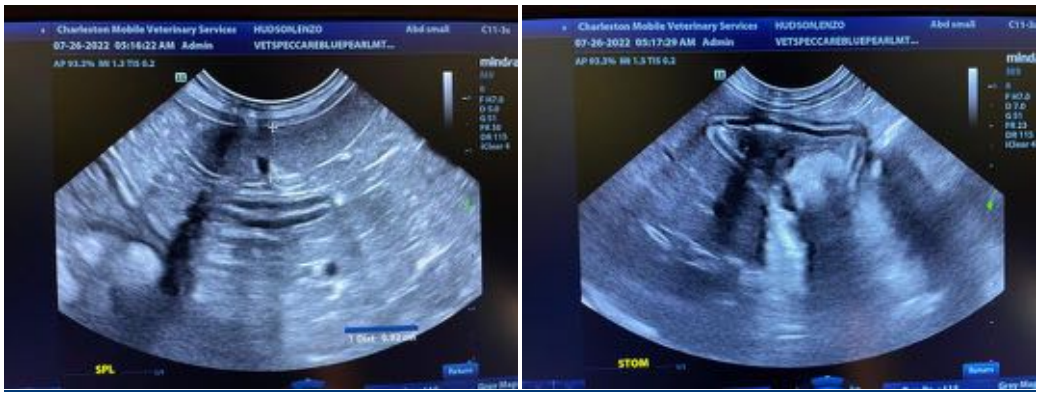
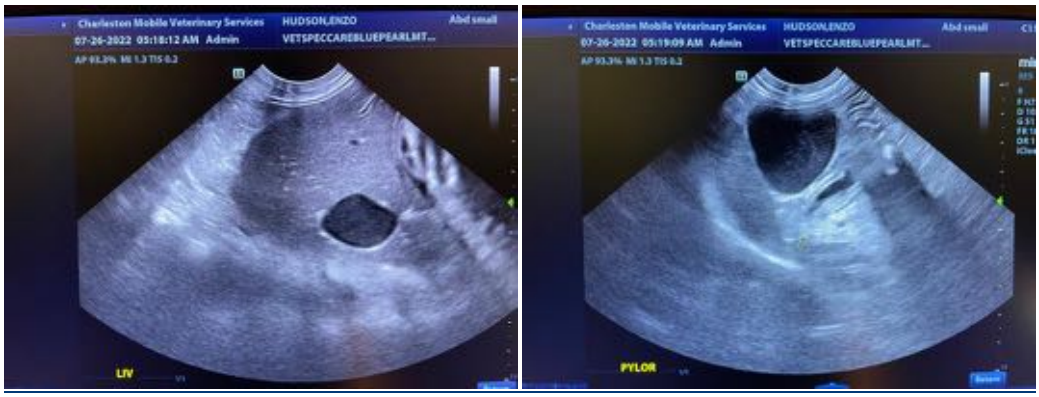
resting cortisol level, GI biopsies) may also be warranted, depending on the patient's response to treatment.

- Further recommendations should be based on the echocardiogram report.







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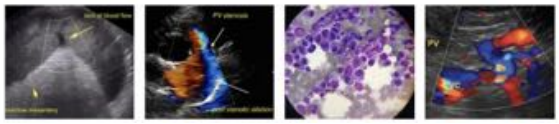

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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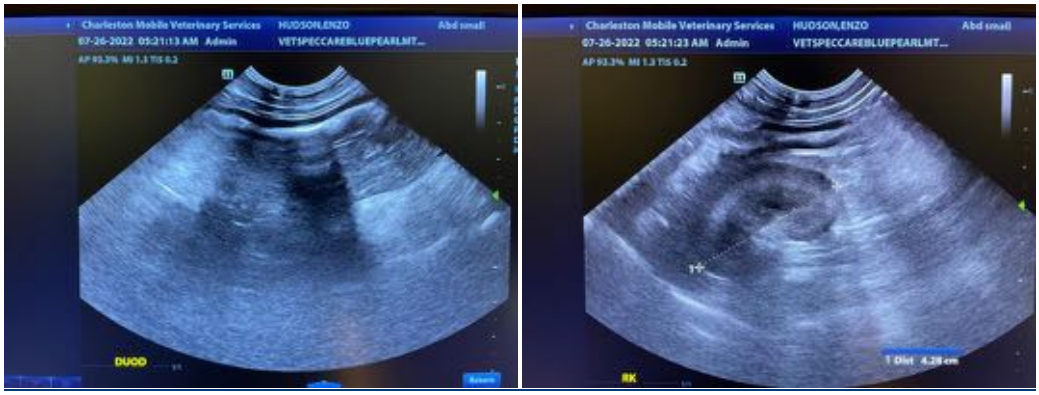

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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