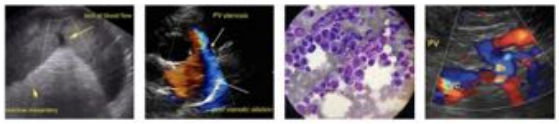


PATIENT

Izzy Wilson

SPECIES

Canine

BREED

Basenji mix

SEX

Female, spayed

AGE

2 Yr. old

WEIGHT

25.6 kgs.

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 Mount Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

13504

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Suspected sepsis and possible aspiration pneumonia, azotemic, elevated phosphorus. Potassium 3.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.15 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.

The right kidney is normal size (7.78 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.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.66 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 normal size (1.31 cm at cranial pole) (0.74 cm at caudal pole) (2.54 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

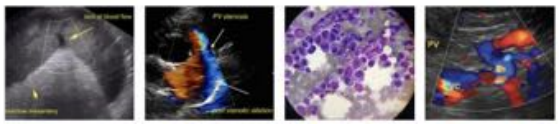
The spleen is normal in size (1.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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

The gastric lumen is severely fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is mildly and diffusely fluid distended and hypomotile. The small intestinal wall thickness is normal with



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a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is mildly thickened (up to 0.46 cm) and irregular with retention of the normal layering pattern. The colonic lumen is moderately fluid distended. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion (left limb) the pancreas is prominent in size 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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. Brief visualization of the heart valves reveals no obvious evidence of vegetative lesions. Chamber sizes are subjectively normal. The largest mesenteric lymph node is 2.61 cm in length.

A consolidated lung lobe is observed in the right hemothorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

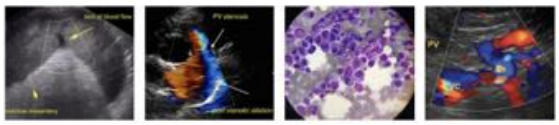
- Severe gastrointestinal ileus. There is no obvious evidence of foreign body/obstruction. However, a partial obstruction cannot be completely excluded.
- The pancreatic changes are suggestive of mild pancreatitis.
- A consolidated lung lobe could be consistent with pneumonia, lung lobe torsion, neoplasia (less likely given the patient's age), other.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for sepsis/pneumonia is recommended including IV fluid therapy, broad spectrum antibiotics and symptomatic care.
- Consider initiation of a pro-motility agent (i.e., Metoclopramide) to help with the patient's ileus.
- Continuation of oxygen therapy is strongly recommended.
- If the patient's clinical signs do not begin to improve within 24-48 hours of supportive care, a thoracic CT scan can be considered.



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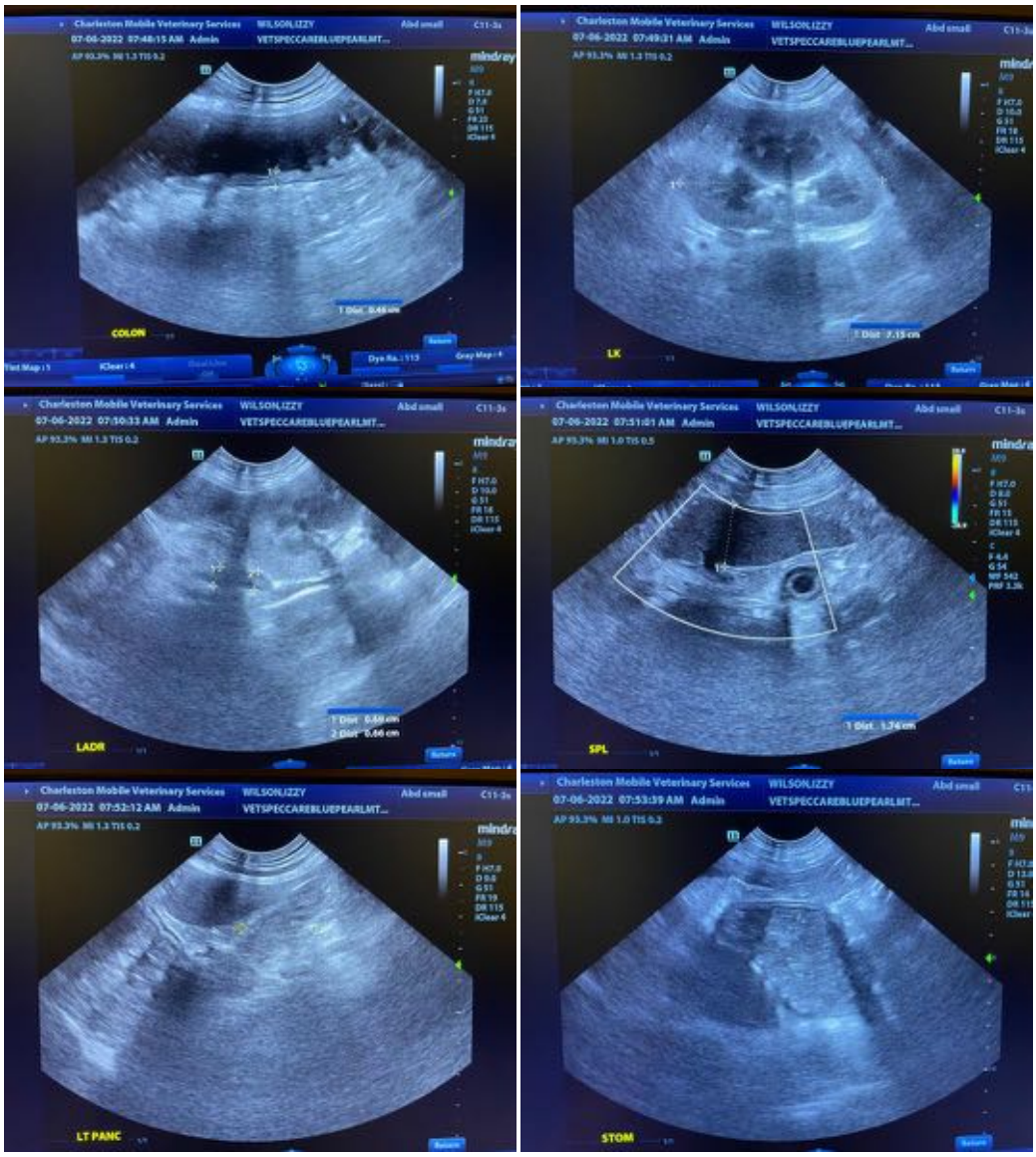
- Serial monitoring of the patient's renal values is recommended.
- With regard to the azotemia, other diagnostic considerations include:
  1. Leptospirosis testing.
  2. Urine culture and sensitivity.
  3. Baseline blood pressure measurement.
  4. UPC (if proteinuria is present).



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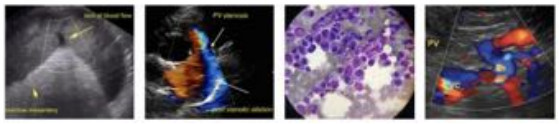

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IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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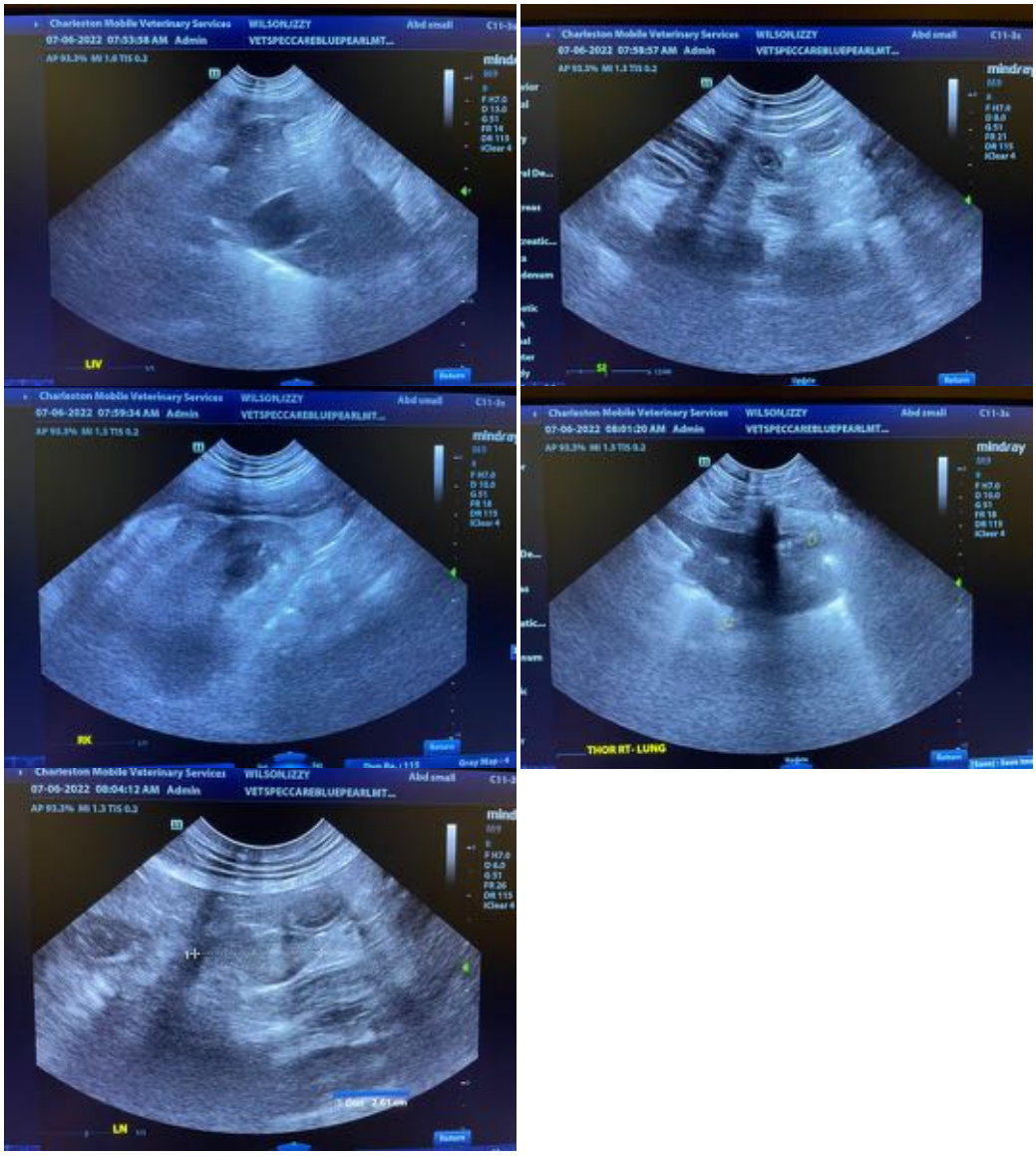

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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