


PATIENT PRESENTING CLINICAL SIGNS

Olivler Simpson

History: 1.5 year old presenting with acute vomiting and diarrhea. Had been at a boarding facility for 12 days prior and tore up a toy while there, which he then vomited. At home he has been anorexic and continued to vomit every 15 mins. Vomit was red tinged and had two more episodes of diarrhea.

SPECIES

Canine

Drooling has been constant. Has been on Cerenia, Metronidazole, Pantoprazol and Buprenorphine. Abnormal PE/Chem/CBC/UA Results: Rads showed no obvious GI foreign body, noted fluid and gas filled intestines. BW mildly increased ALT and GGT, Amylase and Lipase normal, cPL normal.

BREED

Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Male, neutered

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

1.5 Yrs.

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

The left kidney is normal size (5.47 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.

WEIGHT

13.1 kg.

The right kidney is normal size (4.78 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.53 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.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal size (0.84 cm at cranial pole) (0.44 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.

HOSPITAL NAME

Neslon AH

Spleen

The spleen is normal in size (1.31 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

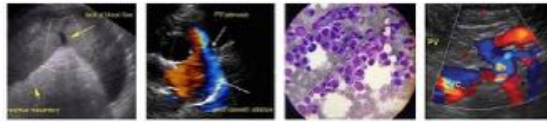
Dr. Drewry

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.

DATE

1/31/23



PATIENT

Gastrointestinal

Olivier Simpson

The gastric lumen is moderate to severely fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is not definitively visualized. 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.

SPECIES

Canine

Pancreas

BREED

Labradoodle

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

SEX

Male, neutered

Free Abdomen

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

AGE

1.5 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

13.1 kg.

Primary Findings:

- Gastric ileus. Functional ileus is suspected. However, given that the pyloric outflow tract is not definitively visualized (due to the severe gastric distention), an obstruction (i.e., due to small foreign body) cannot be completely excluded.

Secondary Findings:

- Urinary bladder debris.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for a pyloric outflow tract obstruction, consider an upper GI endoscopy or an abdominal exploratory.
- If a more conservative approach is to be pursued at this time, supportive care for acute gastroenteritis/colitis is recommended along with a repeat ultrasound in 24 hours to reevaluate the stomach.

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PATIENT

Olivier Simpson

SPECIES

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SEX

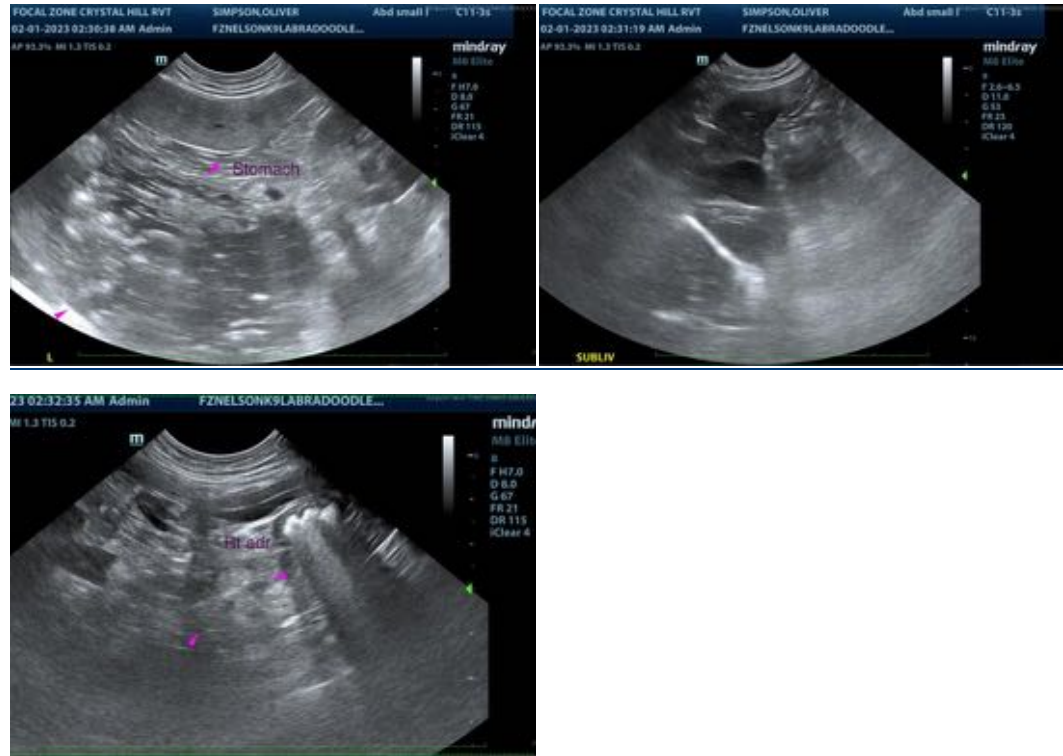
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AGE

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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