


**PATIENT PRESENTING CLINICAL SIGNS**

Sammy Niekerk

History: On Friday Sammy started to strain while defecating. He did end up having a normal looking bowel movement but was bum scooting afterwards. Sammy had not had a bowel movement since then. Vomiting started Friday evening when Sammy vomited about 30mins-1hour after eating and it was mostly white foam. Since then he has vomited every time he eats. Pet has been drinking a lot more water than normal over the past few days and urinating for a longer period of time. When urinating, he's squatting instead of lifting his leg as normal.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: - ALT 1894 - ALKP 372 - GGT 19 - Tbili 88 - hypoproteinemia TP 44 g/L, hyperglobulinemia 16 g/L - Snap CPL Abnormal - Lepto witness test negative.

**BREED**

Pekingese mix

**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 distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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.

**AGE**

10 Yrs.

The prostate is normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

28 lbs.

The left kidney is normal size (4.58 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.

**INTERPRETED BY**

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

The right kidney is normal size (5.16 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**
**IMAGING PERFORMED BY**

Kelly Reschny

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.62 cm at caudal pole) (2.03 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.

**HOSPITAL NAME**

 Niagara Veterinary  
 Emergency Clinic

The right adrenal gland is normal size (1.33 cm at cranial pole) (0.64 cm at caudal pole) (1.45 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.

**REFERRING VET**

Dr. Jones

**Spleen**

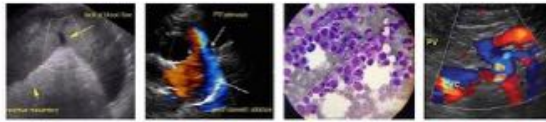
The spleen is normal in size (1.19 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size. An approximately 4 cm slightly irregular hypoechoic swelling/mass is observed on the caudate process. In addition, a 1.41 cm hypoechoic nodule is observed

**DATE**

10/18/22



**PATIENT**

Sammy Niekerk

on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. 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.

**SPECIES**

Canine

***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 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. No obstructive disease is noted.

**BREED**

Pekingese mix

***Pancreas***

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**SEX**

Male, neutered

**AGE**

10 Yrs.

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.92 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

**WEIGHT**

28 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

**Primary Findings:**

- The right hepatic swelling and left nodule could be consistent with a benign process (i.e., nodular hyperplasia, vacuolar hepatopathy, foci of inflammation). Alternatively, neoplasia may be emerging in these areas.
- Gastric ileus.

**IMAGING PERFORMED BY**

Kelly Reschny

**Secondary Findings:**

- Mild bilateral age-related renal changes.

**HOSPITAL NAME**

Niagara Veterinary  
Emergency Clinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Jones

- Consider sampling (i.e., fine needle aspirate or surgical biopsy) of the left and right hepatic lesions if clotting status (i.e., PT/PTT) is appropriate.
- Also consider further testing for Leptospirosis (i.e., blood and urine PCR, convalescent serology in 14 days).
- While awaiting test results, empirical treatment for bacterial cholangiohepatitis and Leptospirosis is recommended including fluid therapy, amoxicillin-clavulanic acid, gastric protectants and symptomatic care.
- Also consider a pro-motility agent (i.e., Metoclopramide) to help reduce gastric ileus.

**DATE**

10/18/22



**PATIENT**

- Given the patient's age, three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

Sammy Niekerk

**SPECIES**

Canine

**BREED**

Pekingese mix

**SEX**

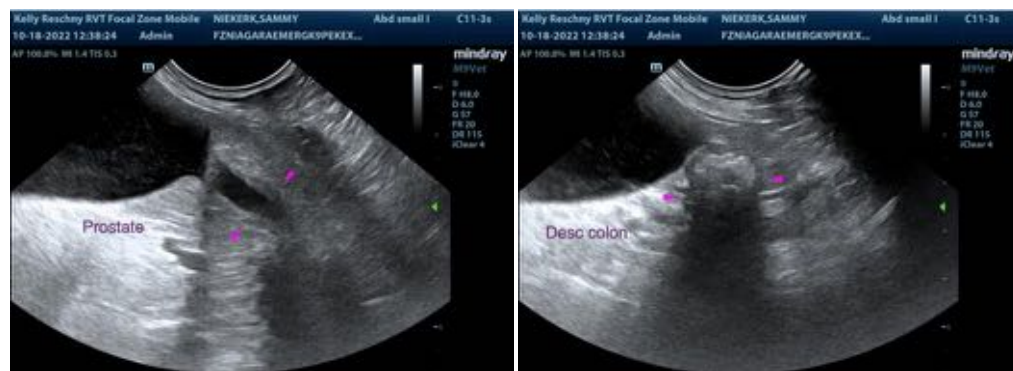
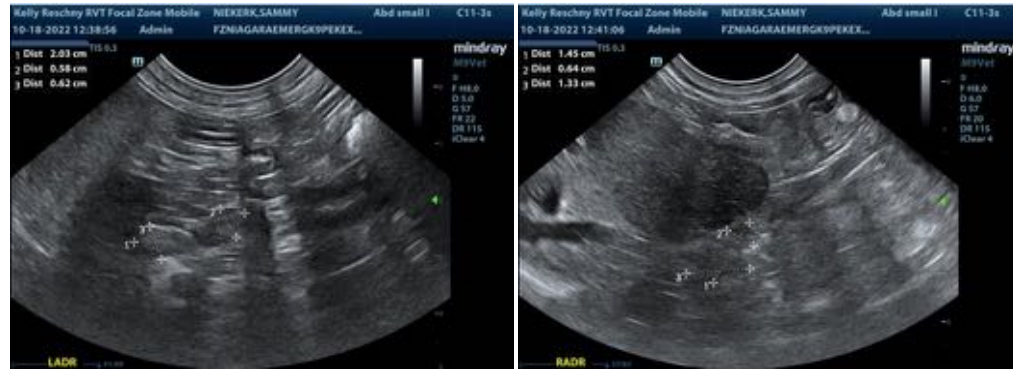
Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

28 lbs.



**INTERPRETED BY**

Andrea Nicaastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

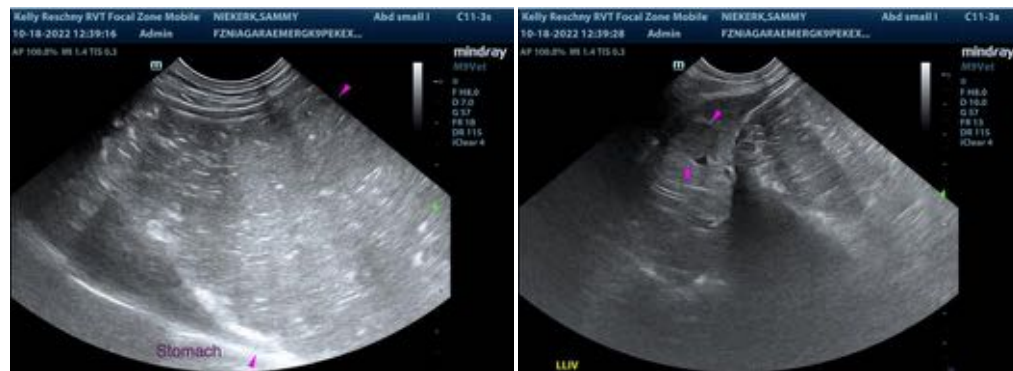
Kelly Reschny

**HOSPITAL NAME**

Niagara Veterinary  
Emergency Clinic

**REFERRING VET**

Dr. Jones



**DATE**  
10/18/22



**PATIENT**

Sammy Niekerk

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.

**SPECIES**

Canine

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.

**BREED**

Pekingese mix

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

28 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Niagara Veterinary  
Emergency Clinic

**REFERRING VET**

Dr. Jones

**DATE**

10/18/22