



PATIENT PRESENTING CLINICAL SIGNS

Daisy Taguba

History: Checking for pyloric obstruction. Elevated WBCs, coughing, greenish discharge from nose during scan, vomiting, not eating. Passed stomach tube last night to release some pressure. Quite lethargic and in some distress lying down for scan.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBCs 22.02(high) Monocytes high, Platelets high, Plateletcrit high, Snap CPL normal. Please see attached rads and lab work. Rad report: normal thorax other than the alveolar pattern within the caudal subsegment of the left cranial lung lobe showing possible residual pneumonia. Atelectasis could also account for this finding. Abdomen showed moderate stomach size with some diffuse irregularly shaped mineral opaque type material present within the pyloric region of the stomach. Small intestines normal. Fecal material present in large bowel. Recommended ultrasound.

BREED

Shih Tzu

SEX

Female, intact

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with mostly 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.

AGE

8 Months

The left kidney is normal size (3.77 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

8.15 lbs.

The right kidney is normal size (4.65 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 (0.35 cm at cranial pole) (0.27 cm at caudal pole) (0.90 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.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal size (0.41 cm at cranial pole) (0.29 cm at caudal pole) (1.09 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.

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Spleen

The spleen is normal in size (0.58 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

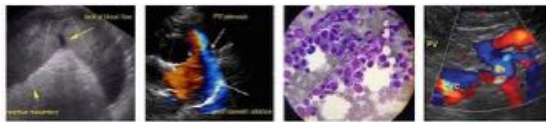
Dr. Aziz

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 portal vein: caudal vena cava

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ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The fluid contains echogenic debris and a few small hyperechoic shadowing structures. The gastric wall thickness is difficult to determine due to rugal folds but appears normal to subjectively borderline thickened with a normal layering pattern. The pyloric outflow tract is patent at the time of the study. 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.

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Shih Tzu

SEX

Female, intact

Pancreas

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

AGE

8 Months

Free Abdomen

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

WEIGHT

8.15 lbs.

Other

The left uterine horn is visible and is normal in size (0.58 cm in width) with a cystic area.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric hypomotility. Differentials include focal ileus vs intermittent pyloric outflow tract obstruction. Ileus is slightly favored.

Secondary Findings:

- Possible cystic area in the left uterine horn.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for gastroenteritis is recommended. If the patient's clinical signs do not improve within 12-24 hours of supportive care, consider a repeat ultrasound +/- abdominal exploratory to assess for a pyloric outflow tract obstruction.
- Continued supportive care for suspected aspiration pneumonia (based on the thoracic radiographs) is recommended along with empirical treatment for possible esophagitis.

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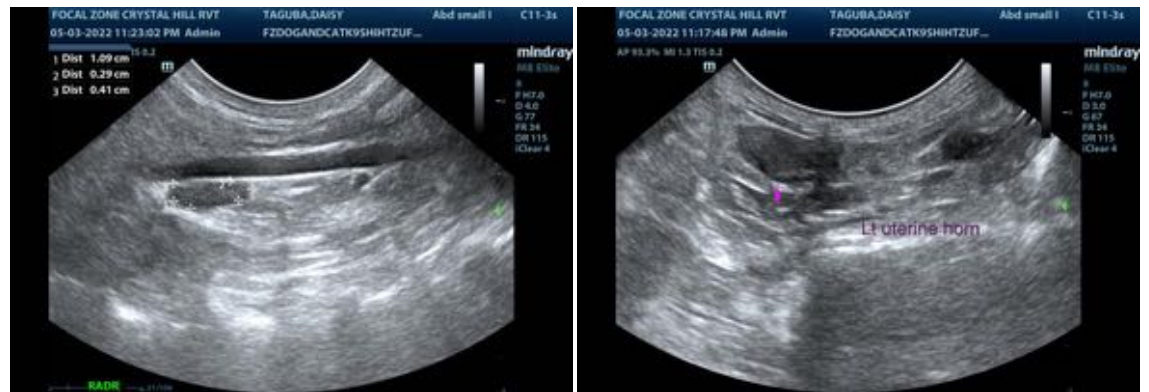
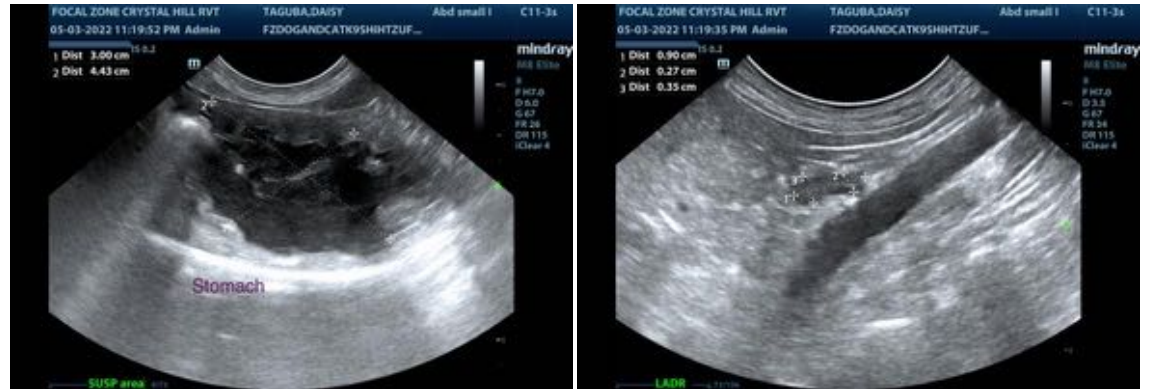
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Shih Tzu

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

Andrea.nicastro@sonopath.com

SEX

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AGE

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