



PATIENT PRESENTING CLINICAL SIGNS

Indie Gillen History: vomiting sunday night (not able to keep water down), post cerenia kept water down but only ate small amount of canned food, vomited 24 hours after cerenia
Abnormal PE/Chem/CBC/UA Results: CBC chemistry WNL, CPLI pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Hound mix

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 is normal.

SEX

Female, spayed

The left kidney is normal size (6.73 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.

AGE

8 yrs.

The right kidney is normal size (7.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

25.7 kg.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.56 cm at caudal pole) (2.38 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.

INTERPRETED BY

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

The right adrenal gland is normal size (1.83 cm at cranial pole) (0.67 cm at caudal pole) (1.84 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

Kelly Reschny

Spleen

The spleen is normal in size (2.11 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Wellington AH

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. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Dennis

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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

DATE

8/23/22



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segmentally distended with chyme (mild to moderate). In the caudal abdomen, a few bowel loops, at least one of which appears to be the descending colon, are moderately to severely fluid distended. The small intestinal and colonic walls thickness are normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified.

SPECIES

Canine

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.

BREED

Hound mix

Free Abdomen

There is no evidence of free fluid.

SEX

Female, spayed

Lymph Nodes

No obvious lymphadenopathy is seen. However, lymph nodes may be obscured by bowel distention.

AGE

8 yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- There is no obvious evidence of a foreign body/obstruction within the stomach or small intestine. However, a partial obstruction cannot be completely excluded.
- The liquid fecal material within the lumen of the descending colon is consistent with diarrhea.

Secondary Findings:

- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia, splenitis, extramedullary hematopoiesis or similar) with a lower possibility of emerging neoplasia.
- Bilateral chronic age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended along with a fecal evaluation for ova and Giardia.
- If the patient continues to vomit despite medical management, repeat abdominal imaging (i.e., radiographs, ultrasound) and a more advanced GI workup (i.e., malabsorption panel including serum cobalamin, folate, TLI and PLI), resting cortisol level, +/- GI biopsies may be warranted

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PERFORMED BY**

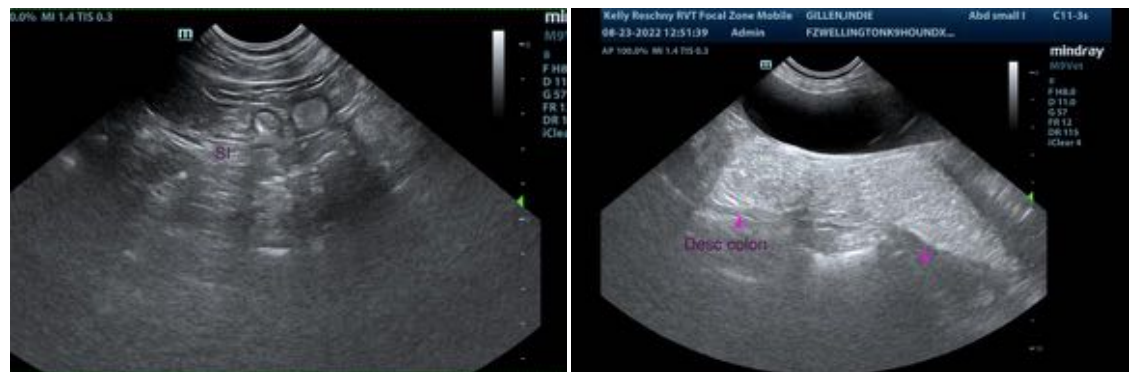
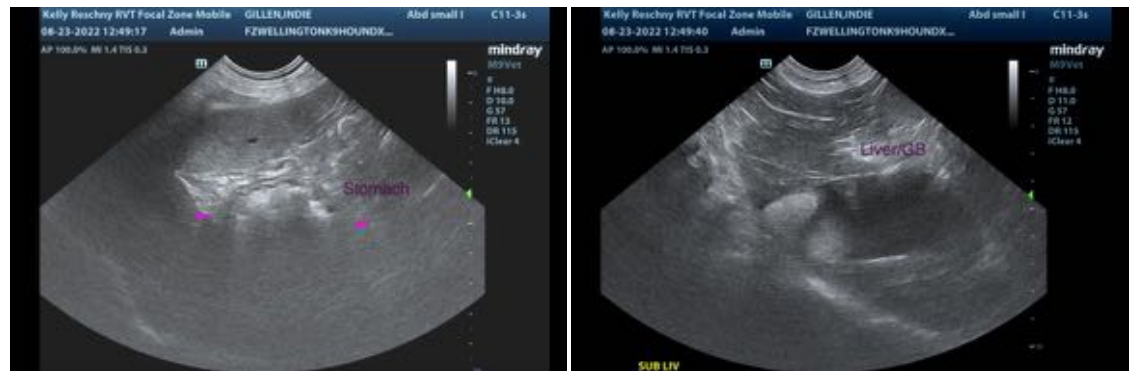
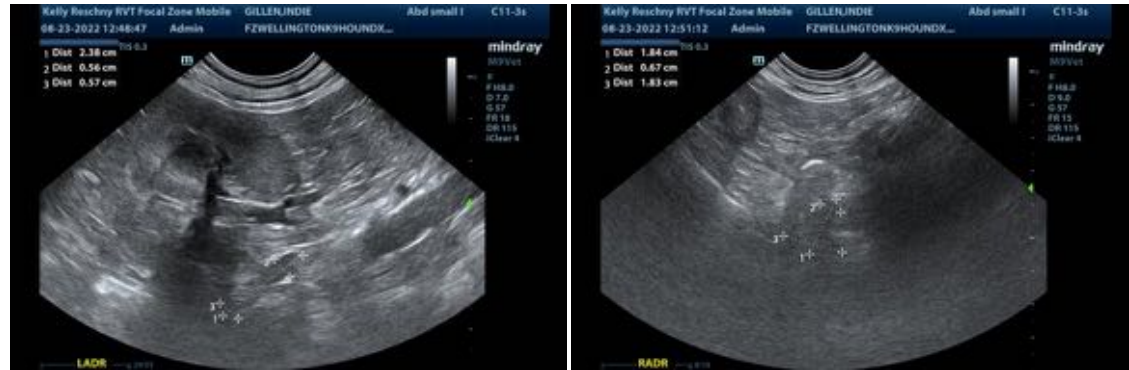
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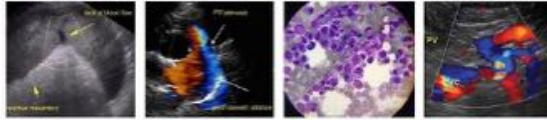
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The information and recommendations provided are based on the images presented by the referring



PATIENT

Indie Gillen

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.

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