



**PATIENT PRESENTING CLINICAL SIGNS**

Chaos Ciolfi History: Vomiting for a few days. Severe abdominal pain. Has been on IVF, Metronidazole, Cerenia, Ampicillin. Urinary catheter in place as well.

Abnormal PE/Chem/CBC/UA Results: Elevated CPLi 425(0-125)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Rottweiler

The urinary bladder is mildly distended. The wall in the region of the apex is mildly thickened (up to 0.54 cm) with an irregular mucosal surface. A moderate amount of aggregated echogenic material is observed within the lumen along with some suspended debris. No distinct calculi are observed. The region of the trigone is normal.

**SEX**

Female, spayed

The left kidney is normal size (6.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

7 Yrs.

The right kidney is normal size (6.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

68.4 lbs.

*Adrenal Glands*

The left adrenal gland is normal size (1.03 cm at cranial pole) (0.71 cm at caudal pole) (2.80 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

*Spleen*

**IMAGING PERFORMED BY**

Crystal Hill

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

St. Catharines 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Boctor

*Gastrointestinal*

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall is normal to mildly thickened (up to 0.61 cm) with a normal layering pattern. The visualized small intestinal segments are 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.

**DATE**

9/19/22


**PATIENT** *Pancreas*

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

**SPECIES** *Free Abdomen*

Canine Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**BREED**

Rottweiler

**ULTRASONOGRAPHIC FINDINGS**
**Primary Findings:**

- The gastric changes could be consistent with focal ileus or a proximal GI obstruction.
- Trace ascites.

**Secondary Findings:**

- The aggregated debris within the urinary bladder could be consistent with a clot or an accumulation of cells, crystals, exfoliated material and/or lipid droplets.
- Bilateral, chronic age-related renal changes.

**SEX**

Female, spayed

**AGE**

7 Yrs.

**WEIGHT**

68.4 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- To further evaluate for a gastrointestinal obstruction, consider a barium study, abdominal CT scan or exploratory surgery. Alternatively, consider aggressive supportive care for acute gastroenteritis with repeat abdominal ultrasound in 12-24 hours.
- Given the history of vomiting, also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.
- Given the urinary bladder luminal contents, a urinalysis +/- culture and sensitivity is recommended.

**INTERPRETED BY**

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 Diplomate ACVIM  
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 Medicine)

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 PERFORMED BY**

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**HOSPITAL NAME**

St. Catharines AH

**REFERRING VET**

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**PATIENT**

Chaos Ciolfi

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

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**AGE**

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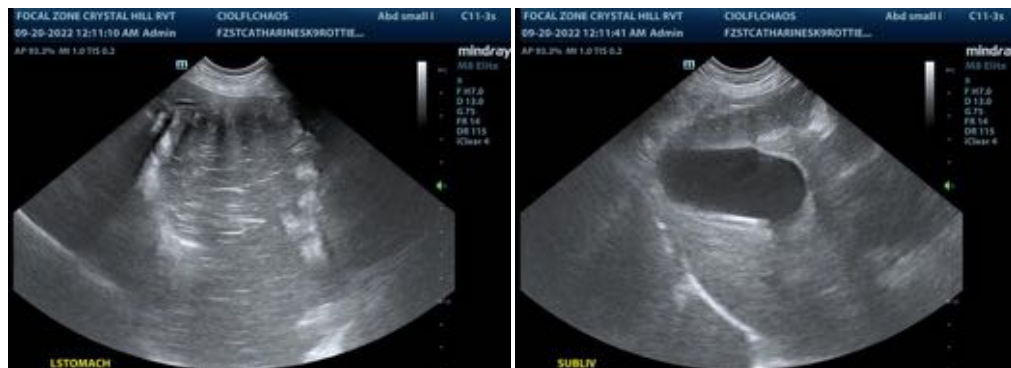
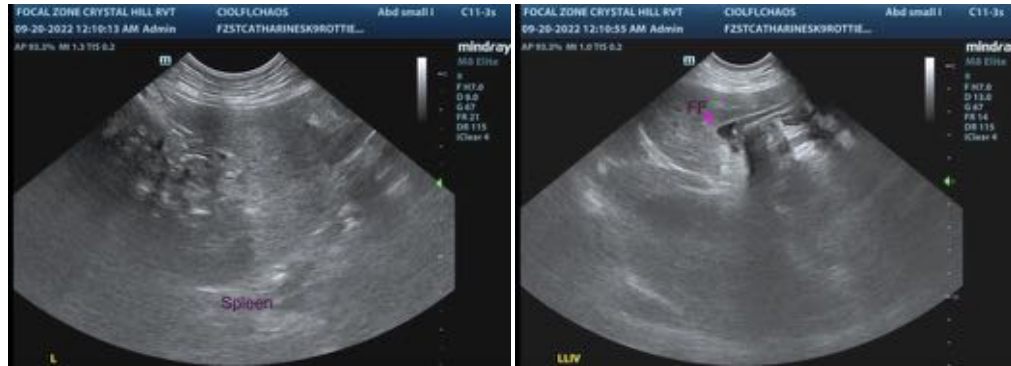
Crystal Hill

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Boctor



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

**DATE**

9/19/22