


PATIENT

Grommette Brockman

PRESENTING CLINICAL SIGNS

History: had fb surgery on sept 19, still not doing great, assess for peritonitis, sepsis currently on metoclop, sulcrate, omeprazole, ampicillin, cerenia, tramadol, gabapentin, hydro
 Abnormal PE/Chem/CBC/UA Results: BW-WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Mini Daschund

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female, spayed

The left kidney is normal size (4.53 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 months

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.

WEIGHT

5.9 kg.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.50 cm at caudal pole) (1.87 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 (1.30 cm at cranial pole) (0.45 cm at caudal pole) (2.17 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 Reshny, RVT

Spleen

The spleen is normal in size (1.01 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.

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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 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 to severely distended with fluid/ingesta and is hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. In the region of the small

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intestine where the surgery site is suspected, the wall is mildly thickened (up to 0.51 cm) and irregular. The mesentery effacing the serosal surface in this region is hyperechoic. One segment of small intestine is hyperperistaltic. In the remainder of the small intestine, the 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.

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.

Free Abdomen

Focal areas of reactive mesentery are observed in the mid-abdominal cavity. A trace amount of echogenic free fluid is seen. There is also some free air within the abdomen. A 2.18 x 0.69 cm medial iliac lymph node is visualized. 1-2 prominent mesenteric lymph nodes are seen, the largest measuring 1.23 cm. In addition, a prominent gastric node is visualized (0.48 cm in diameter).

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mid-abdominal peritonitis with free air. These changes could be consistent with a normal post-op abdomen or low-grade/early septic peritonitis (i.e., due to dehiscence)
- Gastric stasis

Secondary Findings:

- The abdominal lymphadenopathy could be consistent with immunologic immaturity and/or reactive change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, a fine needle aspirate of the free abdominal fluid is recommended to assess for intracellular bacteria. If present, an abdominal exploratory should be considered. Surgery should also be considered if the patient is febrile and/or exhibiting more abdominal pain than expected 2 days post-operatively.
- Also consider three-view thoracic radiographs to assess for evidence of aspiration pneumonia.
- Baseline labwork should also be considered to assess the patient's white count and overall metabolic function.



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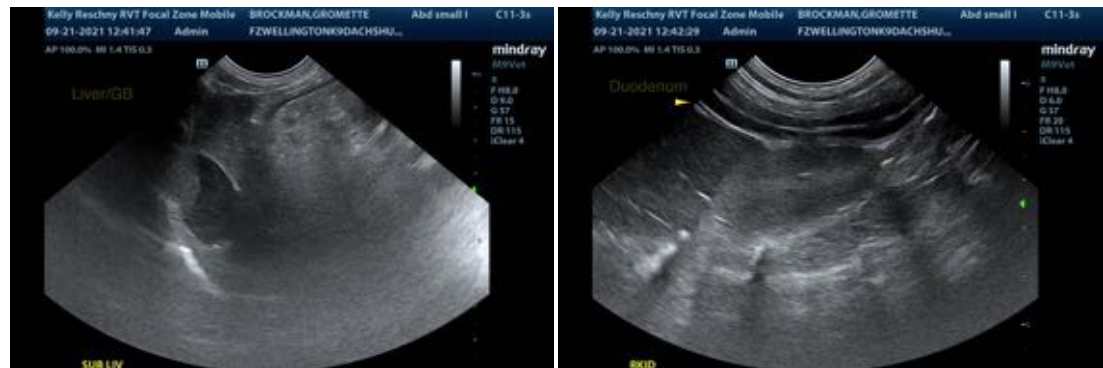
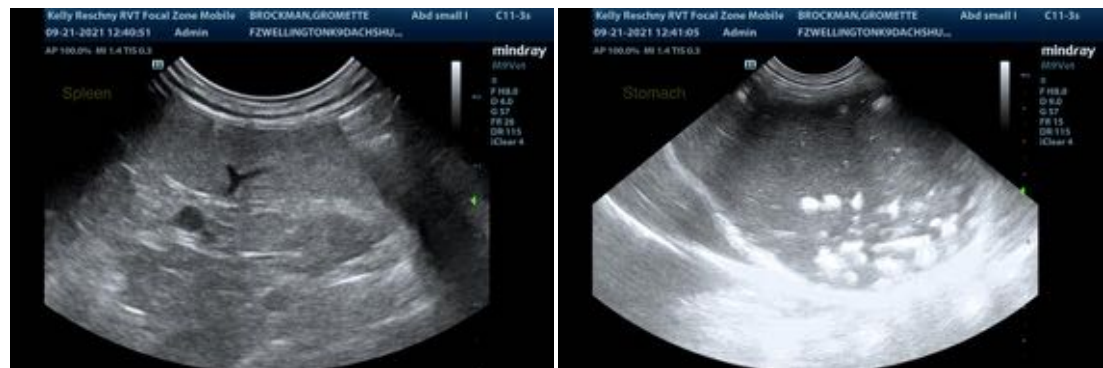
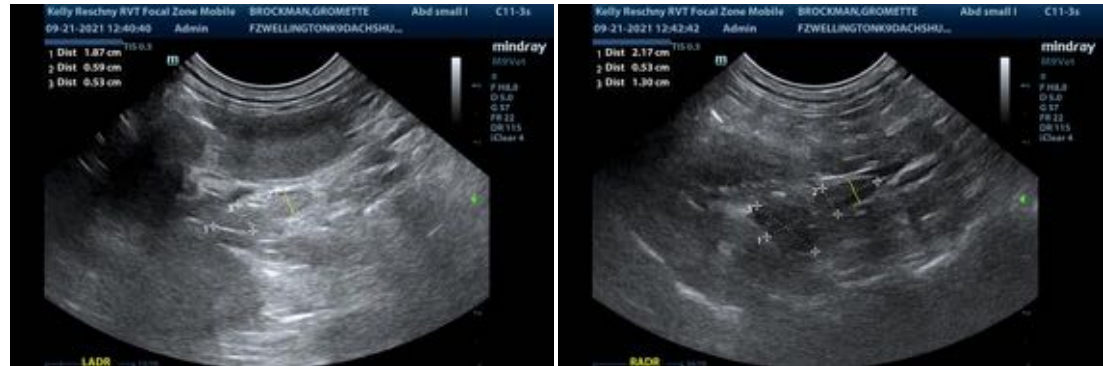
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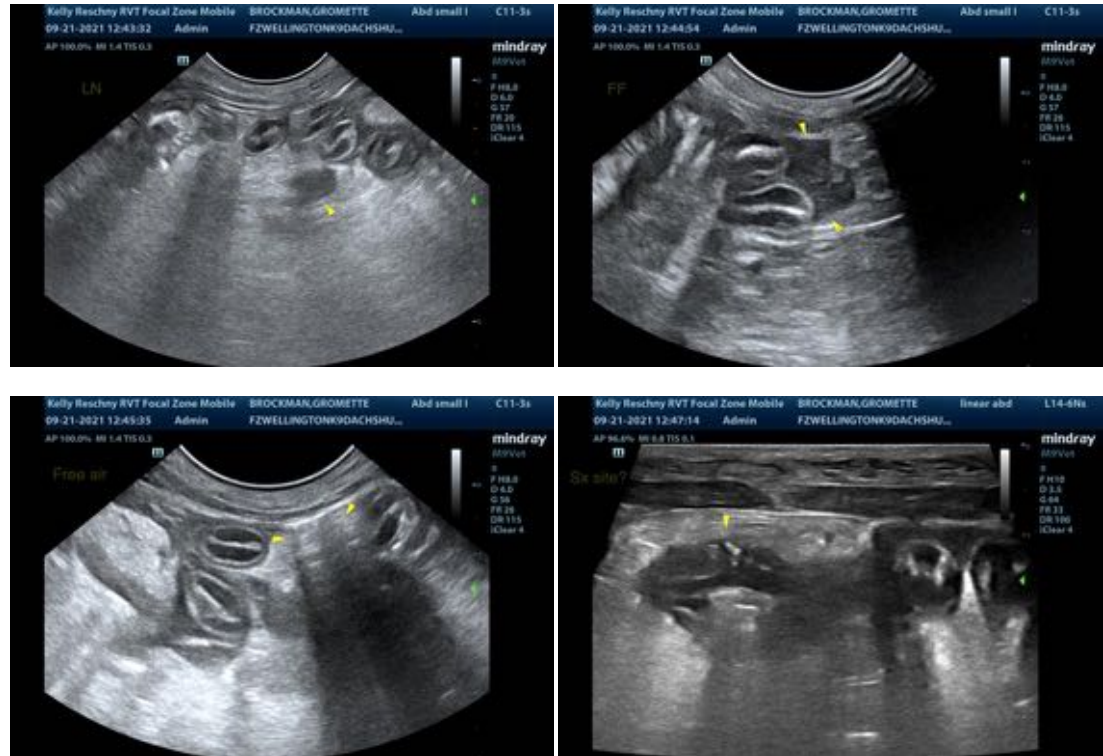
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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