



**PATIENT PRESENTING CLINICAL SIGNS**

Moka Bush History: Vomiting, not eating, concern for pancreatitis currently on ampicillin, metro.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Elevated WBC, cPLi, BUN, creat, SDMA

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Labrador

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents appear anechoic. No cystic calculi are observed.

**SEX**

Male Intact

The prostate is enlarged (4.01 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to heterogeneous in appearance with a few small, ill-defined, cavitated areas. The prostatic urethra is not overtly dilated.

The left kidney is normal size (8.11 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. A small cyst is observed at the corticomedullary junction at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

9 Years

The right kidney is normal size (7.63 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

88 lbs.

*Adrenal Glands*

**INTERPRETED BY**

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

The left adrenal gland is normal size (0.96 cm at cranial pole) (0.82 cm at caudal pole) (2.73 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.

The right adrenal gland is normal size (1.49 cm at cranial pole) (0.83 cm at caudal pole) (2.04 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*

**HOSPITAL NAME**

St. Catharine's AH

The spleen is normal in size (2.12 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. Boctor

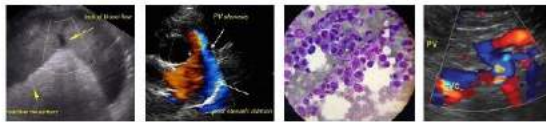
*Liver*

**INVOICE**  
11918kk

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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

**DATE**

9/28/21



**PATIENT**

*Gastrointestinal*

Moka Bush

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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. The colonic lumen is moderate to severely fluid-distended. There is no obvious evidence of an obstructive pattern.

**SPECIES**

Canine

**BREED**

Labrador

*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 Intact

*Free Abdomen*

A small to moderate amount of echogenic free fluid is visualized. The mesentery throughout the abdomen is hyperechoic and slightly irregular to nodular in appearance. The abdominal lymph nodes are normal/not visible.

**AGE**

9 Years

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Diffuse peritonitis, the cause of which is unclear. Considerations include low-grade pancreatitis, severe gastroenteritis, neoplasia (i.e., carcinomatosis), other.

**Secondary Findings:**

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. A fine needle aspirate of the abdominal fluid with submission for fluid analysis and cytology is recommended, (if clotting status is appropriate). A 25-gauge needle should be used.
2. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
3. A malabsorption panel would be useful to further evaluate for underlying gastrointestinal and pancreatic disease.
4. Given the azotemia, a urine culture and sensitivity and baseline blood pressure measurement are recommended.
5. A recheck abdominal ultrasound is recommended in 24 – 48 hours to assess the progression of the peritonitis. In the meantime, supportive care including IV fluid therapy, gastroprotectants, antiemetics, broad-spectrum antibiotics +/- pain medication is recommended.

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**HOSPITAL NAME**

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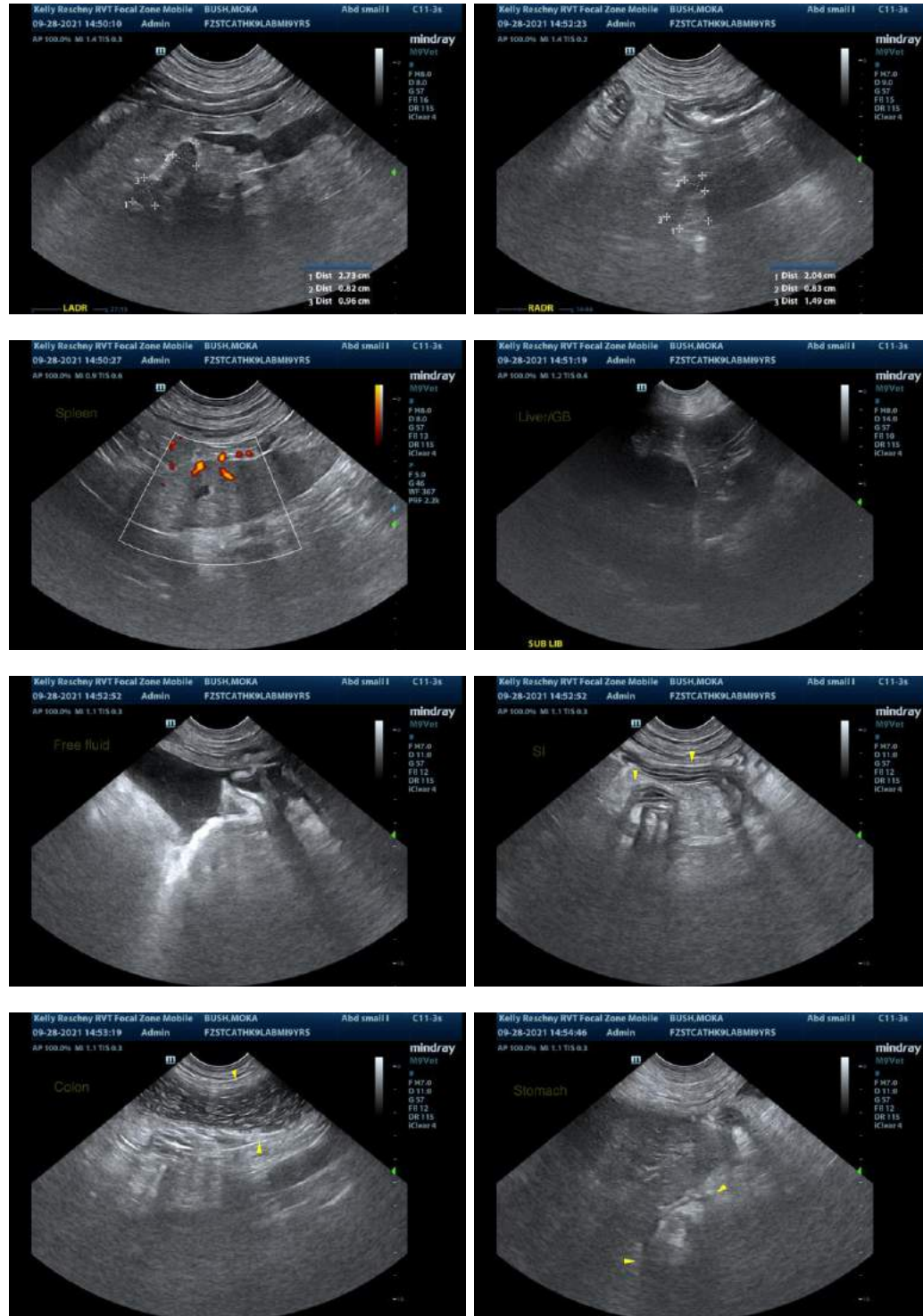
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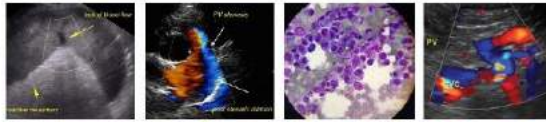
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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