

PATIENT

Olive Pimantal

SPECIES

Canine

BREED

Poodle

SEX

Female, spayed

AGE

1 Yr.

WEIGHT

22 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

ACGS Denville

REFERRING VET

Dr. Silas

INVOICE

13582

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Went to ER they rec. abdomen ultrasound poss. Foreign body. abdomen pain cranial abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.12 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.35 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.39 cm at caudal pole) with a normal shape and 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 in size (0.51 cm at cranial pole) (0.37 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.26 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.

Liver

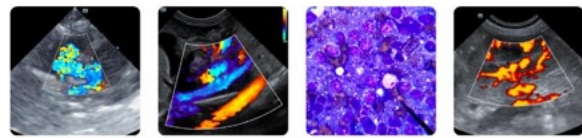
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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.

Gastrointestinal

The gastric lumen is mildly to moderately fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas



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

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Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 4.57 x 0.62 cm.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

The uterine body is visible and is subjectively normal in size (0.59 cm in width). No obvious pathology is seen.

The left ovary is subjectively normal in size (left 1.63 x 0.52 cm). No obvious pathology is seen. The right ovary is not definitively visualized.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Fluid distended stomach. Considerations include functional ileus vs a mechanical pyloric outflow tract obstruction (none seen in the available images).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, pyloric outflow tract obstruction (none seen on today's study), infectious/parasitic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A minimum database including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
2. Also consider a fecal evaluation for ova and Giardia and a recheck fasted ultrasound in 12-24 hours (to assess for persistence of the gastric distention).
3. Depending on the results of the above diagnostics/therapeutics, further workup (i.e., resting cortisol level, GI panel +/- GI biopsies) may be indicated.
4. In the meantime, symptomatic care is recommended.

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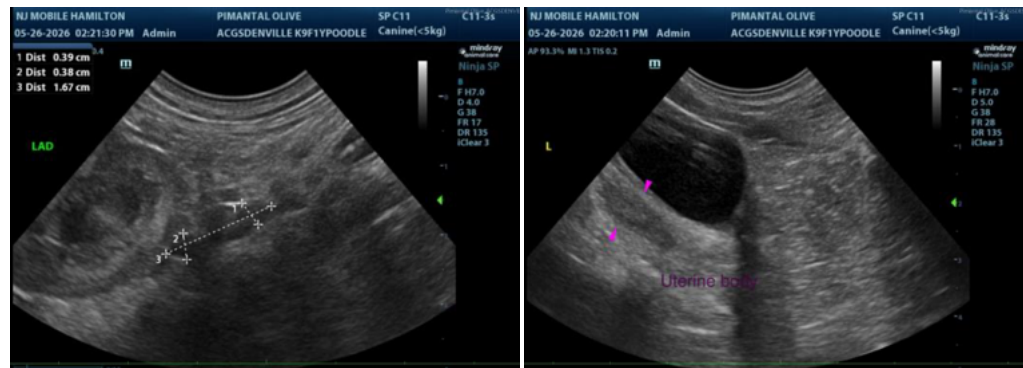
Dr. Silas

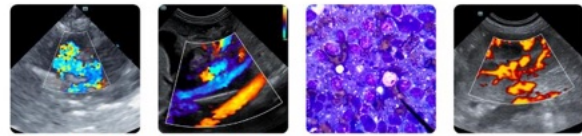
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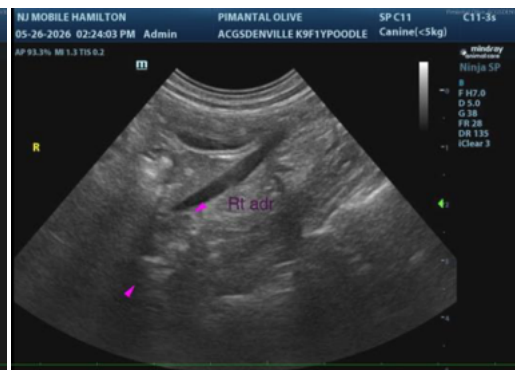
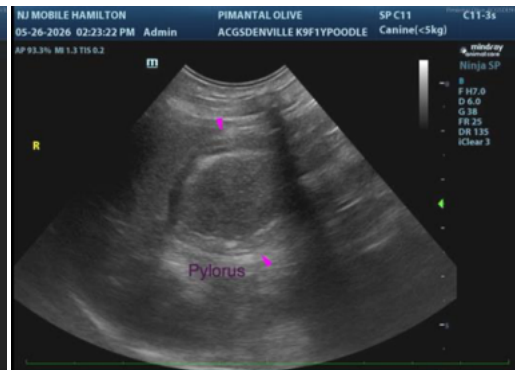
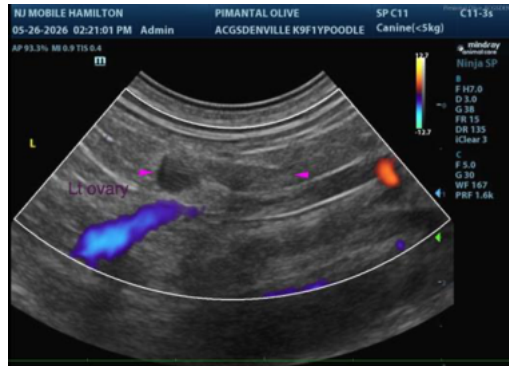
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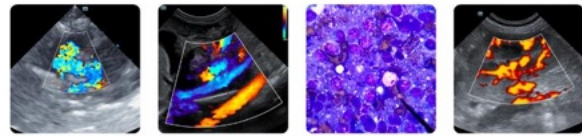
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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