



PATIENT PRESENTING CLINICAL SIGNS

Stanley Cipriano History: started with diarrhea, then some vomiting, Cerenia helped, concerned for possible foreign body, diarrhea has resolved

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal

BREED

Doodle

The prostate is normal in size (0.75 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Intact Male

The left kidney presented normal size (5.83 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.

AGE

11 wks

The right kidney presented normal size (5.80 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

15 lbs

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Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.34 cm at caudal pole) (1.81 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.

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The right adrenal gland is normal size (0.72 cm at cranial pole) (0.30 cm at caudal pole) (1.82 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

HOSPITAL NAME

Orchard Animal
Hospital

Spleen

The spleen is normal in size (0.81 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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are

DATE

1/27/22



PATIENT

anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

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 small intestinal lumen is segmentally distended with fluid and chyme (mild). 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. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.71 cm in length. The nodes are of appropriate shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy may be secondary to immunologic immaturity and/or reactive change.
- The trace ascites may be secondary to increased vascular permeability (i.e., due to bowel inflammation), low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

*There is no obvious evidence of a foreign body or obstruction at this time. An obvious cause for the patient's clinical signs is not identified in this study. Possible differentials include primary gastrointestinal disease (i.e., infectious/parasitic, dietary indiscretion, food allergy/intolerance, intestinal dysbiosis, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Baseline lab work including a CBC chemistry panel and urinalysis is recommended, if not already performed.
- Supportive care for acute gastroenteritis is recommended. If the patient's clinical signs do not improve within 48-72 hours of medical management, a more advanced GI workup (i.e., malabsorption panel, resting cortisol level, pre-and postprandial serum bile acids, hypoallergenic diet trial, +/- endoscopic or surgical gastrointestinal biopsies) may be warranted.

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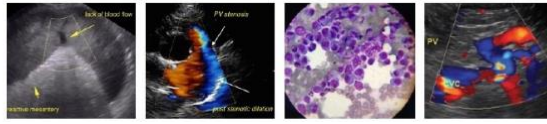
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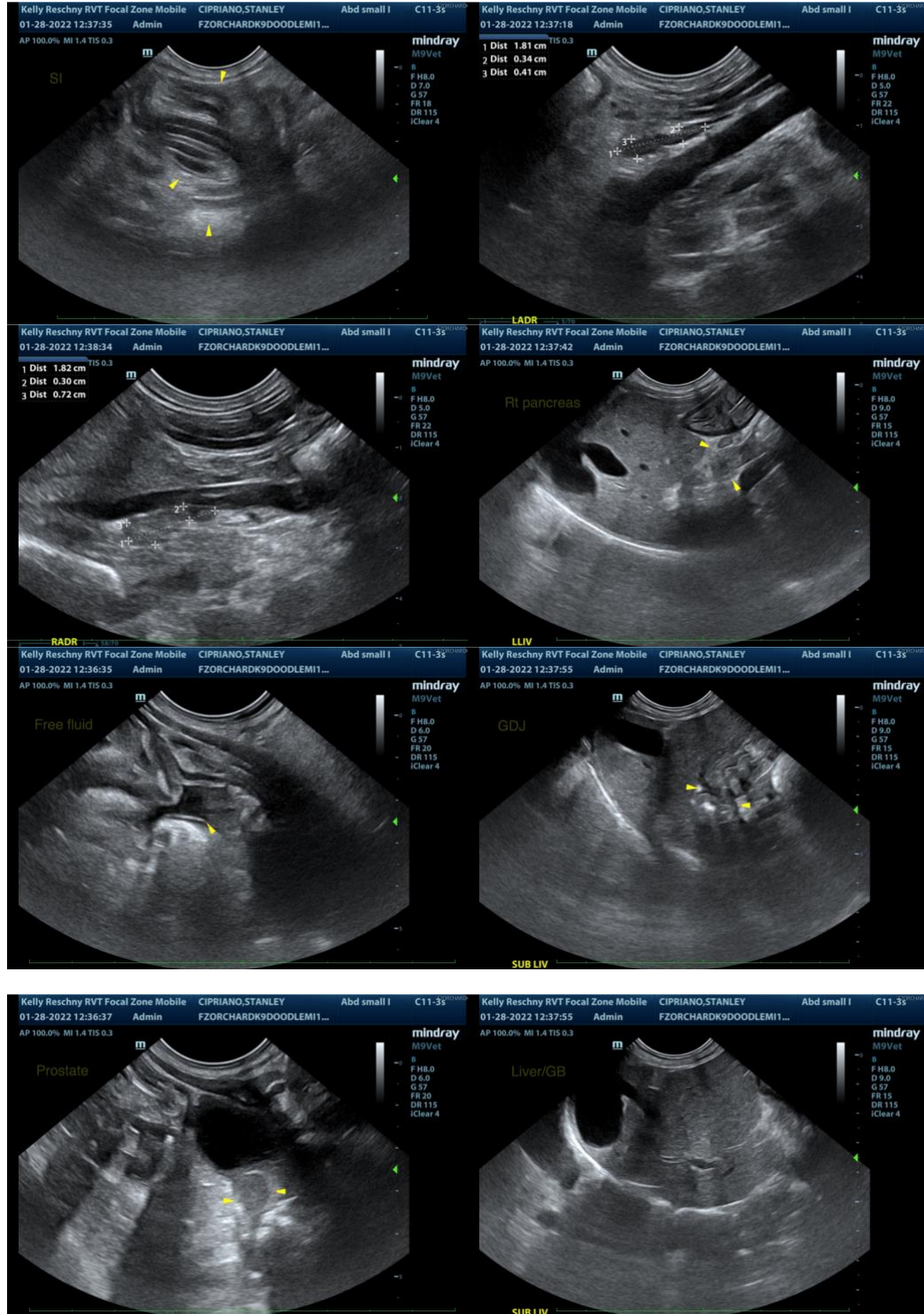
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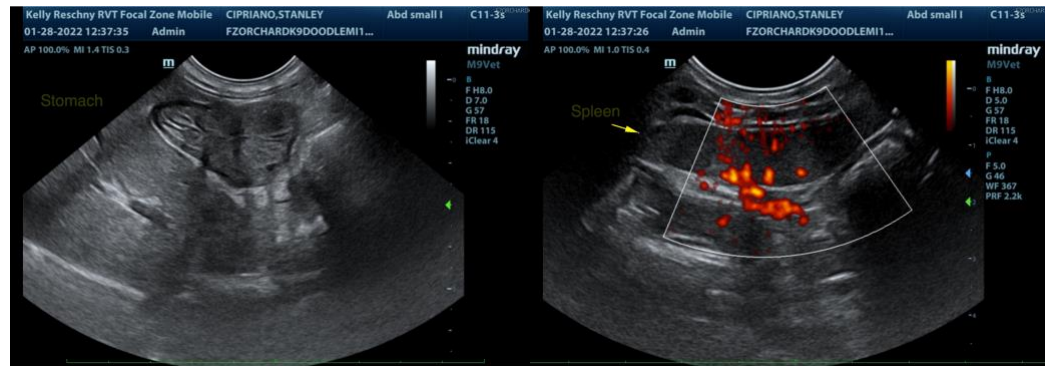
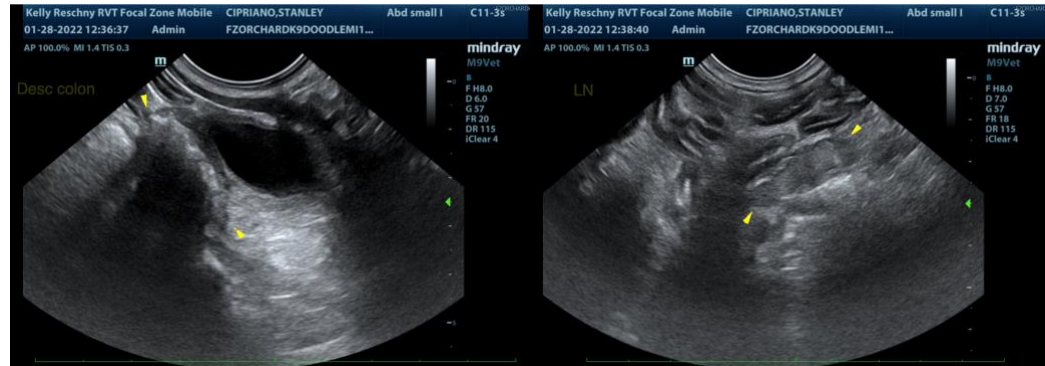
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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