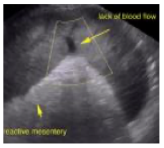
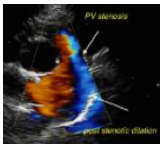
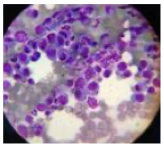
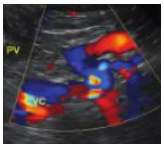
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hennessy Donacio

SPECIES
Canine

BREED
Fr Bulldog

SEX
Spayed Female

AGE
2 years

WEIGHT
22.64 lbs

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

IMAGING PERFORMED BY
Dr. Deml

HOSPITAL NAME
Craig Road AH

REFERRING VET
Dr. Jansen

INVOICE
11870

DATE
10.20.22

PRESENTING CLINICAL SIGNS

History: 2yo FS French Bulldog. History of intermittent vomiting (about 1-2 times a day over the past week). Survey abdominal radiographs revealed a possible GI obstruction and P was hospitalized overnight with IVF and GI supportive care. P responded well and did not vomit for 2 days but presented yesterday for vomiting and for bloody diarrhea as well. P is currently on Cerenia, omeprazole, metronidazole, carafate, and gabapentin. P will intermittently not eat but is otherwise doing well.
Abnormal PE/Chem/CBC/UA Results: Lab-work is pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The region of the trigone is normal.

The **left kidney** is normal size (4.15 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.

The **right kidney** is normal size (4.00 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.

Adrenal Glands

What is thought to be the **left adrenal gland** appears normal in size (0.43 cm at cranial pole) (0.32 cm at caudal pole); normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The **right adrenal gland** is normal size (0.73 cm at cranial pole) (0.58 cm at caudal pole); 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.

Spleen

The **spleen** is normal in size (1.34 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. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric wall and pylorus** are normal in thickness with a normal layering pattern. The gastric lumen is not dilated. Within the pyloric antral lumen, a 0.63 cm hyperechoic shadowing structure is visualized. The pyloric outflow tract appears 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. There is no obvious evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely visible with minimal deviations from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The shadowing structure within the pyloric antral lumen is suspected to be a pill or other foreign material but appears nonobstructive at the time this study. Correlation with the patient's clinical history is recommended.

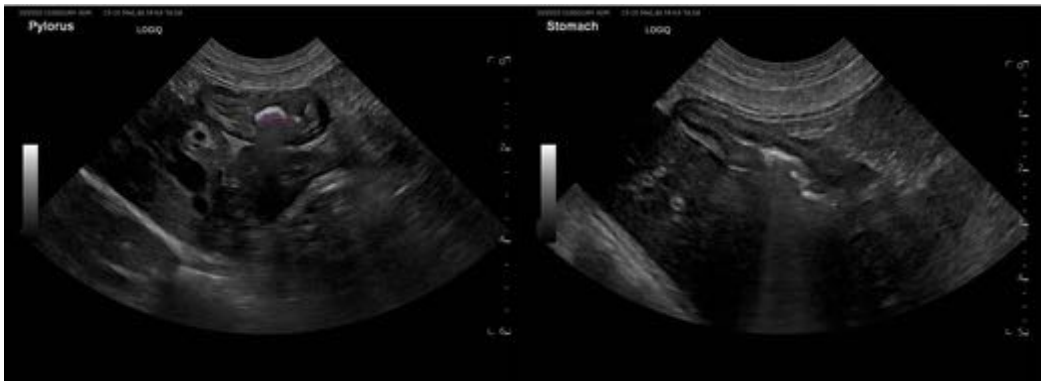
  *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include acute hemorrhagic gastroenteritis, dietary indiscretion, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

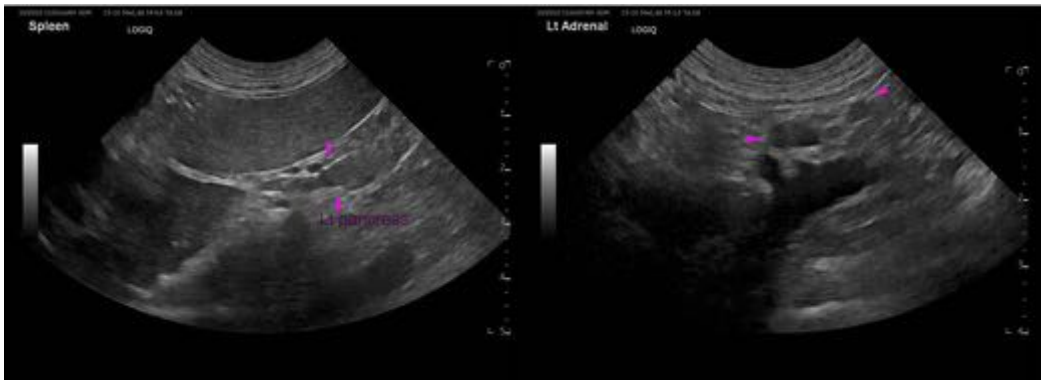
A fecal evaluation for ova and Giardia is recommended. Also consider prophylactic deworming with Fenbendazole.

If the patient does not respond to medical management, consider a more advanced GI work-up, which could include the following:

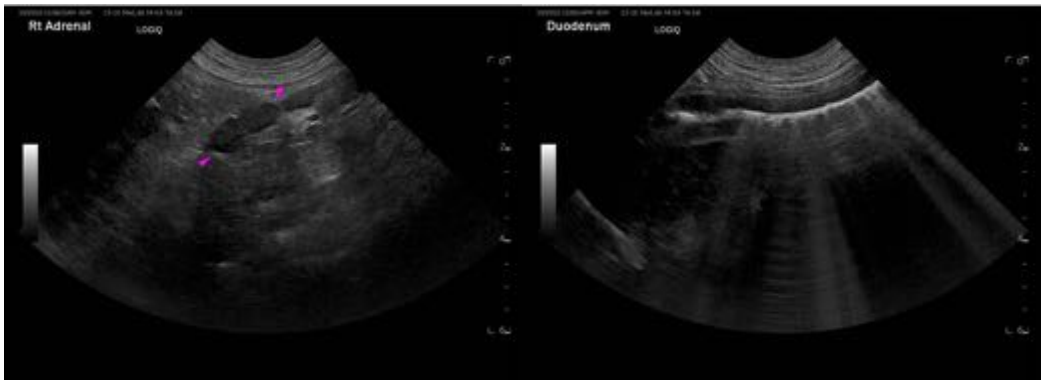
1. Resting cortisol level to screen for hypoadrenocorticism
2. Malabsorption panel including serum cobalamin and folate, TLI and PLI
3. Limited antigen or hydrolyzed protein diet trial to assess for food allergies
4. Endoscopic or surgical gastrointestinal biopsies.
5. While awaiting test results, continued supportive care along with a probiotic +/- fiber supplementation (i.e., Metamucil or Konsyl) is recommended.


Pylorus
LOGIQ

Stomach
LOGIQ


Spleen
LOGIQ

Lt Adrenal
LOGIQ


Rt Adrenal
LOGIQ

Duodenum
LOGIQ


Jejunum
LOGIQ

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