

**DATE PRESENTING CLINICAL SIGNS**

2.9.23

Vomiting/GI upset and acting off since owner came home 2/1/23 - mild decrease amylase. Rads from 2/4/23 visit -rads: mild gassy changes to stomach and intestines, gas dilated cecum and colon, no obvious obstruction. Rads from 2/1/23 visit -rads: mild liquid dilation of the stomach, discussed that this could be due to inflammation but can't rule out the potential for foreign material to be there, mild gassy changes in the GI tract and fecal material in the colon, no obvious obstruction

PATIENT

Mylo Kumar

SPECIES

Canine

BREED

Poodle

SEX

Intact Male

AGE

2/16/2018

WEIGHT

5.53 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Mike

INVOICE

12188

Current Medications: 02-05-2023 Metronidazole Tablets 250mg 3 give 1/4 tablet twice a day. 02-05-2023 Omeprazole 10 mg (per ml) 6 give 0.6ml twice a day. 02-05-2023 Maropitant Citrate (Cerenia) Tablets 16mg 2 give 1/2 tablet once a day.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is enlarged (1.92 cm in width) with mostly smooth curvilinear peripheral contours.

Parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.34 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.

The right kidney is normal in size (4.02 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.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.55 cm at caudal pole) (1.87 cm in length) 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 in normal size (0.38 cm at cranial pole) (0.46 cm at caudal pole) (1.59 cm in length) 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 (1.08 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 amount of aggregated, echogenic, partially dependent to suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall in the region of the fundus is borderline thickened (up to 0.38 cm) with retention of the normal layering pattern. The remaining gastric wall and pylorus are normal in thickness with a normal layering pattern. The gastric lumen is moderately to severely distended with echogenic fluid and is hypomotile. 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

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

Free Abdomen

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

Other

The testicles are subjectively normal in size (left: 2.33 x 1.31 cm) (right: 2.59 x 1.51 cm) with homogenous parenchyma. No focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric ileus. Functional ileus is suspected as there is no obvious evidence a pyloric outflow tract obstruction. Functional ileus can be due to primary gastrointestinal disease (i.e., GI motility disorder, inflammatory bowel disease, infectious/parasitic disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Full GI panel including serum cobalamin and folate, TLI and PLI, and resting cortisol level (send to Texas A&M).
- Consider transitioning to a limited antigen diet.
- Also consider initiation of a probiotic and a promotility agent (i.e., metoclopramide).
- Thoracic radiographs should also be considered to assess for occult esophageal disease.

- Depending on the results of the above diagnostics/therapeutics, and upper GI endoscopy with biopsies may be warranted.



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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