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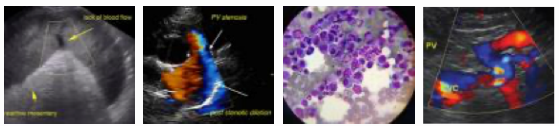


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Scout Carrier

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

4 years

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Fogarty

INVOICE

12580

DATE

3.30.23

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting and diarrhea - hematemesis and hematochezia; anorexia, lethargy. No history of dietary indiscretion or exposure to toxins.

Abnormal PE/Chem/CBC/UA Results/Abnormal lab-work values: Elevation of GGT, mild hyperglycemia, mild hypokalemia, elevated amylase (1900), abnormal cPL. Current Medications Cerenia, metronidazole, gabapentin Radiographic Findings Gastroenterocolitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (4.15 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. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.40 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 (0.48 cm at cranial pole) (0.53 cm at caudal pole) (2.09 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 (0.81 cm at cranial pole) (0.46 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 (1.39 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately to severely fluid-distended and hypomotile. Within the fluid, irregular, hyperechoic, slightly shadowing material is observed. This is thought to represent retained ingesta but

foreign material cannot be excluded. The pyloric outflow tract is difficult to visualize due to the severity of the gastric distention. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal.

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

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Two-three prominent jejunal lymph nodes are visualized (the largest measuring 1.24 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

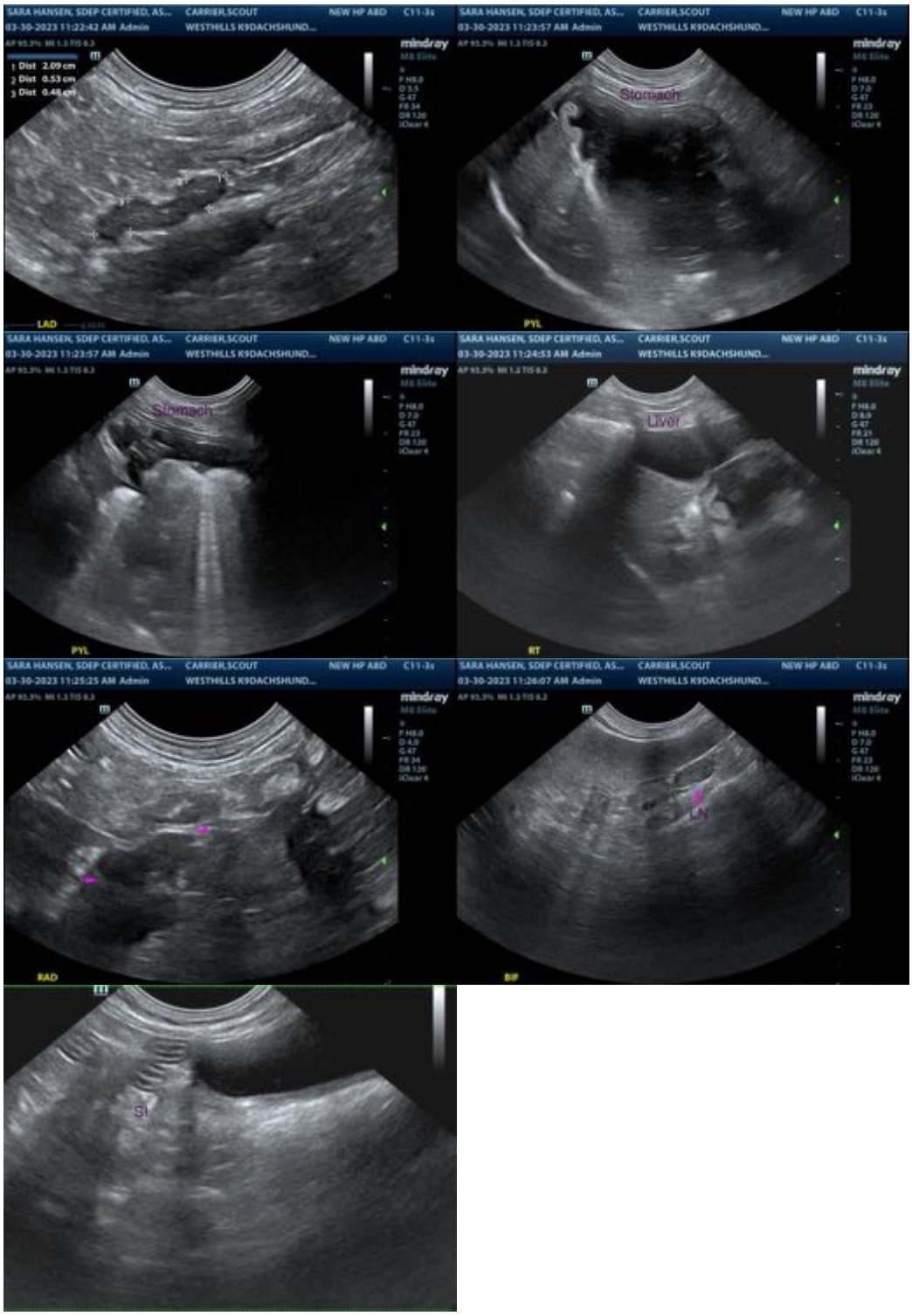
- Gastric ileus. It is difficult to determine if this is a functional ileus (i.e., secondary to gastroenteritis) or a structural ileus (i.e., secondary to an outflow tract obstruction).
- The small intestinal wall changes are suggestive of inflammatory bowel disease, with a lower possibility for emerging lymphoma.

Secondary Findings

- The medullary bands seen in both kidneys may be a benign incidental finding, or may represent subclinical renal disease.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for acute gastroenteritis/colitis is recommended, with a repeat fasted ultrasound in 12 hours to reassess the stomach. If the stomach has a similar appearance, an upper GI endoscopy may be warranted to assess for foreign material and to obtain GI biopsies.
- Also consider a fecal evaluation for ova and Giardia, as well as prophylactic deworming with Fenbendazole.
- Initiation of a probiotic as well as fiber supplement should also be considered.



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