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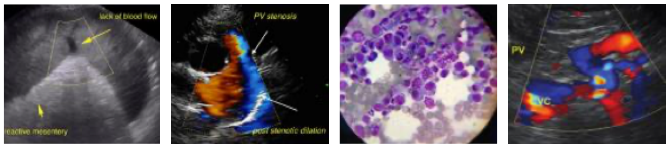

PATIENT
Naiah Lackie

SPECIES
Canine

BREED
Bichon X

SEX
Neutered Male

AGE
6 years

WEIGHT
4.5 kg

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

IMAGING PERFORMED BY
Dr Belan

HOSPITAL NAME
Fish Creek AH

REFERRING VET
Dr Anderson

INVOICE
12800

DATE
4.20.23

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting, lethargy and poor appetite since Sat. Vomited with Cerenia on board. POCUS exam suspect pyloric thickening and poss obstruction.
Abnormal PE/Chem/CBC/UA Results: Bloodwork non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
In the available images, the urinary bladder is mildly to moderately distended. The wall is normal in thickness with a relatively smooth mucosal surface. A scant amount of suspended echogenic debris is observed within the lumen. There is no evidence of cystic calculi.

One still image of the prostate is available for interpretation. The prostate is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.25 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands
One still image of the left adrenal gland is available for interpretation. The left adrenal gland is in normal size (0.38 cm at cranial pole) (0.29 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 in normal size (0.45 cm at cranial pole) (0.34 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 (0.89 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein diameter is subjectively small relative to the diameter of the caudal vena cava.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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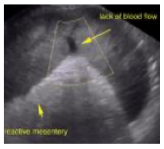
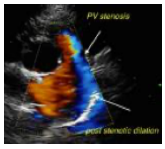
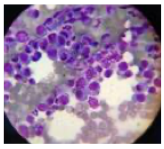
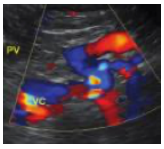

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Gastrointestinal
The gastric lumen is moderately distended with fluid and echogenic debris. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum/pylorus, the wall is circumferentially thickened (up to 0.48 cm). Some hyperechoic non-shadowing material is observed pyloric outflow tract. The mesentery effacing the serosal surface of the pylorus is hyperechoic. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
There is no obvious evidence of free fluid. One still image of a prominent colic lymph node is visualized (0.91 cm in length). Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pyloric wall thickened could be consistent with inflammation, hypertrophy or emerging neoplasia (i.e., lymphoma, adenocarcinoma). There is no obvious evidence of a foreign body. However, the hyperechoic material within the pyloric outflow tract may represent non-shadowing foreign material or simply, chyme. Regional peritonitis is present.

Secondary Findings

- Questionable microhepatica. The portal vein is subjectively small relative to the caudal vena cava. This may represent imaging artifact, portal hypoplasia/congenital portosystemic shunt, sedation with Dexdomitor (if applicable), other.
- The prominent colic lymph node is likely reactive, with a lower possibility of emerging neoplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gastric/pyloric wall changes, an upper GI endoscopy or abdominal exploratory is recommended to assess for a foreign body in the gastric outflow tract as well as biopsies of the thickened pyloric wall. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.
- Regarding the liver and portal vein changes, consider pre-and postprandial serum bile acids to screen for a congenital portosystemic shunt.

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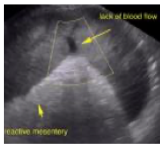
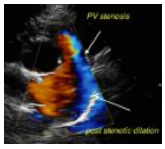
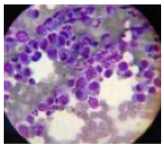
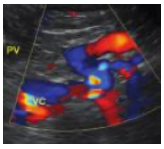

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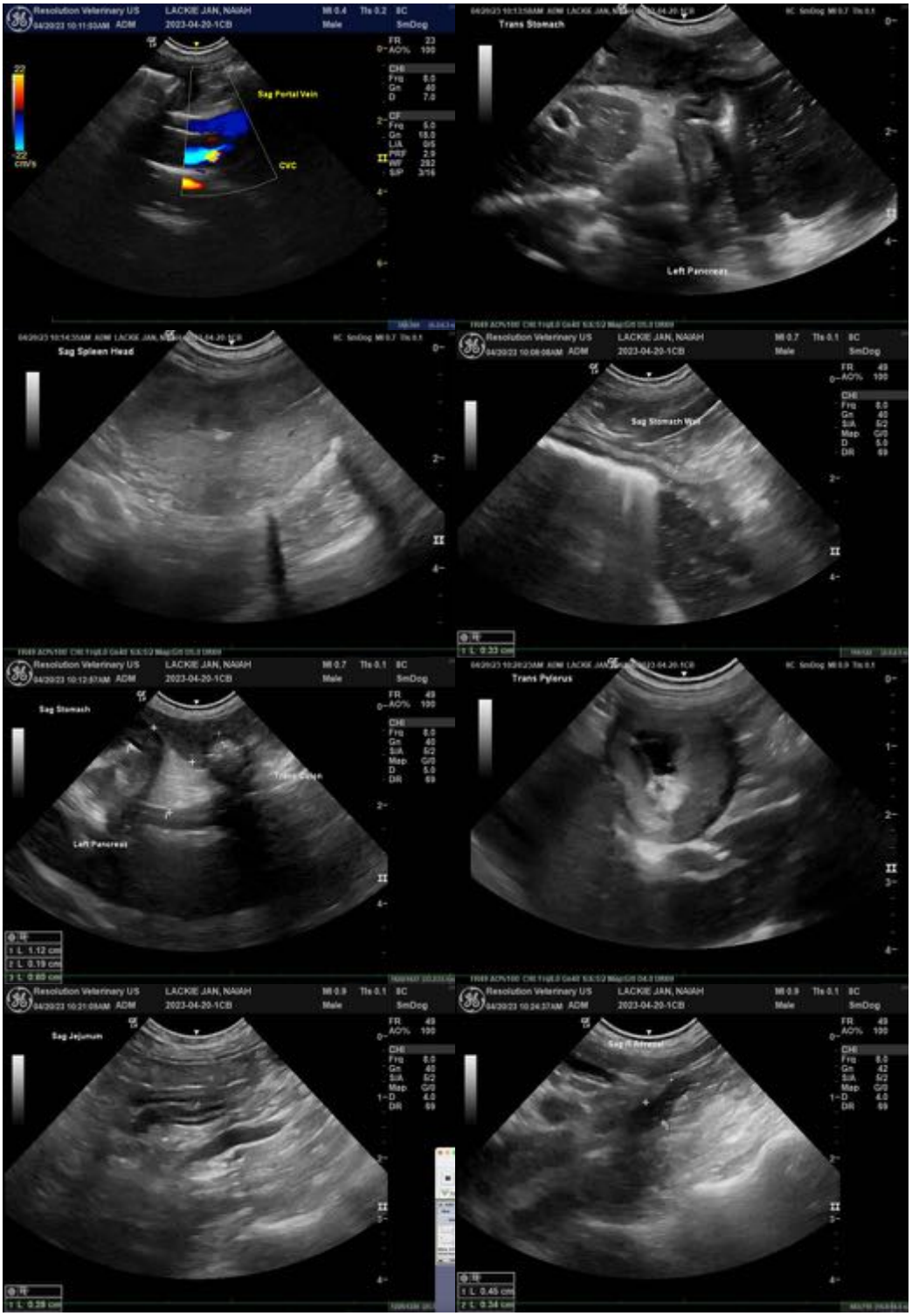

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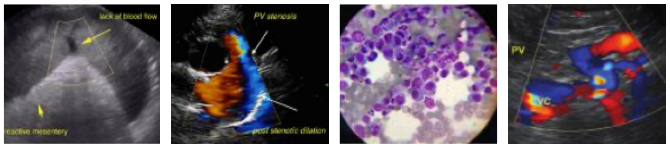

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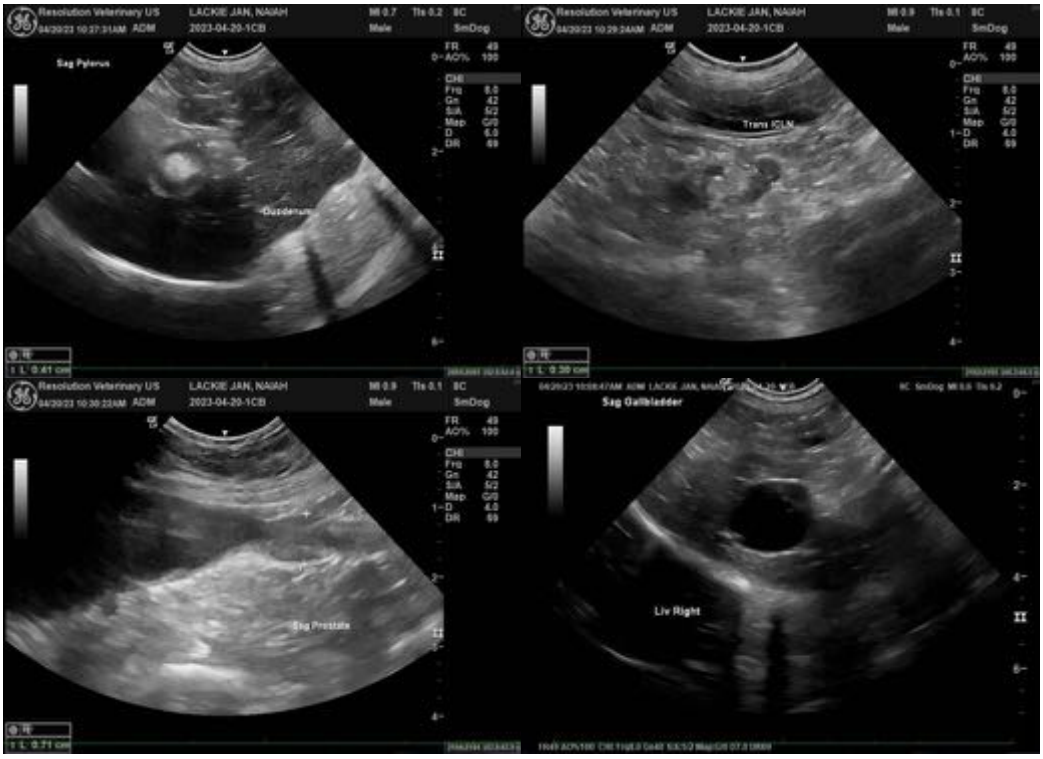

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com