



PATIENT

Pixie Walters

SPECIES

Canine

BREED

French Bulldog

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

19.7 lbs..

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: anorexia(very unusual for her)
Abnormal PE/Chem/CBC/UA Results: Platelets 941(143-448) lipase elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Abdominal pathology may be obscured by the ingesta within the gastrointestinal tract.

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.38 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.69 cm at cranial pole) (0.66cm at caudal pole) (2.03 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.

The right adrenal gland is mildly enlarged (1.15 cm at cranial pole) (0.78 cm at caudal pole) (1.92 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.

Spleen

The spleen is normal in size (0.86 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.


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Gastrointestinal

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The gastric lumen is distended with ingesta. The gastric wall in the region of the fundus is mildly thickened (up to 0.64 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive disease is noted.

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Pancreas

The pancreas is largely obscured by the gastric distention. In the visualized portion of the right limb the size is normal and the margins are curvilinear. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The mild gastric wall thickening is most consistent with gastritis with a lower possibility of emerging neoplasia.

Secondary Findings:

- Bilateral adrenomegaly.
- Minor age-related renal changes.
- Suspected benign hepatopathy (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's clinical signs is not identified in this study. Delayed gastric emptying may be present. This is typically a secondary issue. However, primary motility disorders can occur.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a GI panel to further assess for small intestinal disease and pancreatitis.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.

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- Orthopedic and neurologic evaluations are also recommended to assess for non-metabolic causes of inappetence (i.e., relating to possible pain).

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- If delayed gastric emptying is suspected, consider a pro-motility agent (i.e., Metoclopramide).

- Consider a recheck ultrasound when the gastrointestinal tract is empty to obtain a more thorough evaluation of the gastrointestinal tract.

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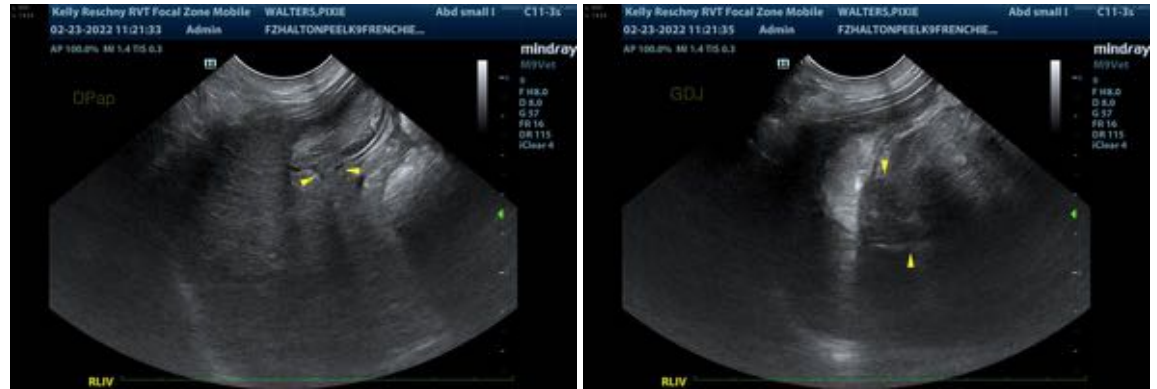
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

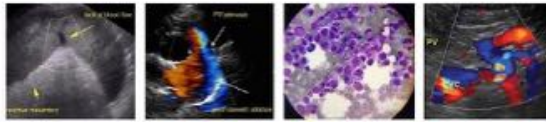
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

Andrea.nicastro@sonopath.com

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