SonoPath
Clinical Sonography & Telecytology
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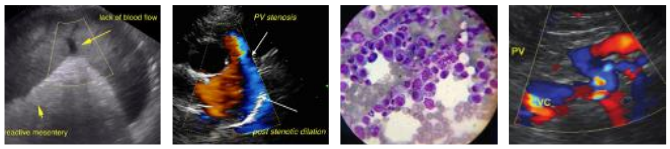


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sasha Fitzpatrick

SPECIES

Canine

BREED

Pitbull/Doberman Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

62.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Fitzpatrick

INVOICE

21047

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Pet ate part of a blanket on 1/29. Vomiting and decreased appetite present. Exploratory was done on 1/31, no foreign body was found, lots of adhesions found in the stomach. Large amount of bleeding noted during surgery. Decreased appetite and vomiting/ regurgitation digested blood post-surgery x 2 days. Pet was doing well on Omeprazole, Amoxicillin, Sucralfate until 2/6. Now pet is vomiting bile multiple times per day. Pet is currently on bland diet. Pet has had a large amount of fluid noted in stomach consistently. History of hypomotility since last July. This is the 3rd scan for Sasha. Please compare.

Abnormal PE/Chem/CBC/UA Results: See attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (5.97 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.09 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.51 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.85 cm at cranial pole and 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

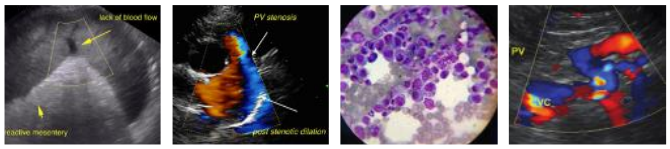
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal



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The visible stomach wall is diffusely mildly thick, measuring between 0.65 cm and 0.9 cm thick with normal intact layering. It is slightly thicker at the level of the pylorus, where is measures 1.0 cm thick with a slightly irregular appearance. The lumen is moderately overdistended with anechoic fluid and ingesta/chyme.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. The mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Mild diffuse gastric wall thickening with more concerning thickening at the level of the pylorus and gastric distention suggestive of delayed gastric emptying or at least partial gastric outflow obstruction. Differentials for this include most likely benign inflammatory, parasitic or infectious disease, potentially helicobacter, pyloric hypertrophy, or stenosis, benign polyp, etc. Infiltrative neoplasia is possible but considered exceedingly less likely, especially in a young dog.
- Reactive mesenteric and medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients chronic gastrointestinal history, further evaluation of underlying gastrointestinal disease that could have resulted in the vomiting but could actually be predisposing to the hypertrophy is recommended, beginning with a fecal exam if not already evaluated, and gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Beyond that, an upper GI endoscopy could be considered for further visual evaluation of the stomach and the pylorus and duodenum, as well as biopsies of the stomach, pylorus and duodenum.

Alternatively, given the long history and reported progression in clinical signs, re-exploratory surgery could be considered with recommendations to consult a board verified surgeon, given the complications that can be associated with surgeries in this area by passing the pylorus, etc.

In the meantime, as is reportedly already in place, antiemetics, as well as gastroprotectants, are recommended, as is a canned bland easy-to-digest diet fed in small frequent meals. Empirical deworming with a 5-day course of Panacur is also recommended and an empirical course of medical management of helicobacter could also be considered.

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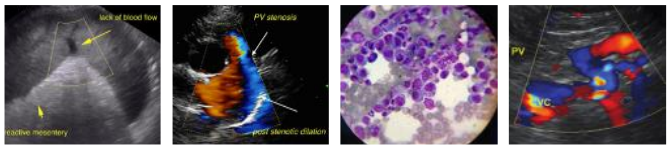

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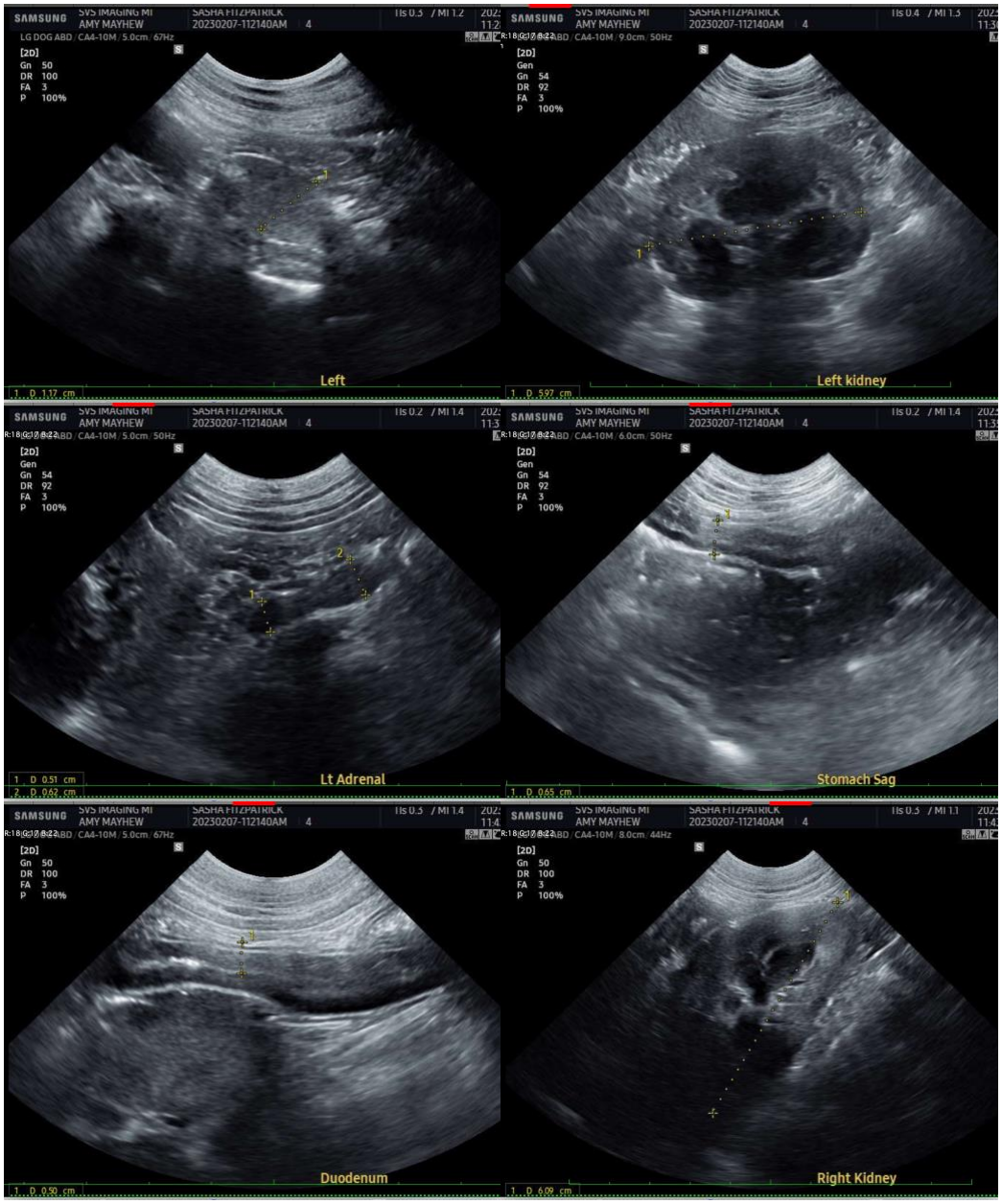

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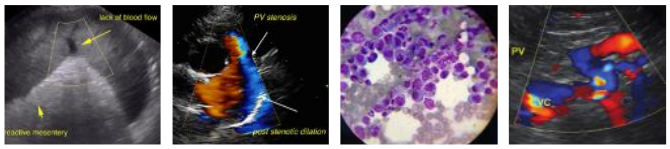

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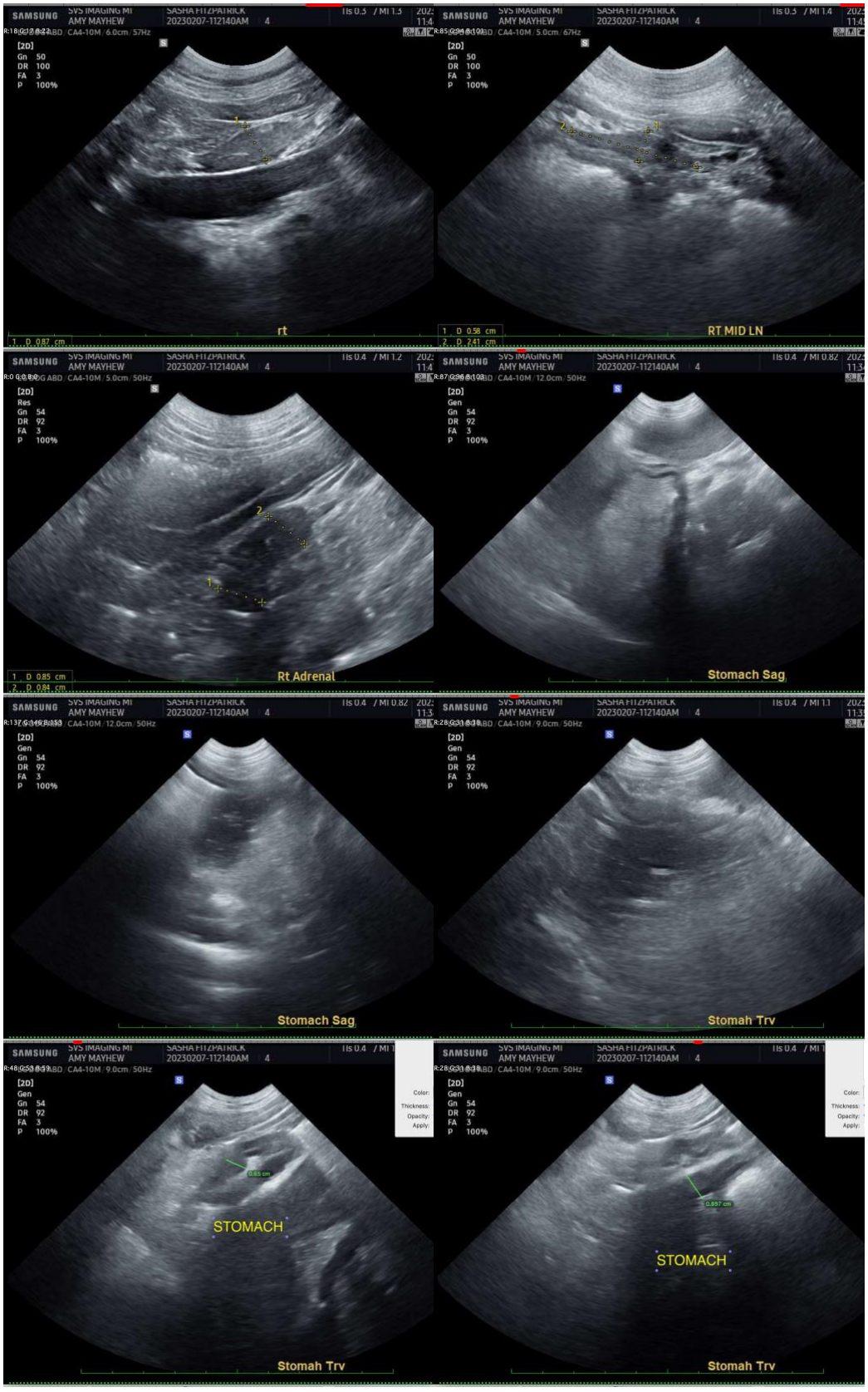

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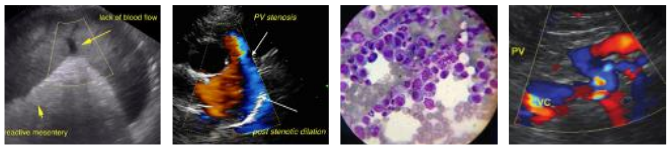

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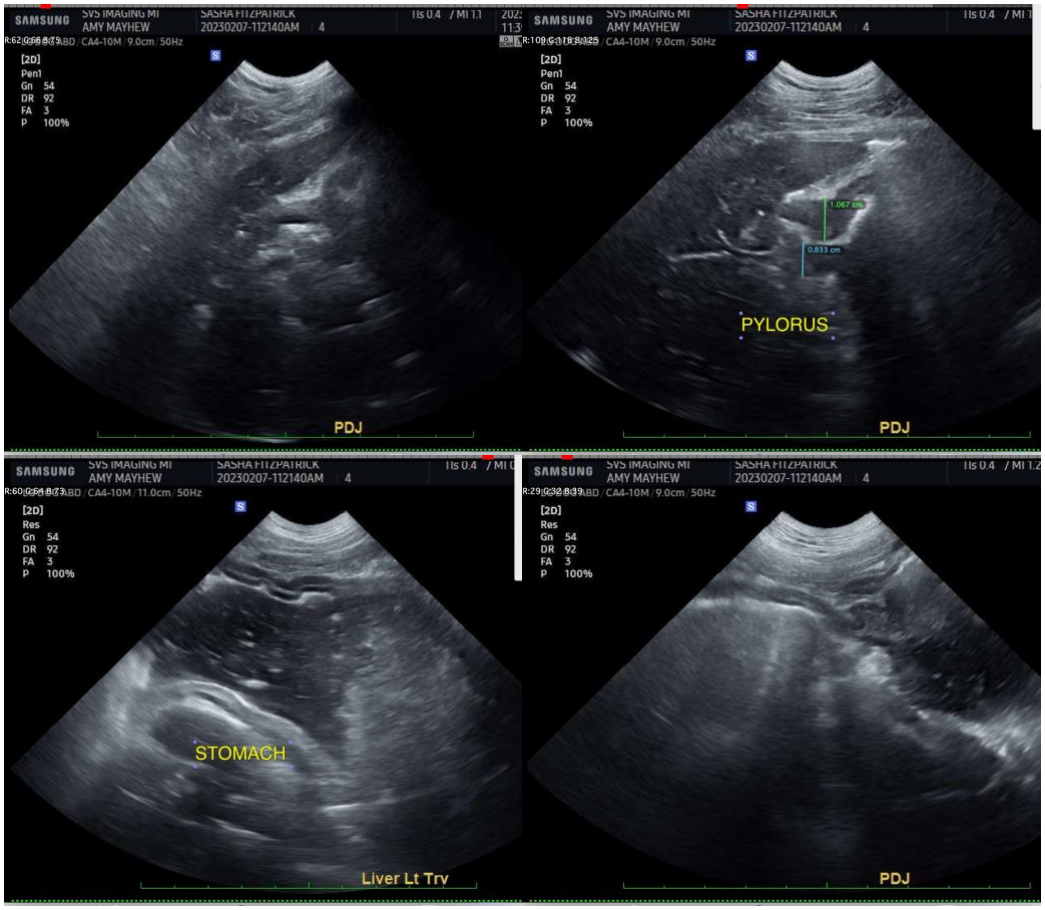

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com