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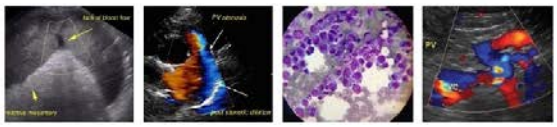

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Sheba Spiteri

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.57 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet Emergency Clinic

REFERRING VET

Dr. Rubino

INVOICE

43814

DATE

7/5/23

PRESENTING CLINICAL SIGNS

Sheba presented with bronchopneumonia and possible aspiration pneumonia, tachypnea and O2 dependent chronic IVDD, was running until yesterday, delayed hind limb proprioception recent onset murmur V/VI dorsal and hind limb muscle atrophy resents abdominal palpation Current Medications butorphanol, ampicillin, enrofloxacin, cerenia, maintenance IV fluids

Abnormal PE/Chem/CBC/UA Results: July 5th; WBC 15.35 (5-16.76) neutrophils 12.57 (11.64) normal urea and creatinine Radiographic Findings Radiographs from July 5th indicate; bronchopneumonia, cardiomegaly, pleural fibrosis, tracheal membrane, hepatomegaly and renal mineralization. July 6th to be sent in addition.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney is mildly small in size at 2.67 cm. The left kidney is normal in size at 3.29 cm. Small cortical cysts noted bilaterally.

Adrenal Glands

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogenicity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The right adrenal gland measures 1.7 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measures 0.44 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The 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

The 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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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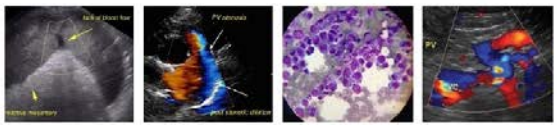

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately to markedly overdistended with fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Moderately to markedly fluid distended stomach without evident foreign material, infiltrative disease, etc. to explain an obstruction. One differential may be aerophagia, given this patient's respiratory distress and oxygen dependence. However, gastric stasis secondary to other underlying gastrointestinal or metabolic disease, etc. cannot be definitively ruled out.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

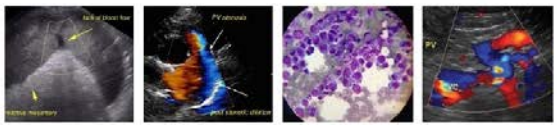
SECONDARY FINDINGS

- Age related kidney and adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

There is no ultrasonographically visible significant intraabdominal pathology in these images at this time. Therefore, other recommendations include addressing the reported IVDD and paraparesis as well as the reported suspected pneumonia, etc. and monitoring patient for improvement. If, however, vomiting is present, and/or persists/develops and believes to have contributed to the pneumonia, further evaluation of the gastric stasis could be considered in the form of gastric lavage followed by recheck imaging or potentially upper GI gastroscopy versus other.



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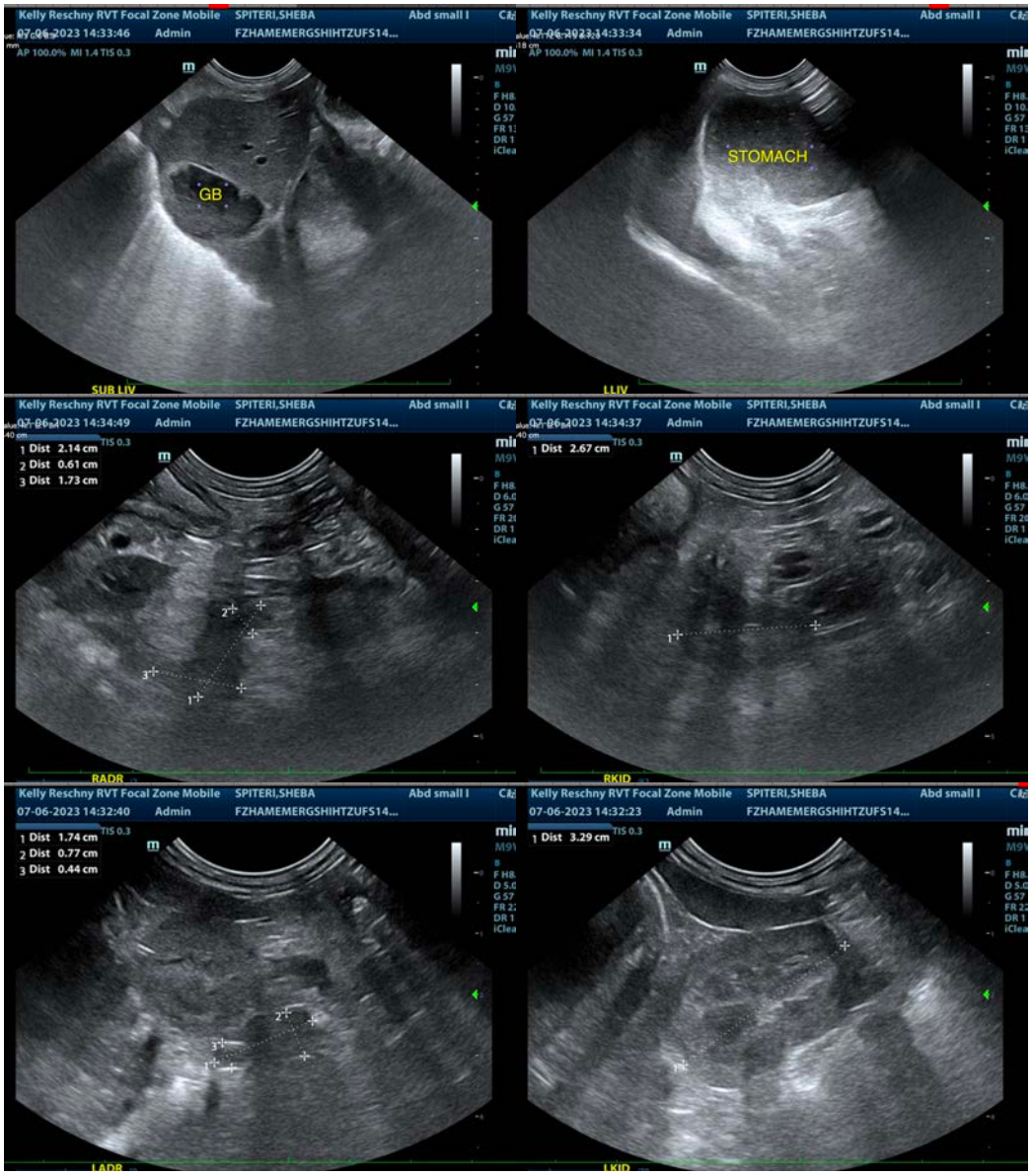
In the meantime, if patient is eating and not vomiting, empirical deworming with a 5-day course of Panacur could be considered, as could an empirical course of helicobacter therapy if vomiting is believed to have been a contributing factor.



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com