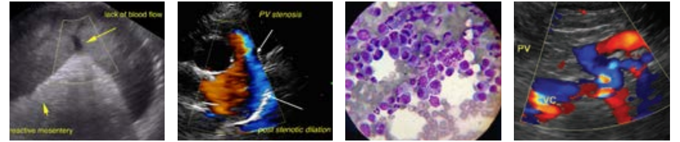


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Gussie Giacolone

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2 Years

WEIGHT

39.1 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Nikita Neuhaus

INVOICE

44665

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Seen on 8/14 in am for v/d for a few days following diet change, sent home with supportive care (cerenia, omeprazole, sucralfate, ondansetron, visbiome, pro-pectalin, HP diet). CBC, CPL, EPOC, fecal direct WNL. Chem mild decrease in amylase but otherwise WNL. Cortisol done at visit in june - 4.11. Abd rads NSF. Fecal OP & giardia negative. Vomiting through cerenia, continued diarrhea, inappetant at home consider NG tube send out mesenteric lnn aspirates NPO until u/s report returned

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.

The right kidney is normal in size (5.25 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.

The left kidney is normal in size (4.57 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

The area of the adrenal glands is examined without evident adrenal gland pathology.

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.

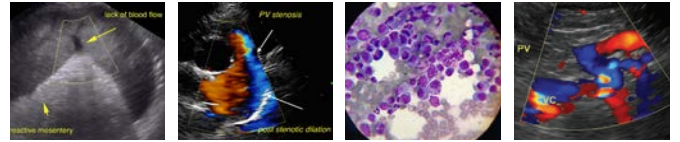
Liver

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.

The 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

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 primarily fluid as well as some echogenic non-shadowing luminal contents and gas within the pylorus, consistent with normal ingesta. There is no evidence of definitive foreign material or infiltrative disease, and the pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

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.

The mesenteric 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

- The fluid distended stomach and small bowel are most consistent in appearance with gastritis/gastroenteritis, possibly secondary to a dietary indiscretion or intolerance, bacterial, viral infection, parasitic, or protozoal disease, toxin, other metabolic disease, etc. There is no definitively visible evidence of foreign material or an obstruction. Having said that, given the gastric distention, a partial gastric outflow obstruction or non-visible foreign material cannot be definitively ruled out.

- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

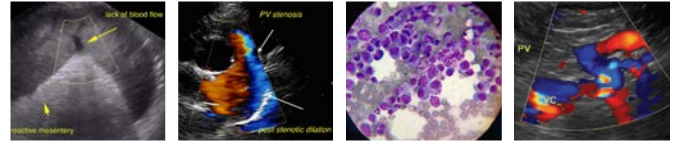
Further evaluation of this patient's gastrointestinal health could be considered, beginning with:

A 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.

A baseline cortisol is also recommended but was reportedly already completed and was within normal limits.

In the meantime, supportive/symptomatic medical management of gastritis/gastroenteritis is recommended in the form of antiemetics, gastroprotectants, promotility agents if necessary, or potentially gastric suction via a nasogastric tube, appetite stimulant if necessary, empirical deworming with a 5-day course of Panacur, as well as an empirical course of helicobacter therapy.

If clinical signs persist, recheck imaging and/or additional imaging (i.e., barium swallow) could be considered.



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Lt Kidney

STOMACH

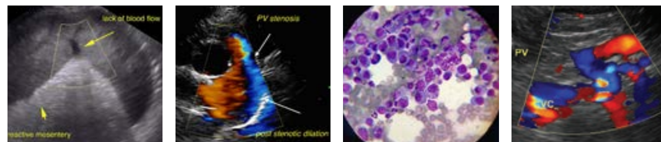
Pancreas

Stomach

Stomach

Rt Kidney

Lt bif



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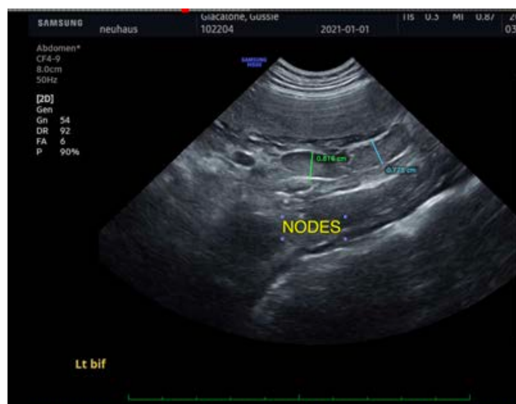

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com