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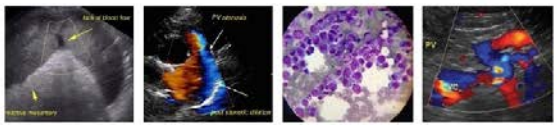


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Stanley Mooney

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. Stevenson

INVOICE

44737

DATE

8/16/23

PRESENTING CLINICAL SIGNS

Went away on vaca- came back and lost a ton of weight. tries to eat but vomit's it up within few minutes maybe slightly doing before left not a known junk eater- plays with toys etc not on any meds gone for 2 weeks - at mothers house - looked at him before not keeping water down either not as high energy but still plays normally regular consistent and normal frequency stools o says is some foods he does keep down no prodromal signs - regurge BAR HR 120 RR 16 stertor on inhale temp 100.3F bcs 4/9 mild muscle loss stage 3 dental disease - excessive saliva and clear discharge R nostril pos menace and plr subjectively enlarged sub man lymph nodes nothing felt abd all else normal Current Medications 5mg omeprazole once daily, 100mg clavaseptin BID , .5g sulcrate TID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (3.91 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 (4.81 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 right adrenal gland is normal in size (0.90 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

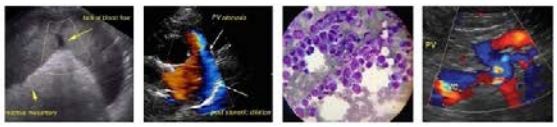
The left adrenal gland is normal in size (0.56 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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



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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.

Gastrointestinal

The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended, primarily with very echogenic reverberation artifact from intraluminal gas, making visualization of the far wall difficult. The pylorus is visible with a normal wall and echogenic, non-shadowing luminal contents and gas, consistent with normal ingesta/chyme. The pyloric outflow tract appears patent without evidence of infiltrative disease or foreign material. However, non-shadowing, partially obstructing foreign material can't be definitively ruled out.

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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

The cranial abdomen appears diffusely enhanced with hyperechoic mesenteric fat.

ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis is suspected to be contributing to this patient's reported clinical signs.
- The stomach is difficult to fully evaluate due to intraluminal gas. However, there is no visible evidence of pyloric outflow obstruction. The contents within the pylorus are most consistent with normal ingesta. Having said that, non-shadowing foreign material can't be definitively ruled out.
- Mild 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.

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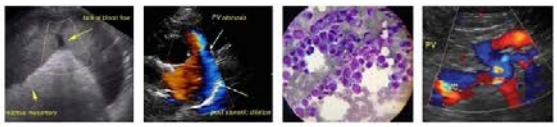

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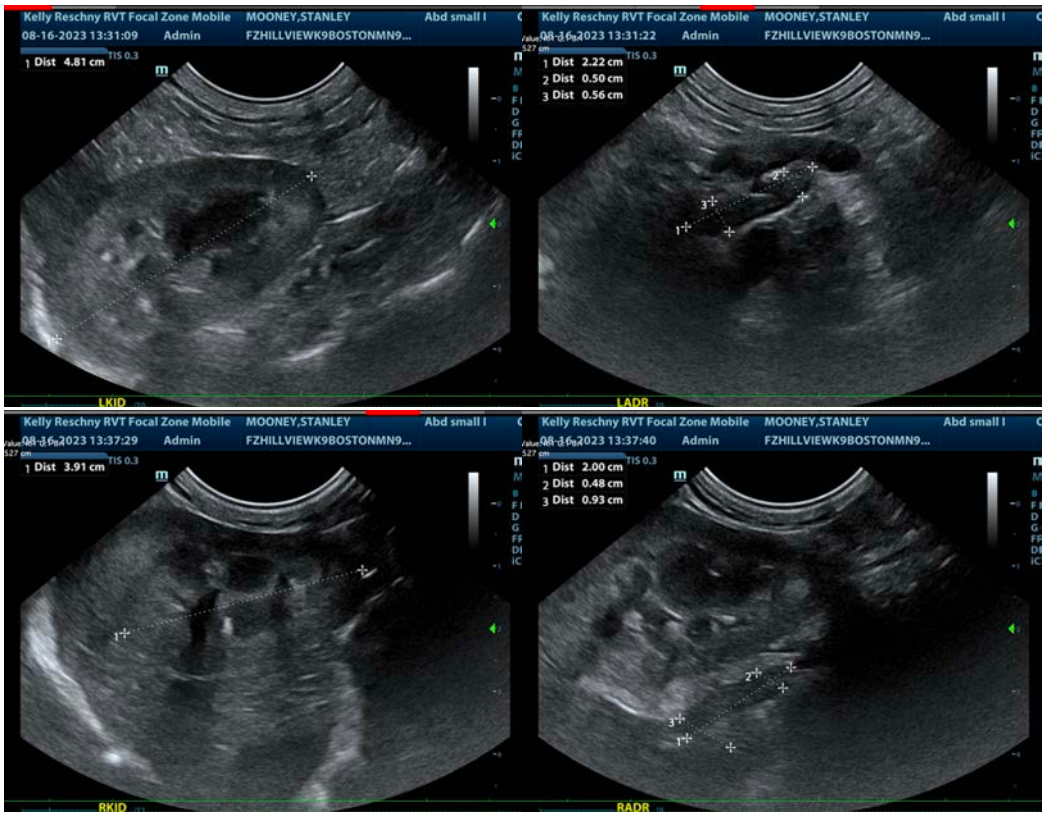
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Placement of a nasogastric tube for gastric suction and nutritional support could be considered, potentially followed by recheck imaging with a decompressed stomach. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

Ultimately, if vomiting persists beyond medical management, either recheck imaging or potentially upper GI gastroscopy/endoscopy or even an exploratory laparotomy may ultimately be necessary to definitively rule out a partial obstruction.



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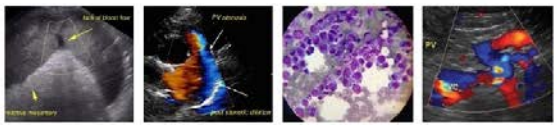

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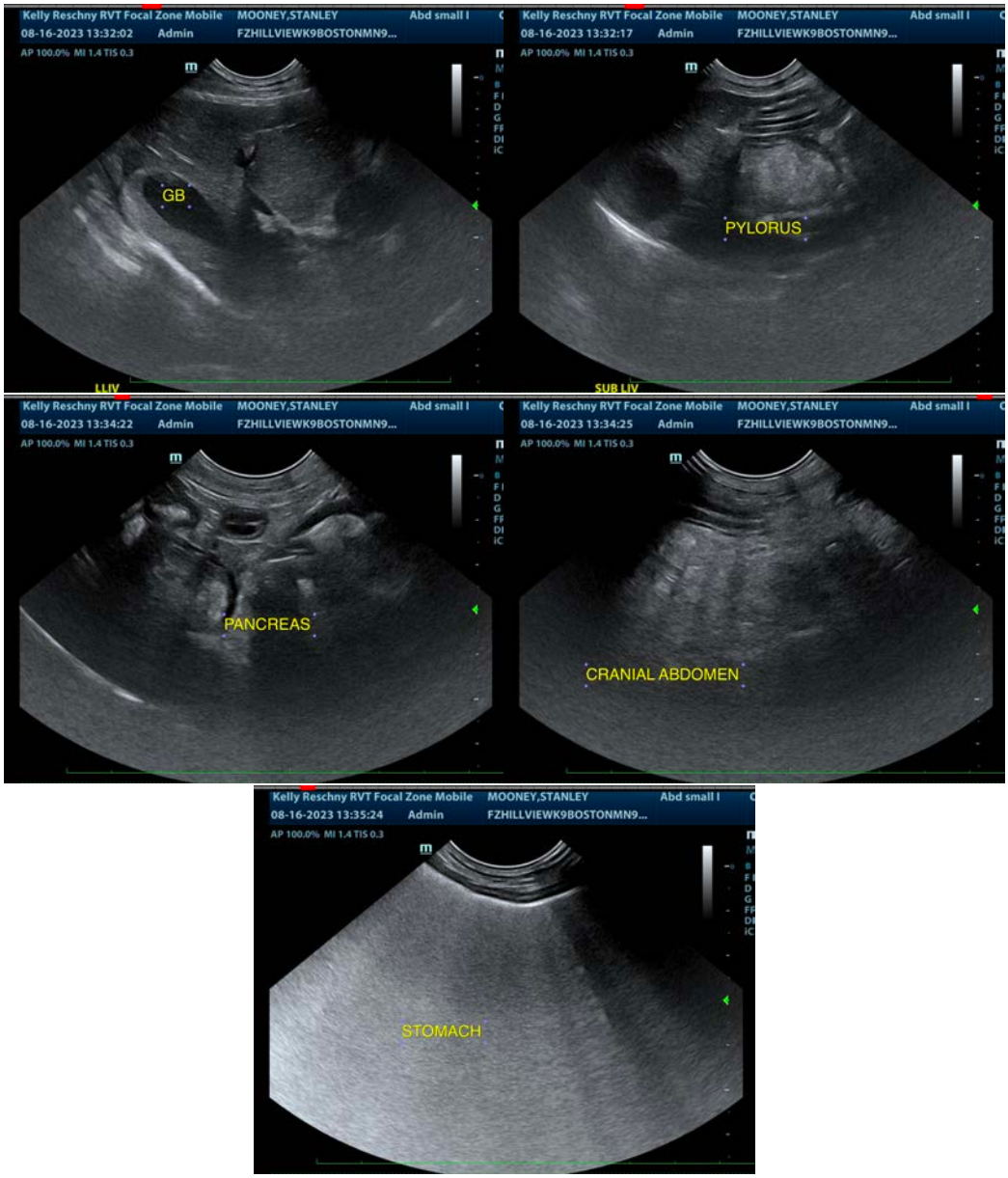

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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