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Clinical Sonography & Telecytology
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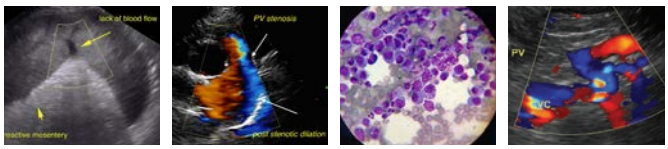

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bandit Russoli

SPECIES

Canine

BREED

Basset X

SEX

Neutered Male

AGE

2 Years

WEIGHT

24 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Callihan – Pacific Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile Vet

REFERRING VET

Dr. Fjeld/Advanced Care AC

INVOICE

41697

DATE

9/27/22

PRESENTING CLINICAL SIGNS

Presented to primary care on 9/13/22 for intermittent vomiting and nausea. Appetite past few weeks generally down, will sometimes vomit in the morning. sometimes bile, sometimes undigested food. No diarrhea. There has not been any weight loss. His attitude and activity are normal. A very well-attended dog, current in preventive care

Abnormal PE/Chem/CBC/UA Results: Patient is in excellent coat and body condition (a little over conditioned), nsf on PE except he did regurgitate in the treatment area (yellow fluid) -Had radiographs 9/13/22 which showed some duodenal corrugation but no evidence of plication or fb or obstructive pattern at that time. -Full CBC/Chem on 9/13/22 was normal

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.

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

The right kidney is normal in size (7.07 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 (6.86 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 (0.32 cm at the caudal pole, the crania pole is not fully visualized), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm at the cranial pole and 0.39 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 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

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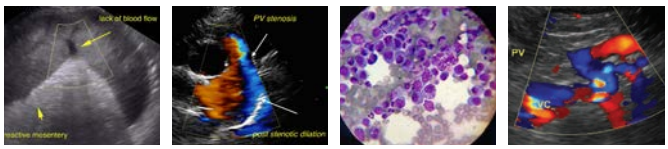

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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with echogenic, non-shadowing luminal contents and gas as well as fluid. The pyloric outflow tract is well visualized and contains a small amount of echogenic debris consistent with normal ingesta. There is no evidence of obstruction, foreign material, or infiltrative disease present.

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.

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

- **Fluid and echogenic debris distended stomach** – This could be a normal patient variant depending on last meal or could be suggestive of some delayed gastric emptying secondary to a metabolic cause such as gastritis, gastroenteritis, pancreatitis (not ultrasonographically evident), or even suggestive of a partial obstruction due to foreign material not visible at this time. The likelihood of a foreign body based on these images is low, but cannot be definitively ruled out.

- **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 the patient's reported regurgitation, 3-view thoracic radiographs are recommended for further evaluation of the esophagus if not recently evaluated.

A fecal exam and a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory are recommended for further evaluation of GI and pancreatic function.

In addition to empirical deworming with a 5-day course of Panacur and potentially a transition to a bland easy to digest diet or a hydrolyzed protein diet based on trial and error response, daily or even twice daily antacid therapy such as Omeprazole could be considered to address possible GERD as well as a small bedtime snack to address possible bilious component to the vomiting would be recommended.

If clinical signs persist beyond management of possible GERD, bilious vomiting, deworming, etc., recheck imaging including abdominal radiographs +/- barium as well as potential recheck ultrasound and/or even upper GI endoscopy could all be considered.

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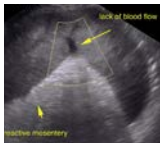
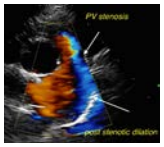
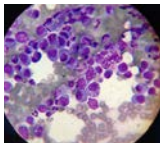
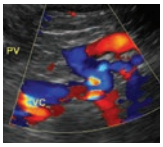

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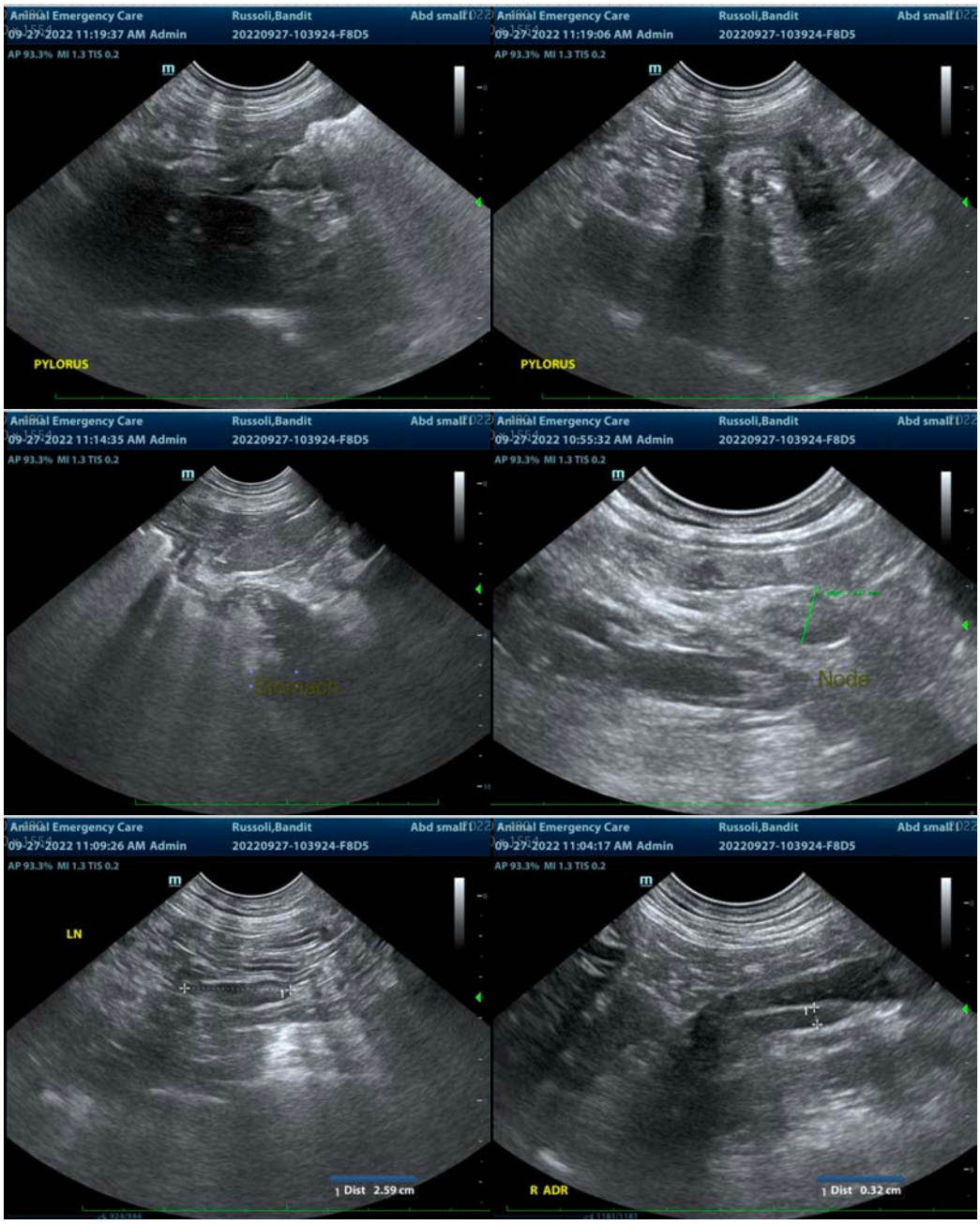

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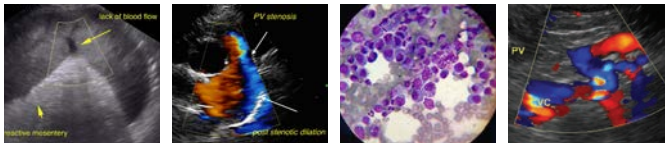

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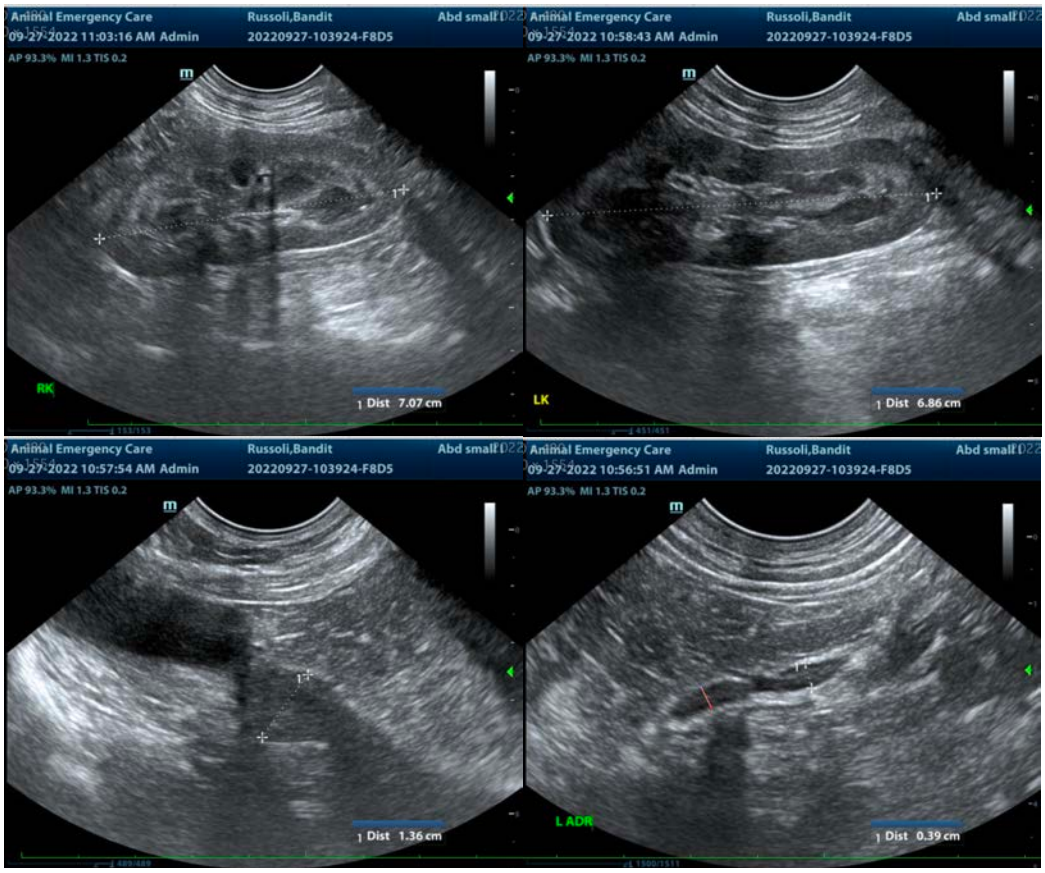

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com