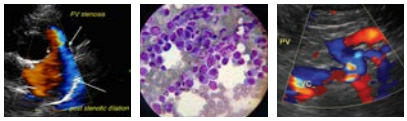
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

9/27/22

**PATIENT**

Ruby Poe

**SPECIES**

Canine

**BREED**

Great Pyrenese

**SEX**

Spayed Female

**AGE**

1/14/17

**WEIGHT**

75 Pounds

**INTERPRETED BY**

Beth Johnson, DVM
DACVIM

**IMAGING PERFORMED BY**

Stephanie Warga
RDCS, RVT

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Miller

**INVOICE**

41696

## PRESENTING CLINICAL SIGNS

Patient presents for evaluation of hyporexia and vomiting. Owners are concerned for pancreatitis. Patient did have some prior elevation in SDMA levels, so AUS was recommended prior. Since we are unable to perform radiographs without sedation, owner opted for AUS instead of radiographs.

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.

## 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 (5.89 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 (5.95 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 (2.5 cm long x 0.51 cm at the cranial pole and 0.41 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 (2.5 cm long x 0.50 cm at the cranial pole and 0.55 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.

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, however, is moderately to overdistended with anechoic fluid as well as echogenic non-shadowing luminal contents and gas, as well as dependent sand-like debris. There is no evidence of foreign material or infiltrative disease. However, at least a partial gastric outflow obstruction cannot 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 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

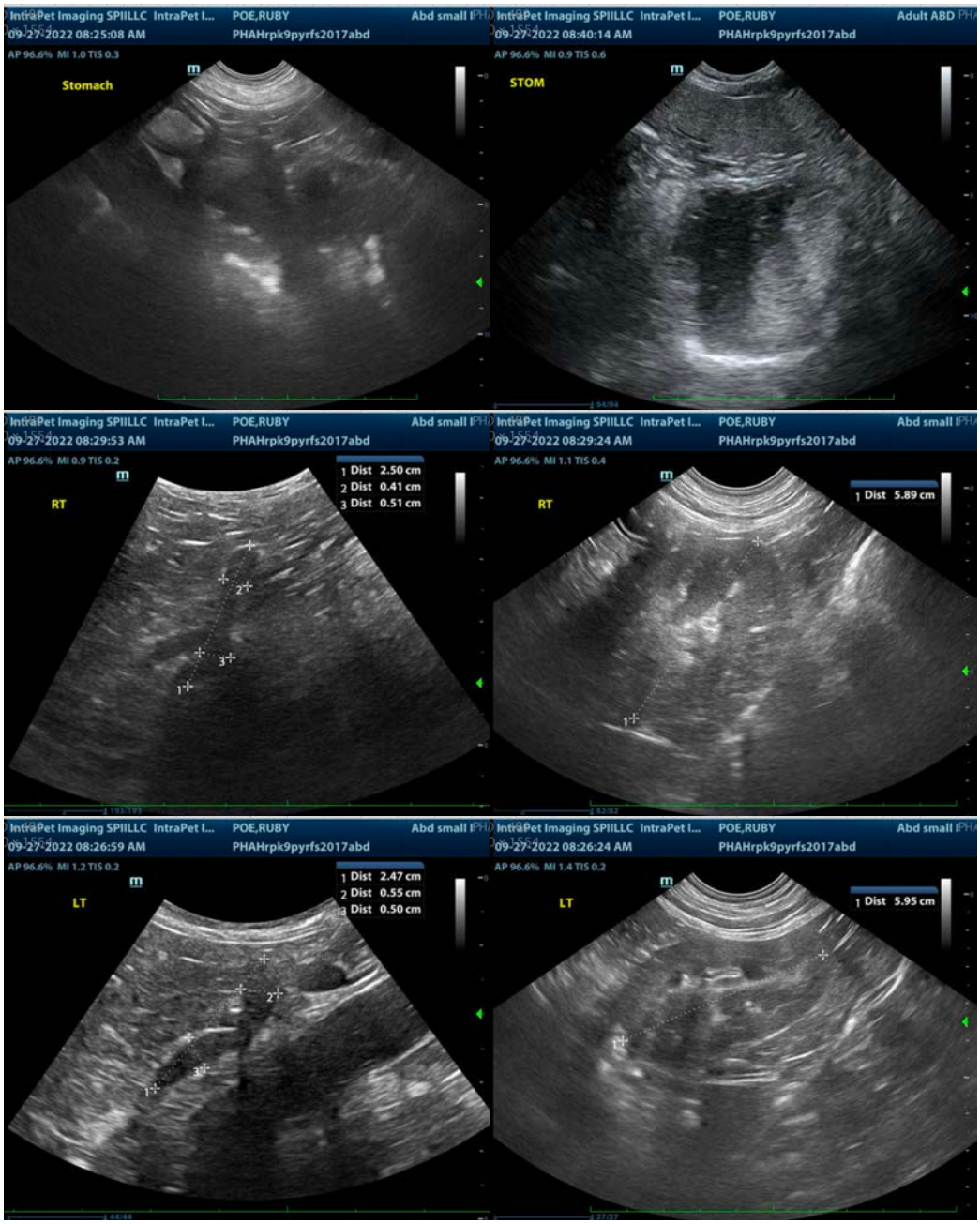
- **Overdistended stomach with fluid and debris, atypical for a fasted patient** – This could represent normal patient variant depending on when the patient last ate, or it could be indicative of delayed gastric outflow secondary to an underlying metabolic disease such as gastroenteritis or potentially pancreatitis not evident on today's ultrasound, or it could be suggestive of a partial or even complete obstruction by foreign material that is not visible in the images at this time.

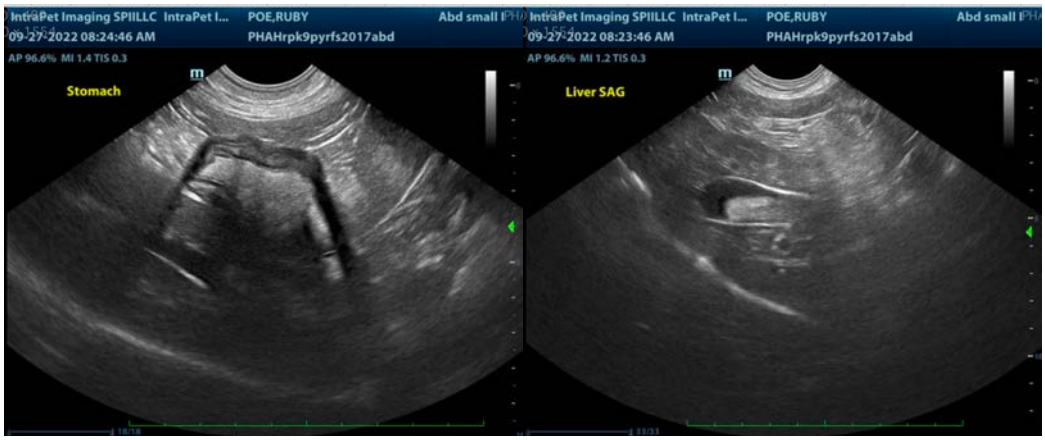
## SECONDARY FINDINGS

- **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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include supportive/symptomatic medical management of acute gastroenteritis with antiemetics, gastroprotectants, pain management if warranted, fluid therapy, if necessary, etc., and fasting for another 24 hours, at which time if clinical signs are still present, recheck imaging of an ideally empty stomach is recommended. Alternatively, abdominal radiographs +/- barium and/or upper GI endoscopy could be considered for further evaluation.


IntraPet Imaging SPIILLC IntraPet I... POE,RUBY Abd small F
09-27-2022 08:25:08 AM PHAHrpk9pyrfs2017abd
AP 96.6% MI 1.0 TIS 0.3
Stomach
IntraPet Imaging SPIILLC IntraPet I... POE,RUBY Adult ABD
09-27-2022 08:40:14 AM PHAHrpk9pyrfs2017abd
AP 96.6% MI 0.9 TIS 0.6
STOM
IntraPet Imaging SPIILLC IntraPet I... POE,RUBY Abd small F
09-27-2022 08:29:53 AM PHAHrpk9pyrfs2017abd
AP 96.6% MI 0.9 TIS 0.2
RT
1 Dist 2.50 cm
2 Dist 0.41 cm
3 Dist 0.51 cm
IntraPet Imaging SPIILLC IntraPet I... POE,RUBY Abd small F
09-27-2022 08:29:24 AM PHAHrpk9pyrfs2017abd
AP 96.6% MI 1.1 TIS 0.4
RT
1 Dist 5.89 cm
IntraPet Imaging SPIILLC IntraPet I... POE,RUBY Abd small F
09-27-2022 08:26:59 AM PHAHrpk9pyrfs2017abd
AP 96.6% MI 1.2 TIS 0.2
LT
1 Dist 2.47 cm
2 Dist 0.55 cm
3 Dist 0.50 cm
IntraPet Imaging SPIILLC IntraPet I... POE,RUBY Abd small F
09-27-2022 08:26:24 AM PHAHrpk9pyrfs2017abd
AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 5.95 cm




**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