



PATIENT

Bowie Norton

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting for 5 days, nausea, normal stool Current meds: cerenia, famotidine
Abnormal PE/Chem/CBC/UA Results: wnl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

BREED

Mix

SEX

Neutered male

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization of right kidney was somewhat limited. This is commonly related to breed related anatomical positioning. The right kidney measured 5.82 cm. The left kidney measured 6.61 cm.

AGE

5 years

WEIGHT

59.6 lbs

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.01 cm in length and 0.5 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.48 cm in length and 0.28 cm at the cranial pole and 0.87 cm at the caudal pole.

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Val Shumskaya

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. McConnell

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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DATE

4/25/23



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Gastrointestinal

Bowie Norton

The stomach contains ingesta and gas shadowing. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Mix

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

Pancreas

Neutered male

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

AGE

5 years

Lymph Nodes

WEIGHT

59.6 lbs

No clinically significant lymphadenopathy or abnormalities noted.

INTERPRETED BY

Free Abdomen

Dr Brittany Sinclair,
BVSc(hons), DACVECC

No masses or free fluid were noted.

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

Val Shumskaya

Primary Findings

1. Thickened urinary bladder wall - suspect pseudohypertrophy

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. McConnell

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

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Urinary bladder wall thickening is likely pseudohypertrophy secondary to low volume of urine and lack of luminal distension, however, true mural thickening cannot be definitively ruled out. Re-examination



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when urinary bladder lumen volume is increased with time and/or fluid therapy should be considered if clinical suspicion for urinary bladder disease is high.

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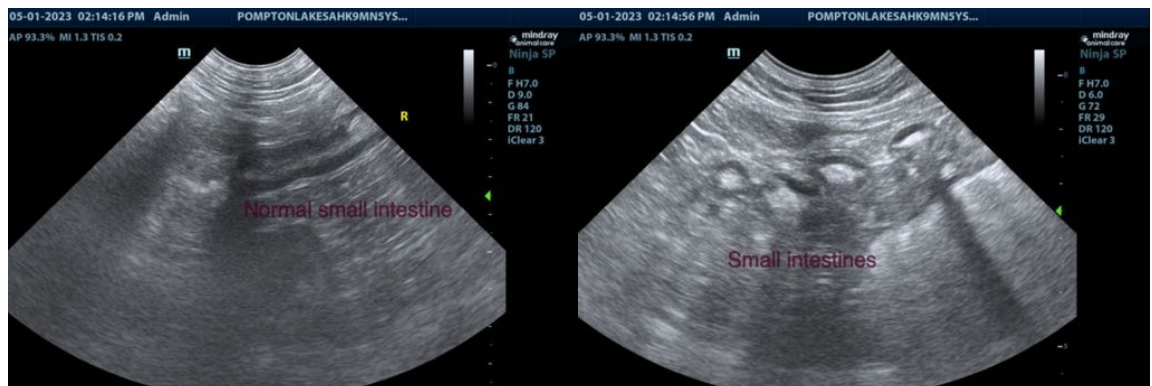
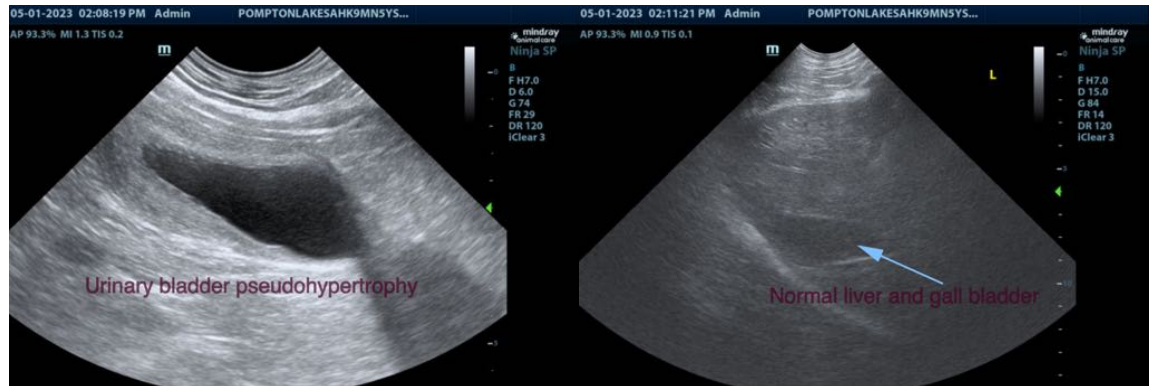
Dr. McConnell

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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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