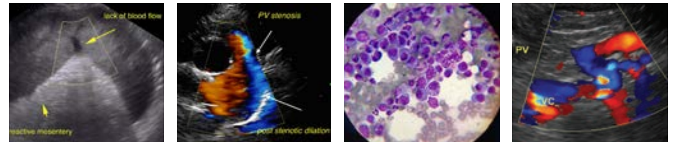

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1-800-838-4268 info@sonopath.com

PATIENT

Oliver Meisner

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

Intact Male

AGE

9 Months

WEIGHT

18.2 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

26285

DATE

10/14/21

PRESENTING CLINICAL SIGNS

History of chronic/intermittent GI upset. Currently vomiting x 3 days and diarrhea. Current meds: Cerenia, metronidazole, sucralfate, omeprazole.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. Cortisol and GI panel pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large in size (1.61 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.56 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

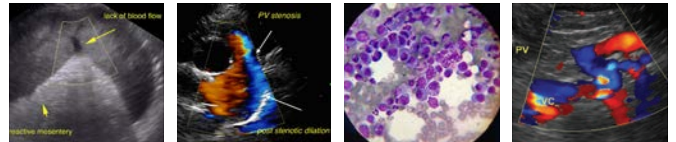
Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material, most consistent with normal ingesta and gas. There is one section of more prominent hyperechoic material with a sharper shadow, which could be ingesta or foreign material. The stomach wall measures at a normal thickness of <0.7cm 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. A partial obstruction cannot be 100% ruled out.

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. Duodenum wall measured 0.38 cm. Jejunum wall measured 0.36 cm. Visualized peristalsis appears appropriate. The majority of the small intestine appears normal and non-dilated. There is a section of bowel with intraluminal material and shadowing. This is most consistent with fecal material within the colon, but a small intestinal obstruction/foreign body cannot be excluded as a possibility.

The ileocecal junction is visualized and exhibits normal intact wall layering and is subjectively of normal thickness. There is significant shadowing of colon in this area, most consistent with fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

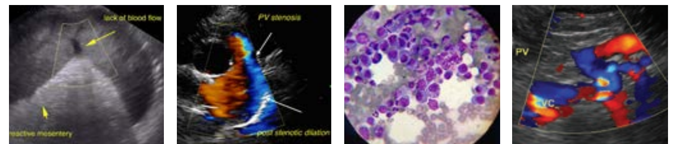
- Moderately dilated stomach with intraluminal shadowing foreign material/ingesta - Correlate with feeding history and abdominal radiographs. If the patient has not recently eaten, changes could be consistent with gastric ileus or gastric foreign material. An obvious obstruction is not noted.

- Shadowing material evident within the large bowel – most consistent with normal shadowing fecal material, but I cannot exclude the possibility of a more distal small intestinal foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic lesions were relatively mild. The stomach is mildly dilated and has some shadowing material within it. This could be consistent with foreign material or could be ingesta/delayed gastric emptying and be an incidental finding. Correlate with serial abdominal radiographs. If the material is persistent, consider upper GI endoscopy to evaluate the stomach contents. Additionally, there is some shadowing material more distally, which I suspect is in the colon. This patient should be rehydrated, treated medically, and reimaged in approximately 24 hours (radiographs +/- ultrasound) to make sure that this material is moving and is not more consistent with small intestinal foreign material.

At this age, the most likely differentials for chronic intermittent GI signs would be GI parasitism, bacterial dysbiosis, dietary indiscretion, or food allergy/dietary intolerance. Consider transition to a



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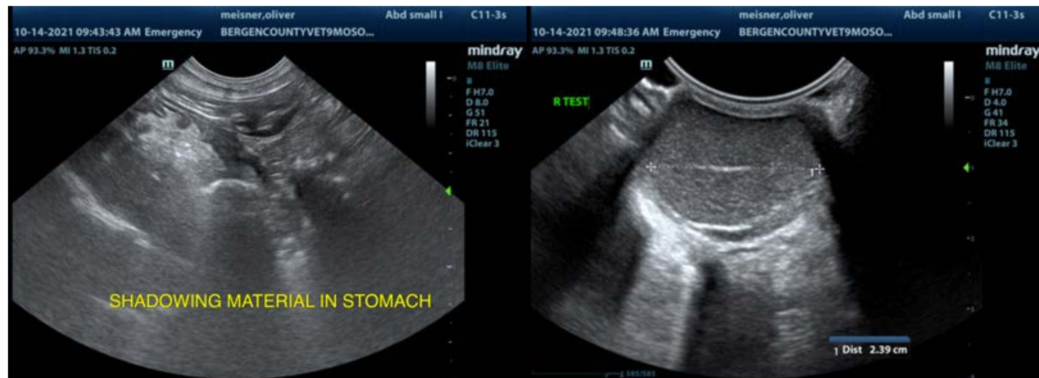
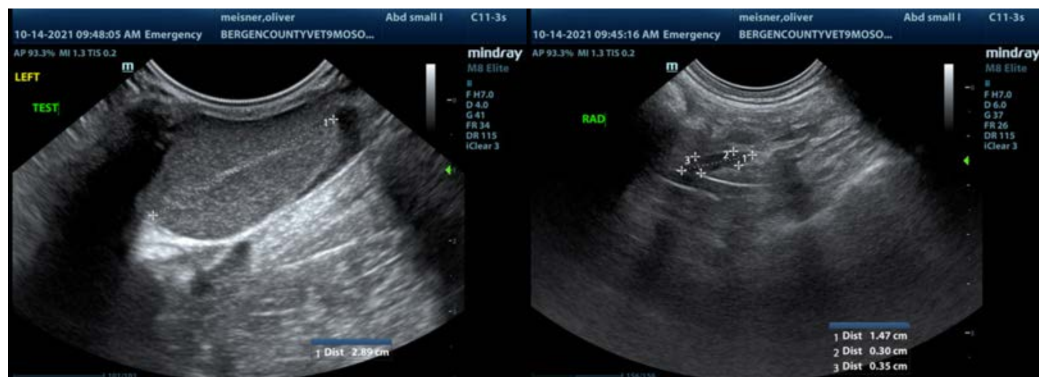
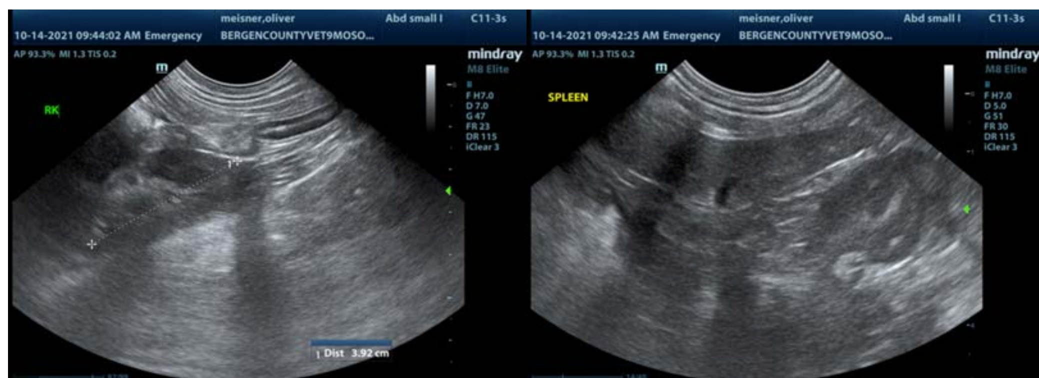
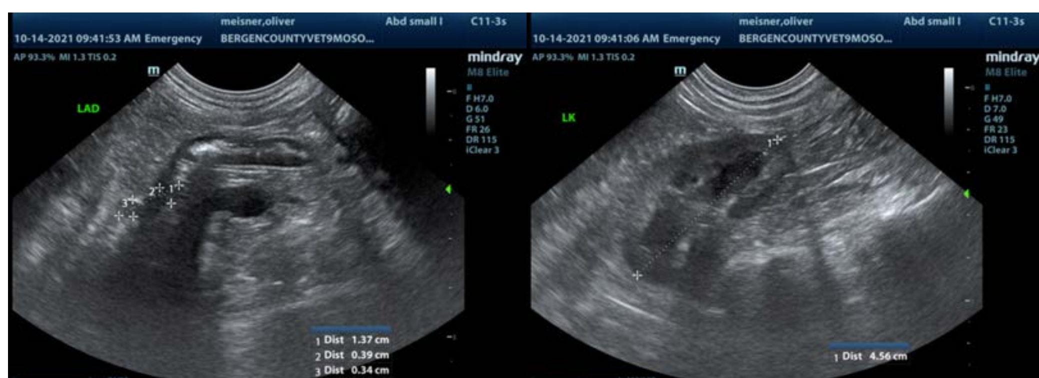
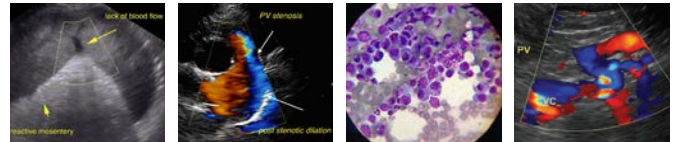
novel protein or hydrolyzed diet, fecal testing and deworming, and if symptoms persist, consider obtaining GI biopsies. Your current plan for a GI panel and ACTH stimulation test is excellent and should be helpful.











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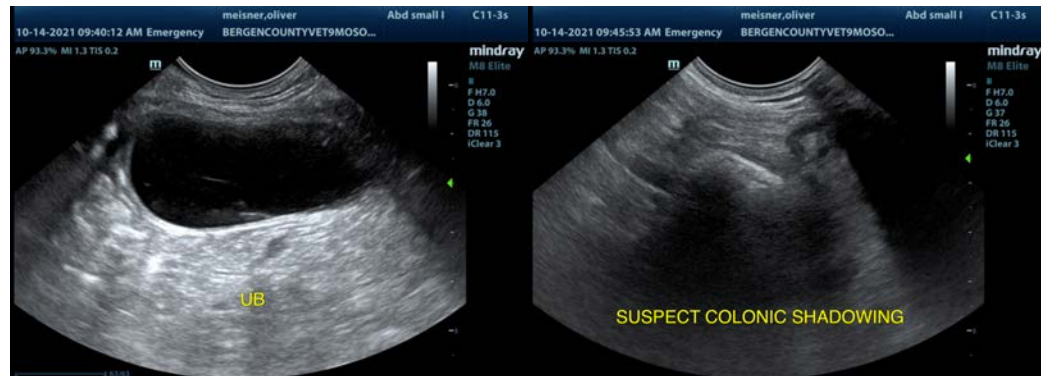

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com