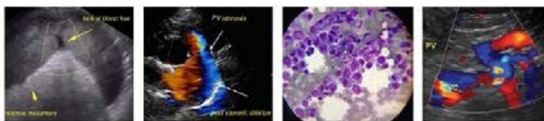


PATIENT

Ally Loh

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Female

AGE

10 Years

WEIGHT

2.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains AH

REFERRING VET

Dr. Loh

INVOICE

46979

DATE

4/27/23

PRESENTING CLINICAL SIGNS

* Presented on April 26th for inappetence and vocalizing in pain. *Has had history of pancreatitis *on examination, Ally was found to be bright and alert. Vital signs were within normal limits. Chest was clear and pulses normal. Ally was guarded and painful with palpation of her abdomen. Couldn't really palpate any structures well. Current Medications Cerenia 1mg/kg SQ; Famotidine 0.5mg/kg SQ and buprenorphine 0.02mg/kg BID PO

Abnormal PE/Chem/CBC/UA Results: BW-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 left kidney has a normal shape and size (3.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.34 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 0.42 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.

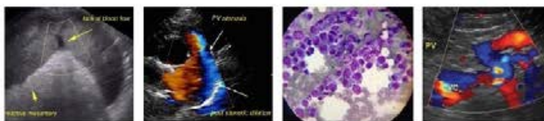
Spleen

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains a large amount of fluid with some gas and ingesta. It 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.

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 measures 0.31 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

Pancreas

The area of 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

- Large fluid distended stomach with some gas and shadowing ingesta visualized – Correlate these findings with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none clearly visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most dramatic lesion on today's scan is the significantly fluid dilated stomach that additionally has some gas and a small amount of shadowing ingesta, which obscures full visualization of the pyloric region. I suspect this may be due to delayed gastric emptying/gastric ileus. Recommend supportive care and following the stomach with serial radiographs +/- ultrasound. If this material does not pass (sometimes I will give a low single dose of a promotility drug such as Metoclopramide), then an outflow obstruction would need to be considered. I did not see a significant amount of abdominal inflammation or evidence of an inflamed pancreas. The majority of the distal bowel appeared empty with no evidence of an obstructive pattern. There was some shadowing stool noted, and I was not able to clearly visualize the ovaries or the uterus.

Correlate these findings with bloodwork and radiographs. Additionally, consider extraabdominal causes of pain that may cause referred abdominal pain, such as back or neck pain.

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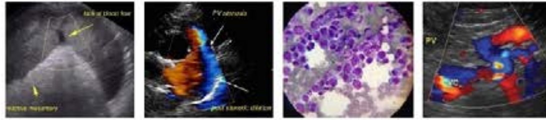

THE FOCAL ZONE

IMAGING PERFORMED BY

289-808-2608 info@thefocalzone.com

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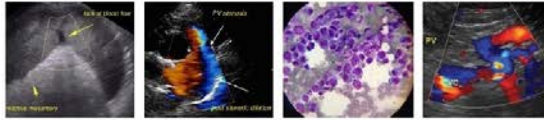

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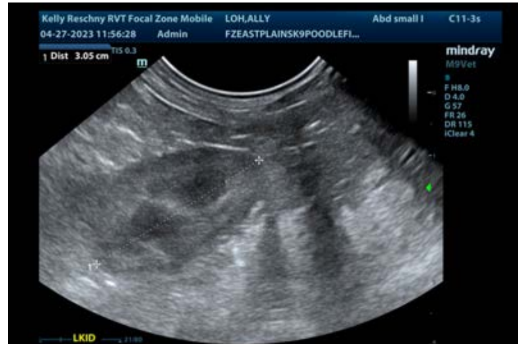

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com