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Clinical Sonography & Telecytology
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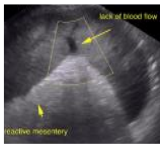
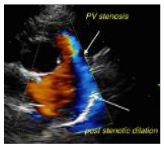
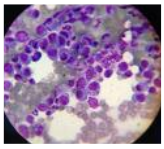
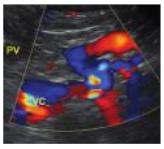





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Wrigley Wilson

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

6 Years

WEIGHT

74 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

23315

DATE

7/10/23

PRESENTING CLINICAL SIGNS

Presented on June 24th for vomiting/decreased appetite. Appetite is still decreased but has been slowly improving. His vomiting is also slowly improving, he is currently on ondansetron. Was on cerenia as well but no longer. Is drinking and having normal bowel movements. No difficulty swallowing but O notes that Wrigley is not chewing his food like usual, rather licking it up. No pain on oral exam or opening mouth. Has DCM, Atrial fibrillation and secondary mitral and tricuspid regurgitation. Dx of 6/24/23: Major in house- Low Na, K, Cl, SDMA 16. Rest NSF Abdominal radiographs: Large fluid distended stomach, pylorus appears open on left lateral view. Fluid filled SI loops, slightly stacked but not overtly dilated or plicated. Gas in cecum, stool and gas in colon. Spleen slightly prominent. Spondylosis T11-12, T13-L1, L1-L2 Current medications: pimobendan, enalapril, lasix, taurine, spironolactone, diltiazem, ondansetron

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.8 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 (5.94 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 0.7 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.

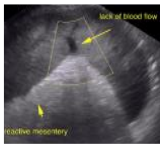
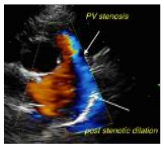
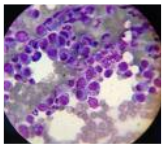
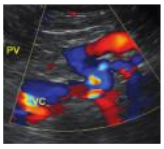
The right adrenal gland is normal in size, measuring 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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

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appear normal. No focal nodules or cystic lesions are observed. The gall bladder 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.

Gastrointestinal

The stomach is severely dilated with a large amount of fluid and some shadowing ingesta. The gastric wall measures at 0.56 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. The severe gastric distention and shadowing interference from the intraluminal material make evaluation of the pylorus challenging. No definitive obstruction or mass effect is visualized but shadowing ingesta and fluid is visualized within the pylorus. The wall of the pylorus appears mildly thickendl, measuring 0.59 cm.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.47 cm in wall thickness) and the jejunum measured as normal (0.4 cm) Visualized peristalsis appears appropriate. Some areas of the small intestine appear mildly to moderately fluid distended with no wall changes 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 region 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

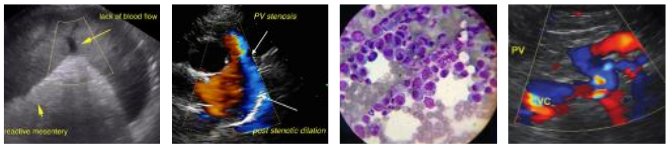
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Severely fluid distended stomach with intraluminal shadowing material- clinical findings and gastrtic distension are suggestive of a pyloric outflow tract obstruction. A definitive obstruction is not clearly seen.
- Areas of mild/moderate small intestinal fluid dilation- findings could be seen with gastroenteritis, ileus, non obstructive ingested foreign material etc..

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is severely dilated with fluid and some focal shadowing material. The degree of distention appears to somewhat displace the pylorus and full evaluation is challenging but no definitive focal mass effects or obvious obstructive lesions are observed.
Decompression of the stomach was helpful for contrasting visualization despite the lack of a physical obstruction visualized.
With the clinical history and the chronicity of the issue ,an outflow tract obstruction (likely partial?) would still be suspected. You could consider additional diagnostics such as an upper GI endoscopy, which could evaluate for obstructive intraluminal material, mucosal mass lesion, etc., (but will not clearly identify mural wall thickening, a stricture, etc.), a contrast study (Barium) to further outline the



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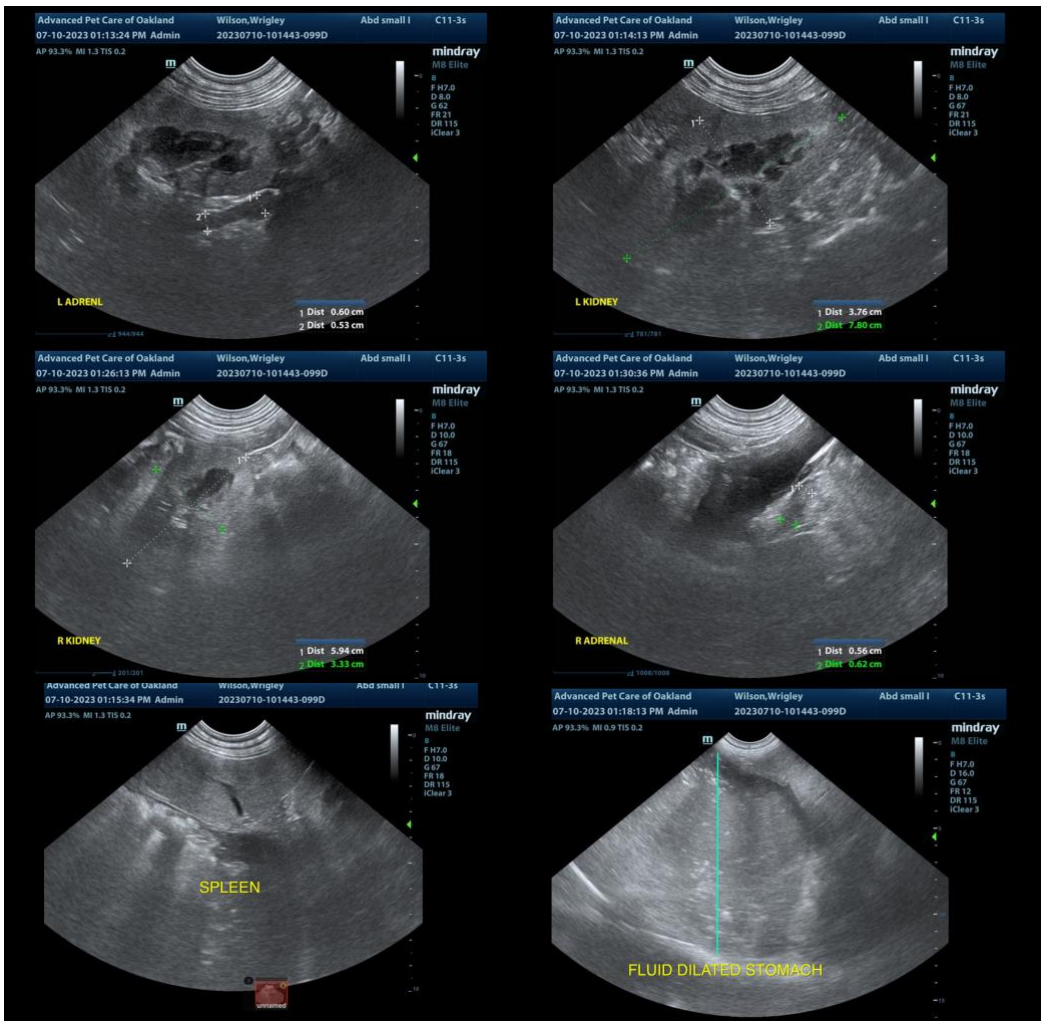
stomach and pyloric region region.
Surgical evaluation could be considered to rule out an obstruction (gastric and SI) and to obtain biopsies as even if this represents severe ileus, this is typically secondary to primary gastrointestinal disease, which may require biopsies for diagnosis.
Lastly, you could consider a contrast CT scan if more invasive diagnostics are not desired.

In the meantime, consider a hypoallergenic diet, cautious trials with promotility medications, probiotics, and three view thoracic radiographs. Additionally, a baseline cortisol would be nice to confirm low cortisol levels are not a factor.



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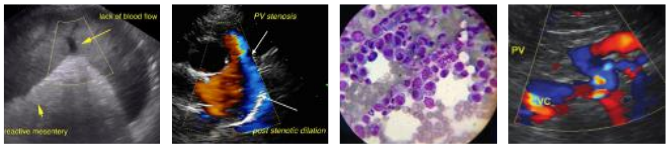

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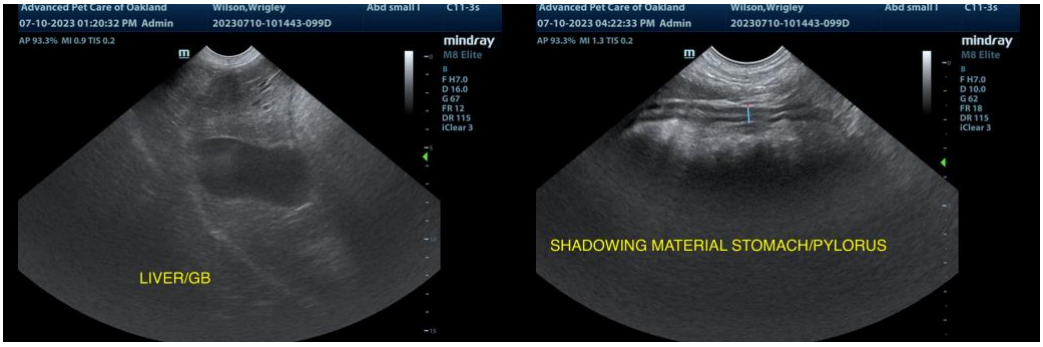

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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