SonoPath
Clinical Sonography & Telecytology
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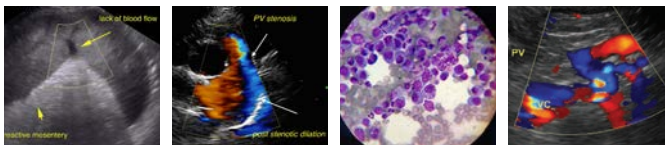

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1-800-838-4268 info@sonopath.com

PATIENT
Harmony Houlden

SPECIES
Canine

BREED
69 Pounds

SEX
Spayed Female

AGE
1 Year 9 Months

WEIGHT
69 Pounds

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

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Leon Anderson

INVOICE
41317

DATE
9/15/22

PRESENTING CLINICAL SIGNS

Harmony has had episodes of vomiting sinc0r her gastropexy done here in March. She may vomit bile, grass, food, and occasionally a small amount of blood. She did have a mild suture reaction at the spay site (not the pexy site).one moth post op. Same suture used for pexy and closure (monocryl). On 9/4 she vomited straight blood and went to the ER. Rads were clear, labs were clear, Baseline Cortisol was very low. ACTH done and normal. Cerenia and Omeprazole helped for several days, but she is still vomiting at night. Concern for pexy site issue or positional issue with stomach.

Abnormal PE/Chem/CBC/UA Results: PE: Mild tartar (stage I dental disease), mild anal gland fill, rest looks great! Labs At ER: 9/5/22 Pre cortisol = 1.1 ug/dL, Post cortisol = 11.6ug/dL 9/4/22 Baseline Cortisol = <0.5ug/dL CBC: Mild Eosinophilia, Chem Normal, Lytes Normal Abdominal X-rays: No FB or obstruction

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 (4.51 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 (6.13 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 0.68 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.

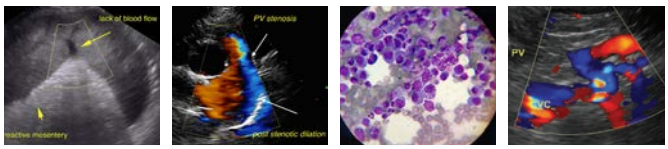
The right adrenal gland is normal in size measuring 0.97 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.



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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.

Gastrointestinal

The stomach is moderately dilated with fluid and a small amount of shadowing material, most consistent with ingesta and gas. It appears mildly thickened, measuring between 0.8-1.0 cm with some variability due to the presence of rugal folds. Distinction of the gastric wall layering seems adequate. There may be the 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 0.51 cm. Jejunum wall measures 0.42 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 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

- Mildly fluid distended stomach with subjective gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach appears mildly to moderately fluid dilated on today's scan and there is questionable gastric wall thickening. There was no obvious displacement of the stomach appreciated, or focal irregularity associated with an incision line, etc. I have seen patients immediately post-operatively have issues with delayed gastric emptying, dysmotility, etc. post-pexy. You could consider giving some barium with sequential radiographs to look for evidence of delayed gastric emptying, displacement, etc., as this may give a better spatial orientation of the stomach in the abdomen.

Consultation with a veterinary surgeon may be helpful, as they may have experienced this issue before and may have better recommendations. Additionally, this could not be related to the pexy. In that situation, I would consider such things as dietary intolerance/food allergy, GI parasitism, dysbiosis, pancreatitis (none seen), less likely IBD or intestinal neoplasia. I would consider a novel protein/hydrolyzed protein prescription diet, chronic probiotic therapy, and consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of small intestinal disease. If symptoms persist, you could consider obtaining GI biopsies including gastric biopsies and evaluating the pexy site and orientation of the stomach at the same time.

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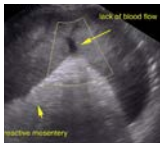
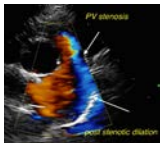
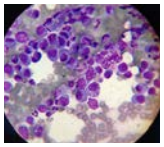
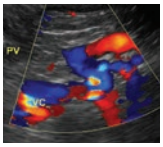

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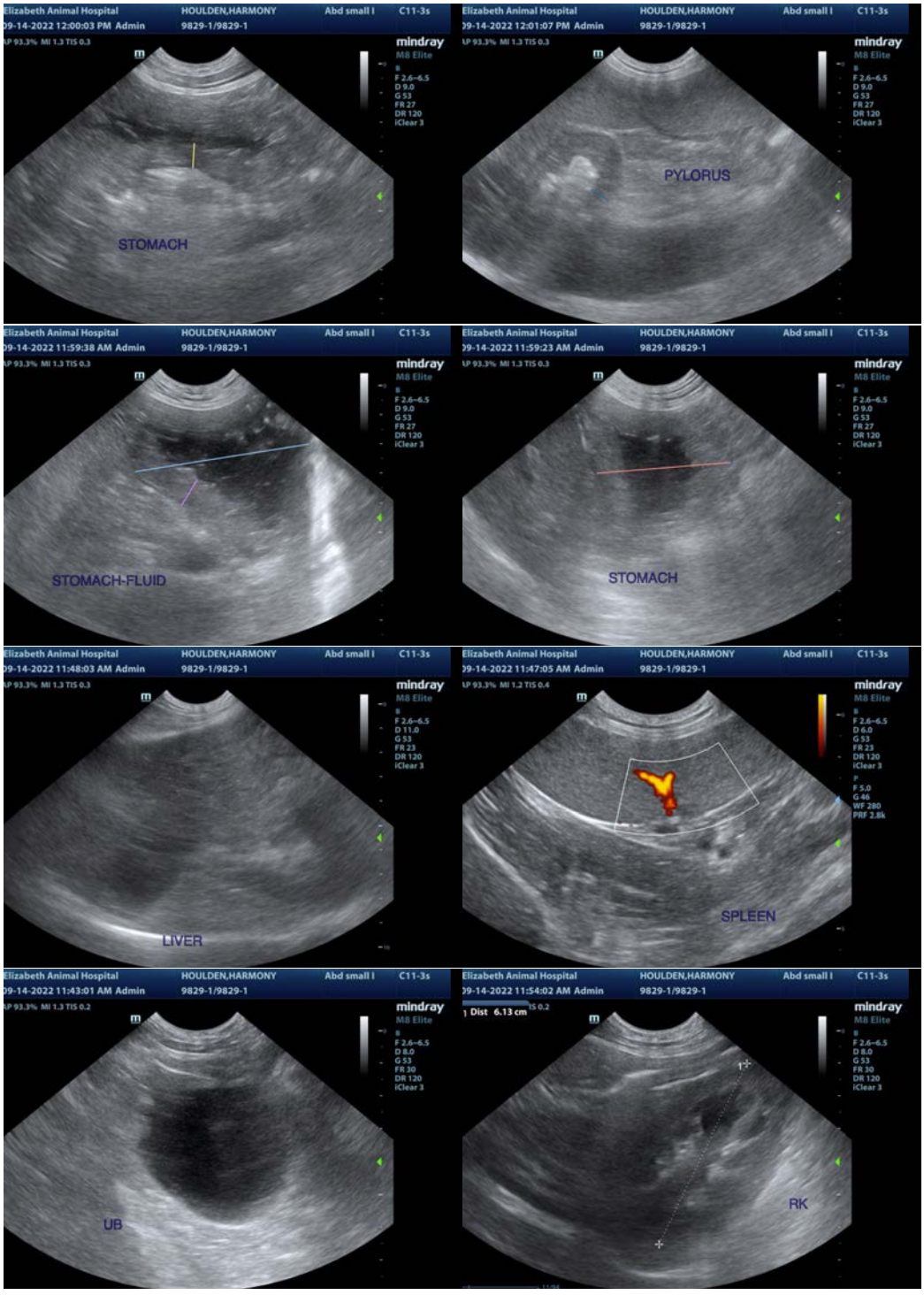

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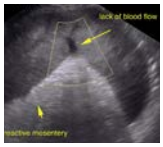
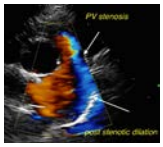
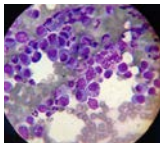
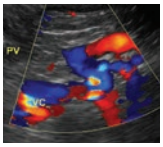

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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