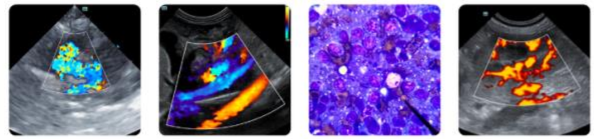

PATIENT

Rex Green Shelton

SPECIES

Canine

BREED

Corgi

SEX

Male

AGE

6 Months

WEIGHT

6.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Maria Lara

HOSPITAL NAME

Allure Veterinary Hospital & Urgent Care

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PRESENTING CLINICAL SIGNS

Patient presented lateral with a history of vomiting that was treated with pcDVM 1/12 at the time blood work was reported to be normal, no radiographs done at the time and positive fecal for hookworms. Patient received symptomatic treatment and was reported to be doing well until this morning. Patient was found lateral having what the owner describes as possible seizures and diarrhea.

Abnormal PE/Chem/CBC/UA Results: RBC 8.90 (5.65 - 8.87 M/µL) H Hematocrit *70.1 (37.3 - 61.7 %) H Hemoglobin 21.2 (13.1 - 20.5 g/dL) H MCV 78.8 (61.6 - 73.5 fL) H MCHC 30.2 (32.0 - 37.9 g/dL) L Reticulocytes 241.2 (10.0 - 110.0 K/µL) H WBC 21.86 (5.05 - 16.76 K/µL) H Neutrophils 16.91 (2.95 - 11.64 K/µL) H Monocytes 1.15 (0.16 - 1.12 K/µL) H PDW 20.2 (9.1 - 19.4 fL) H MPV 13.4 (8.7 - 13.2 fL) H Plateletcrit 0.50 (0.14 - 0.46 %) H Glucose 425 (74 - 143 mg/dL) H Creatinine 1.9 (0.5 - 1.8 mg/dL) H BUN 49 (7 - 27 mg/dL) H Phosphorus 14.7 (2.5 - 6.8 mg/dL) H Catalyst Pancreatic Lipase 871 (0 - 200 U/L) H Parvo SNAP - Negative PE : Patient presents Obtunded/Comatose Slow PLRs MM light pink, Tacky, CRT >4s Soft uncomfortable abdomen on palpation, patient vomited on light cranial palpation - stomach full.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The prostate exhibited expected presentation for an intact male puppy.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

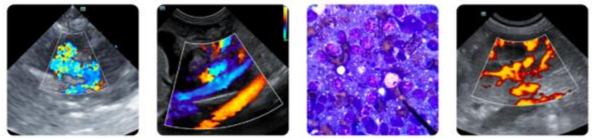
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach exhibited mild to moderate distention with retained anechoic to echogenic fluid and a small amount of hyperechoic to shadowing gastric and pyloric lumen content.

The small intestine presented overall intact wall layering exhibiting subjective decreased intestinal mural echogenicity. Overall intestine was primarily empty with segmental hyperechoic to shadowing nonobstructive content to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

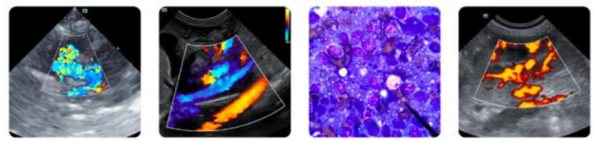
Intermittent mildly enlarged irregular mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis exhibiting retained fluid and hyperechoic to shadowing gastropyloric lumen content.
- Nonobstructive small intestine exhibiting nonspecific enteritis pattern and segmental hyperechoic to shadowing intestinal content.
- Intermittent mildly enlarged irregular mesenteric lymph nodes- hyperplasia, immunologic immaturity or mild lymphadenitis possible.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific without overt small intestinal obstructive pattern, the hyperechoic to shadowing gastrointestinal content is strongly suggestive of potential partially absorbing foreign material, i.e. stuffing, fabric or similar. Correlation with neurological exam is recommended. Initial stabilization with clinical and sonographic monitoring of the gastrointestinal tract is recommended. If patient is stable for anesthesia, exploratory laparotomy with gross inspection of the gastrointestinal tract and with consideration for gastrointestinal biopsies despite exploratory findings is recommended.



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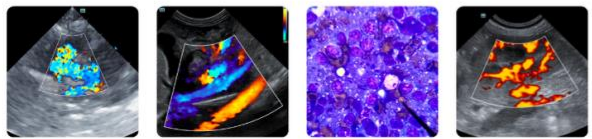

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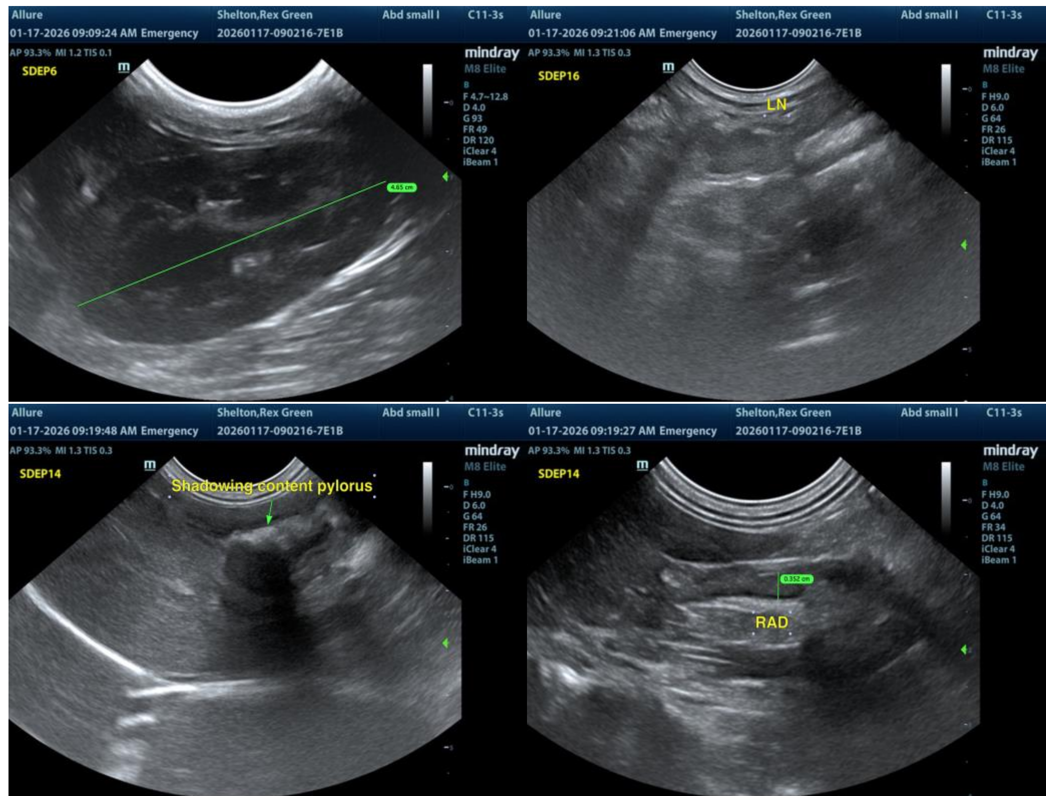

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com