



PATIENT

Sandy Meyler

SPECIES

Canine

BREED

Double Doodle

SEX

Spayed Female

AGE

4 Years

WEIGHT

51.5 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Bihlear

INVOICE

20782

DATE

1/27/23

PRESENTING CLINICAL SIGNS

History: vomiting constantly last 48 hours. soft stool. Rads and repeat rads had suspicious gas pattern in colon. on pantoprazole IV q 12 hours

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm 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 changes were noted. Aortic trifurcation was normal.

Normal size and margination were 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 6.8 cm in length. The right kidney measured 7.1 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 2.1 cm length x 0.47 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 2.1 cm length x 0.47 cm at the caudal pole in width.

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

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 mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. The stomach contained mild retained anechoic fluid without evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.50 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonobstructive jejunal ileus noted. The jejunum wall measured 0.35 cm.



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The mid to distal descending colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The descending colon wall measured up to 0.36 cm. By comparison, normal appearing proximal colon wall, containing semi-formed to soft fecal matter, measured 0.18 cm wall width.

SPECIES

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

4 Years

- Acute gastritis/gastroenteritis pattern with mild hypomotile stomach
- Concurrent descending colitis
- Normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstructive pattern or foreign material. Empirical therapy for hypomotile gastritis/enterocolitis should prove beneficial. Dietary indiscretion, acute inflammatory bowel episode, enterotoxic insult, infectious gastroenterocolitis, occult parasitism, or less likely occult infiltrative neoplasia are all potentials. Occult Addison's disease is considered unlikely given the normal sonographic adrenal presentation yet resting cortisol may be considered if persistent or progressive gastrointestinal signs. Likewise, recheck sonogram for reassessment of the gastrointestinal tract may be considered if nonclinical response to empirical acute gastroenterocolitis protocol.

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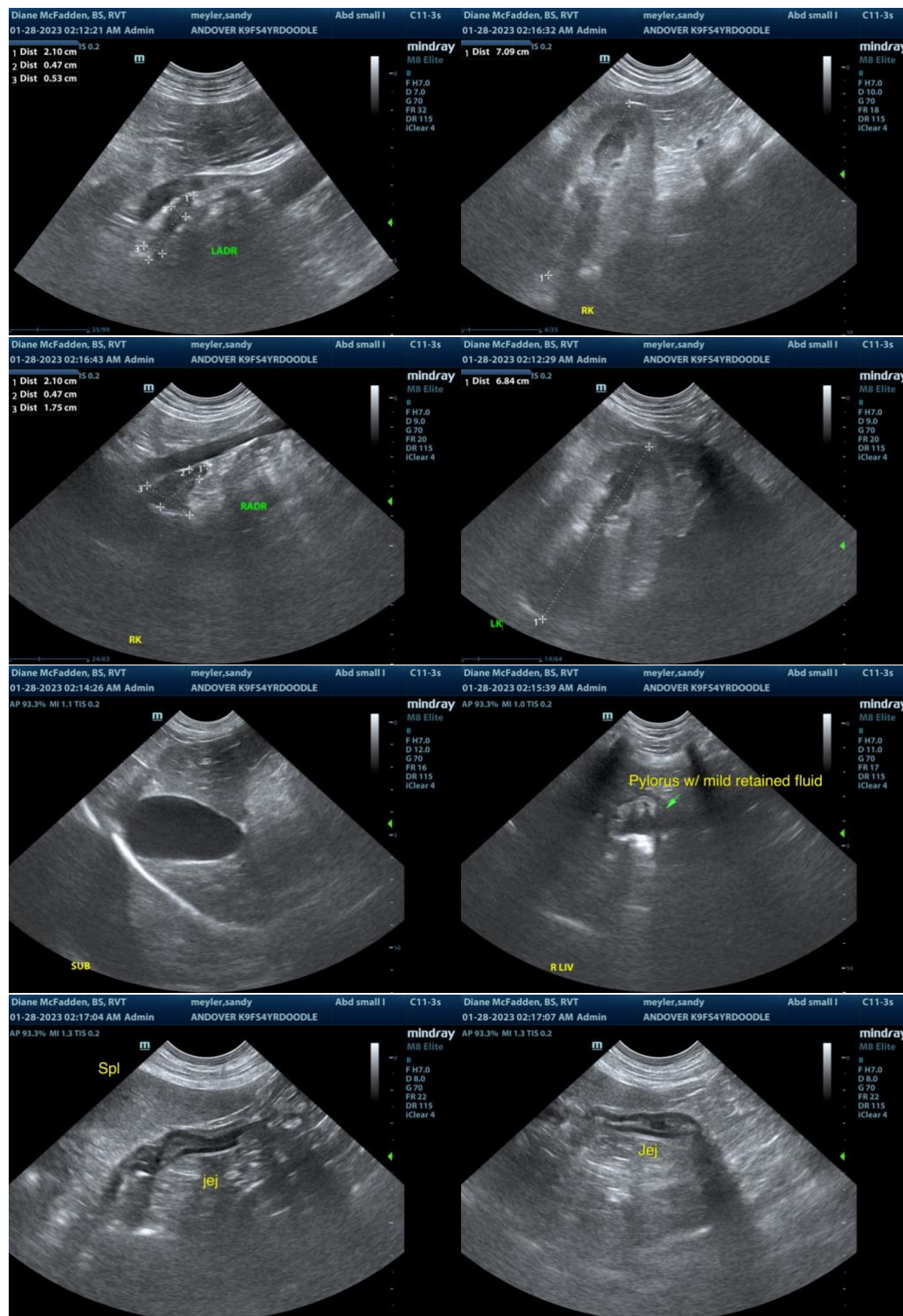
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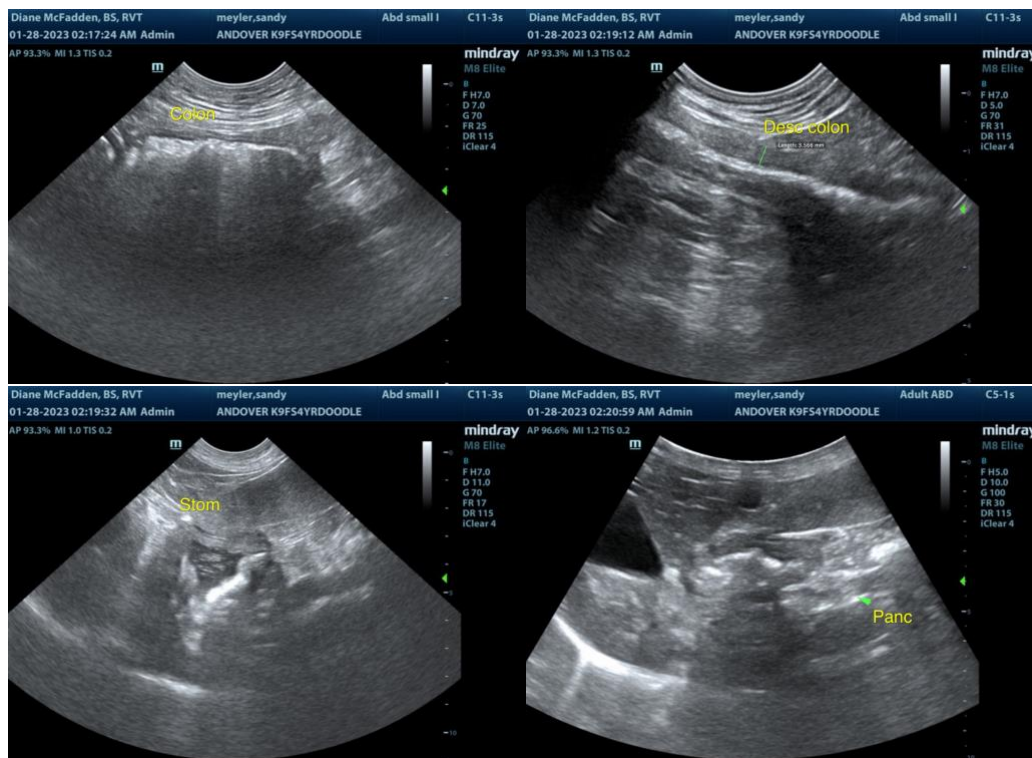
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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