



PATIENT

Keizan Spain

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

4 years 8 months

WEIGHT

78.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Dr. Sarah Green

INVOICE

16007

DATE

1/28/23

PRESENTING CLINICAL SIGNS

History of intermittent hyporexia and vocalization since 1/21/23. Ate well yesterday evening, drank copious volume of water, but did not eat this morning. Has been vocalizing and attention seeking. Abnormal PE/Chem/CBC/UA Results: No significant exam findings, no evidence of overt musculoskeletal or visceral pain. CBC, chem, T4, cortisol WNL, cPL mildly elevated on 1/21/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 6.0 cm in length. The right kidney measured 6.1 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 0.60 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was not distinctly visualized yet without overt pathology. The right adrenal gland subjectively measured 0.50 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

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 exhibited sonographically unremarkable visualized wall layering. The stomach exhibited marked dilation with retained primarily anechoic fluid and mild nonshadowing echogenic chyme



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extending into the pyloric outflow. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The pylorus wall width measured 0.30 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with no overt evidence of obstructive pathology or foreign body in the visualized upper duodenum. Mild segmental nonobstructive duodenojejunal ileus was noted 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Marked gastric distention with retained primarily anechoic fluid and mild nonshadowing chyme
- Overtly normal small bowel with mild nonobstructive duodenojejunal ileus
- Sonographically normal pancreas - no evidence of active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the marked gastric distention with retained fluid and chyme may include mechanical or metabolic gastric ileus. Definitive evidence of pyloric or upper intestinal obstructive criteria i.e., mural mass, foreign body, etc., was not visualized, potentially indicating underlying metabolic gastric stasis. Technically, the possibility of non-visualized obstructive pathology cannot be definitively excluded yet is considered less likely at this stage. Potential for low-grade or chronic pancreatitis could be present yet present as sonographically normal.

Gastric evacuation with gastric motility study for further clarification could be considered. Empirically, a canned hydrolyzed diet with smaller more frequent feedings, gastroprotectant protocol +/- coverage for helicobacter may prove beneficial. A resting cortisol level to rule out the less likely potential for occult Addison's Disease could be considered. If persistent or progressive gastric distention with retained fluid, food, or ingesta, upper gastrointestinal endoscopy or exploratory laparotomy with gross inspection of the upper gastrointestinal tract and with gastrointestinal biopsies (considered essential) may be indicated.



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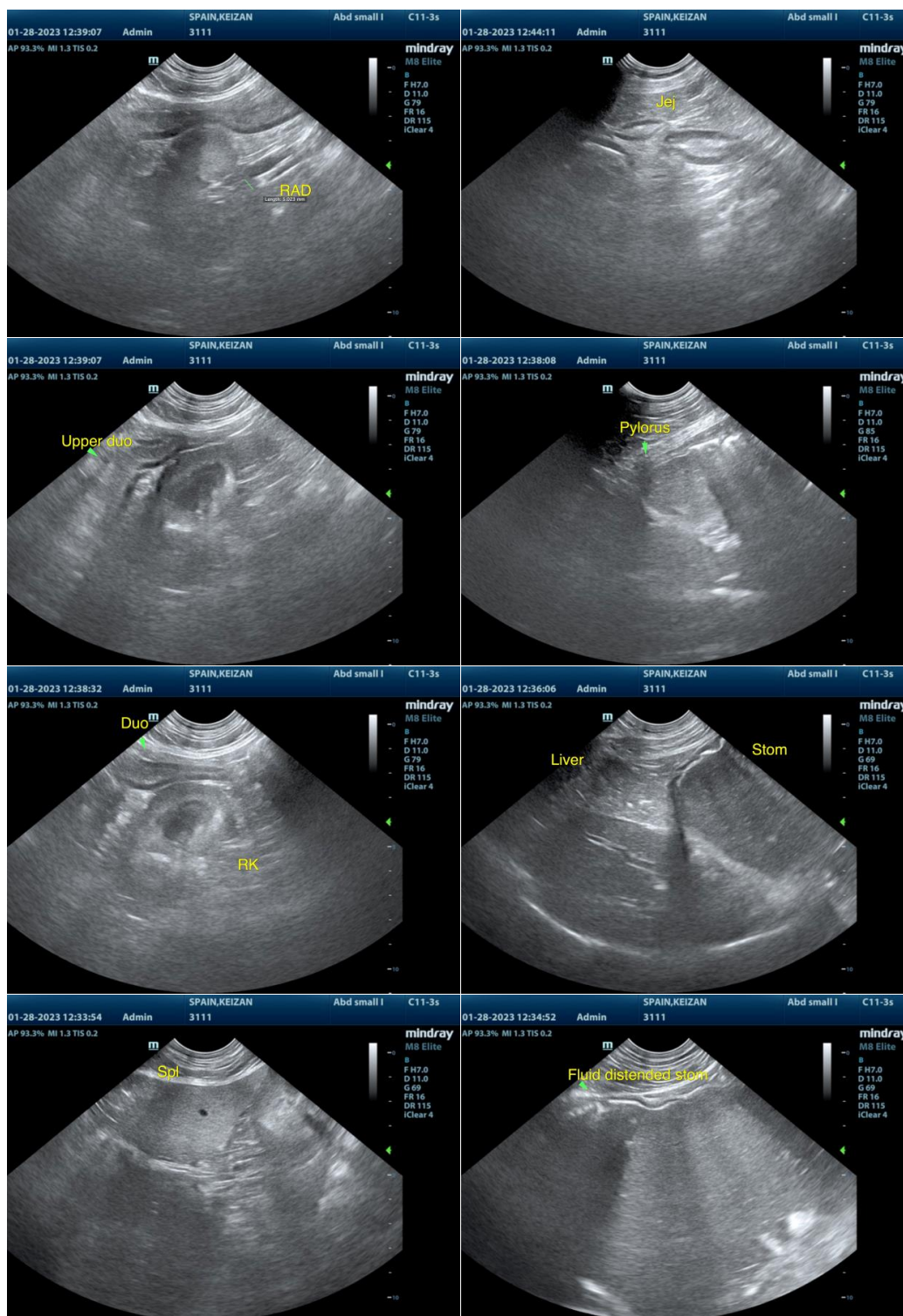
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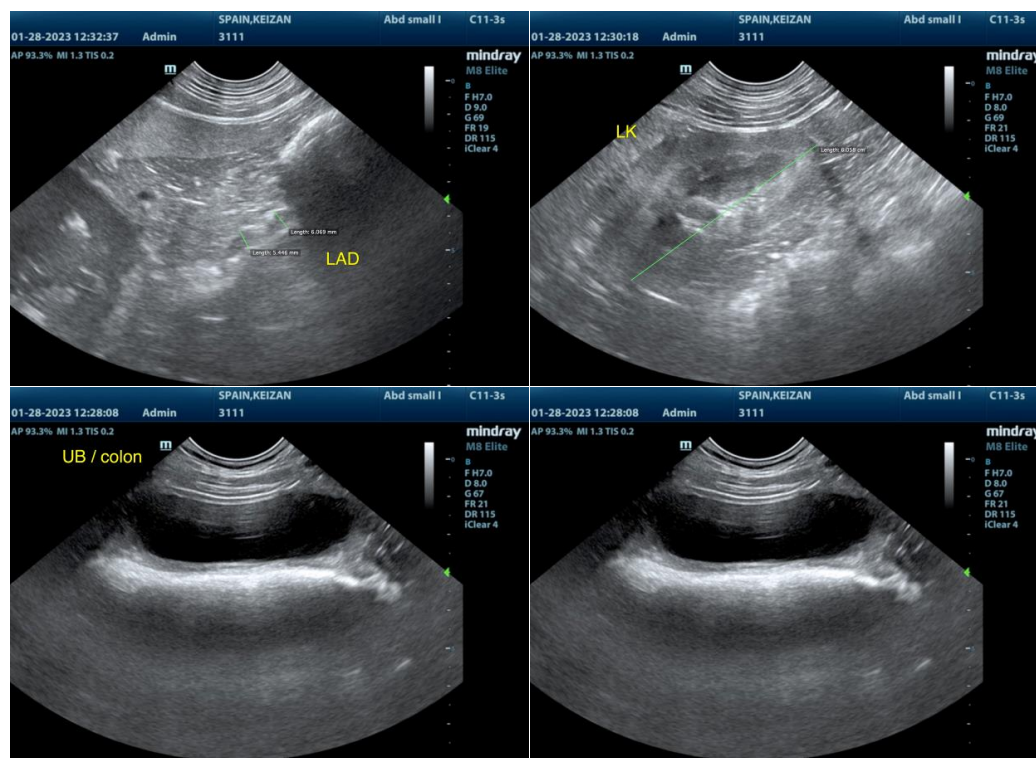
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com