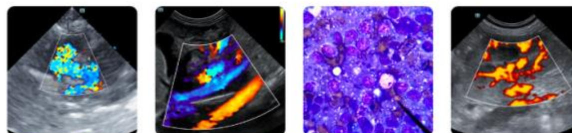


PATIENT
Poppi Keegan

SPECIES
Canine

BREED
French Bulldog

SEX
Female

AGE
2.5 Months

WEIGHT
2.8 kg

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

IMAGING PERFORMED BY
Melissa Randolph

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Lisa Miller

INVOICE
13496

DATE
01/31/26

PRESENTING CLINICAL SIGNS

- history from 1/24: P has been to her rDVM as well as another urgent care due to chronic vomiting. fecal negative. P has been vomiting for the 3 weeks since adopted. Yesterday more lethargic yesterday and today, not wanting to play with housemate, and laying around more. P was given a Cerenia injection at the urgent care and has had an oral dose today and is still vomiting. P is not known to eat things that she shouldn't, and owner is with her constantly. was rx'd amoxicillin. has been on a mushroom supplement. regurgitation on abdominal palpation. 1/24 given sq fluids and rx'd sucralfate.
- history from 1/30: After stopping the mushroom supplement and starting the Sucralfate - vomited nothing till Tuesday 1/27. Wednesday 1/28 she started vomiting again, O thinks it was less frequent. O has noticed that most of the vomiting is taking place at night. O has picture from last night - she had another accident in the kennel O thinks it was a huge pile of feces. Undigested food present in the feces... looks like soft serve ice cream that was the first time she had diarrhea since being here last. some of vomiting may actually be regurgitation. owner has been feeding bland diet boiled chicken and rice. admitted for supportive care, iv fluids w/ KCl, metoclopramide CRI was started 1/20 at 11:35 pm; Cerenia, Unasyn, pantoprazole, ondansetron, sucralfate. endoscopy was attempted.
- R/O gastric FB, sliding hernia, gastric hypertrophy, pyloric stenosis, other

Abnormal PE/Chem/CBC/UA Results:1/30 EPOC: K 3.4, Cl 104; TP 5.3, ALT 247, ALP 155 1/30 rads: Gastric cardia contains large soft tissue density material. Pylorus is gas filled and dilated w/ displacement of gas filled fundus caudally. Thorax: Diaphragm intact, no evidence of herniation. Small area opacity left cranial lung field. Heterogeneous gastric content consistent with normal ingesta vs foreign material. Suspicion of pyloric obstruct by additnl solid soft tissue opaque material, +/- pyloric stenosis less likely pyloric mass. endoscope: Esophageal lining appears WNL. Gastric lumen evaluated; normal pink color, normal appearing rugal folds. Area of fundus that appears to "bulge" into lumen, but normal appearing mucosa & rugal folds. No obvious FB identified.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

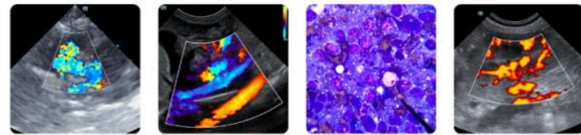
Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No pathology in the area of the uterus or bilateral ovaries.

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 3.4 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands



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The left adrenal gland was overtly normal in size, position and shape given the patient's age. The left adrenal gland measured 0.30 cm width at the caudal pole.

The right adrenal gland was not definitively visualized. No obvious pathology in the area of the righ adrenal gland.

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 presented primarily intact borderline prominent wall layering. The stomach contained a mild amount of retained fluid. A mild area of thickened dorsal pylorus wall with overall intact wall layering measured 1.2 cm to 1.4 cm. The mildly thickened dorsal pylorus wall appeared to protrude mildly into the pyloric outflow without definitive evidence of complete mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.42 cm wall width. The jejunum wall measured 0.35 cm wall width.

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

Pancreas

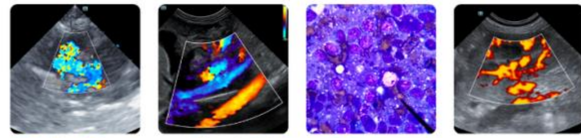
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent mildly prominent mesenteric 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). The lymph nodes are most consistent with immunologic immaturity. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Non-distended stomach with mild retained gastric fluid.



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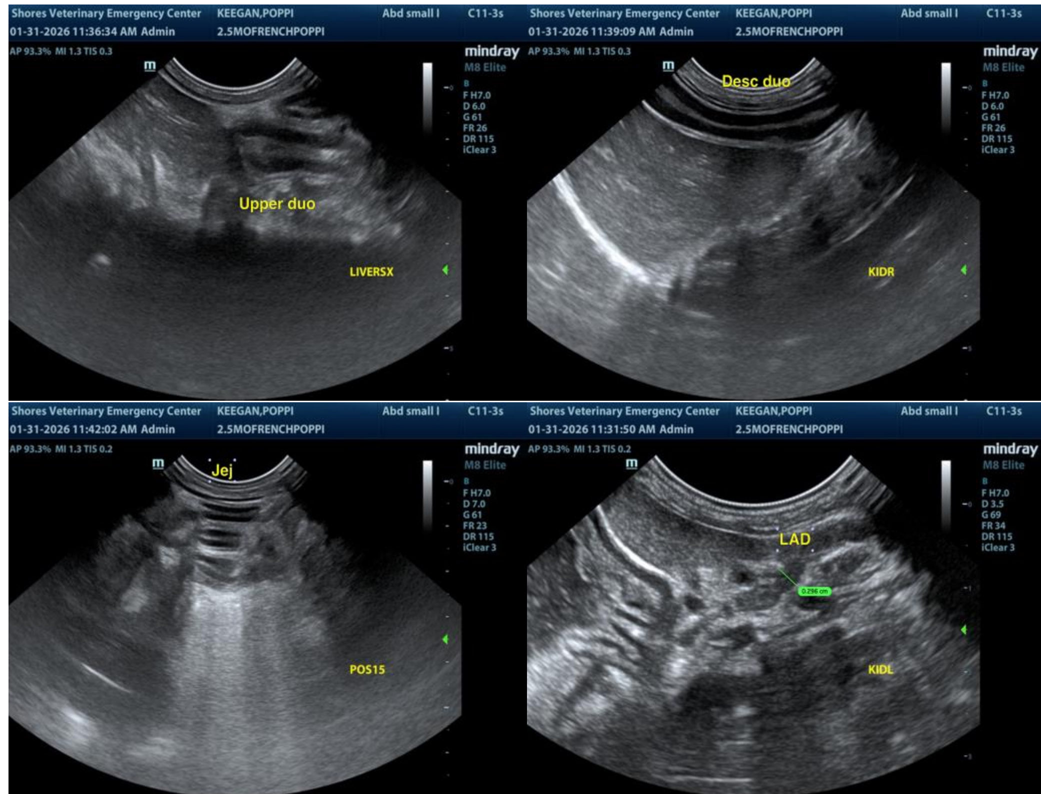
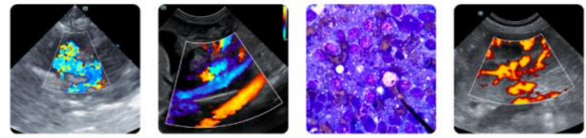
- Mildly thickened dorsal pylorus wall without definitive or complete mechanical obstruction to pyloric outflow tract.
- Sonographically normal empty small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly thickened pylorus wall suggests hyperplastic criteria although non-specific inflammatory, infectious or less likely neoplastic etiologies are not definitively excluded. A more generalized non-specific gastroenteritis and associated mild metabolic gastric ileus are also possible.

Smaller more frequent feedings of a canned or potentially slurried hydrolyzed diet with avoidance of dry food over the next three weeks and concurrent as needed gastroprotectant omeprazole 1.0 mg/kg SID with clinical monitoring and sonographic reassessment may prove beneficial. Concurrent consideration for empirical helicobacter coverage is suggested. Gastropyloric biopsies may be required for a definitive diagnosis.





SonoPath.com info@sonopath.com 1.800.838.4268

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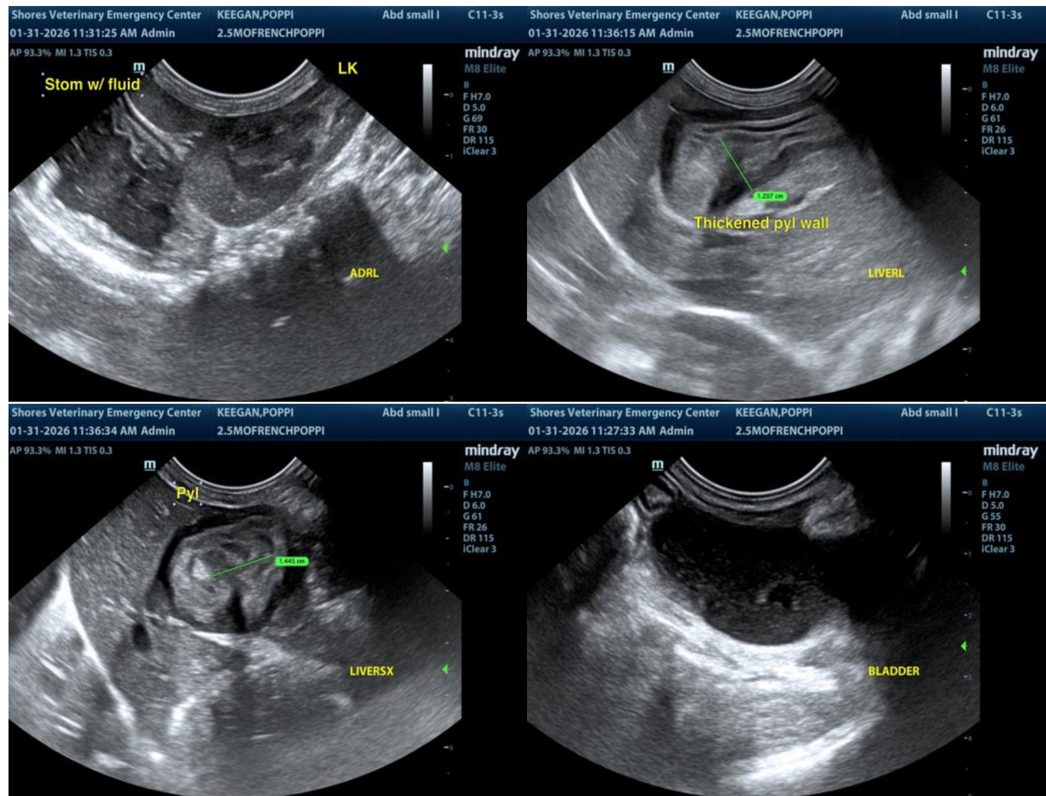

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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