



PATIENT

Rudy Reeves

SPECIES

Canine

BREED

Coton De Tulear

SEX

MN

AGE

8 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

15249

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Presented 10/21 for colitis, diarrhea and vomiting. Supportive care. Repeat supportive care 10/25. Still having lethargy and decreased appetite. No diarrhea or vomiting but appears to dry heave
Abnormal PE/Chem/CBC/UA Results: WNL. T-102.6

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. 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.

No overt pathology was noted in the area of the residual prostate.

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. An ill-defined yet mildly thickened hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 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 1.9 cm length x 0.48 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 1.7 cm length x 0.41 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 containing primarily anechoic content with focal congealed mild nonhomogeneous luminal debris vs. polyp present in the mid to caudal lumen measuring approximately 1.5 cm in diameter. No evidence of peripheral gallbladder inflammation was noted. The gallbladder walls were sonographically normal. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented moderate to variably thickened gastric walls exhibiting intact to mildly indistinct wall layer detail. The stomach initially presented moderate to significant distention with retained anechoic fluid and moderate nonspecific hyperechoic ingesta to possible nonshadowing echoes. Strong shadowing echo measuring approximately 2.5 - 3.0 cm diameter was present in the area of the pylorus to possible pyloric outflow. The pylorus wall width measured 0.8 cm in width. Post emesis, the stomach revealed similar appearing wall layering with reduced gastric luminal content with subjective mild retained anechoic fluid.

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The small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio with mild duodenal corrugation present. No evidence of small intestinal mechanical / metabolic ileus or foreign material was noted.

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

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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 were evident.

Free Abdomen

Mild perigastric hyperechoic mesentery was noted. No overt lymphadenopathy or evidence of peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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Primary Findings

- Hypomotile gastritis pattern with moderate to significant gastric distention containing retained fluid and nonspecific hyperechoic ingesta / echoes, subjective strongly shadowing echo pylorus to pyloric outflow pre-emesis, subjective mild retained anechoic gastric fluid post emesis
- Mild duodenitis

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Secondary Findings

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- Focal congealed gallbladder debris vs. gallbladder polyp - subjectively benign
- Bilateral nonspecific renal medullary rim sign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for pre-emesis mechanical pyloric outflow obstruction with potential foreign material, given the shadowing pyloric echo and degree of gastric distention with retained fluid and nonspecific ingesta. The shadowing echo was not obviously visualized in post emesis evaluation of the stomach, yet persistence within the gastric lumen cannot be definitively excluded. Correlation with emesis production is advised. If persistent or recurrent gastric distention and/or GI signs including inappetence, vomiting, etc., exploratory laparotomy with gastrointestinal biopsies considered essential may be indicated.



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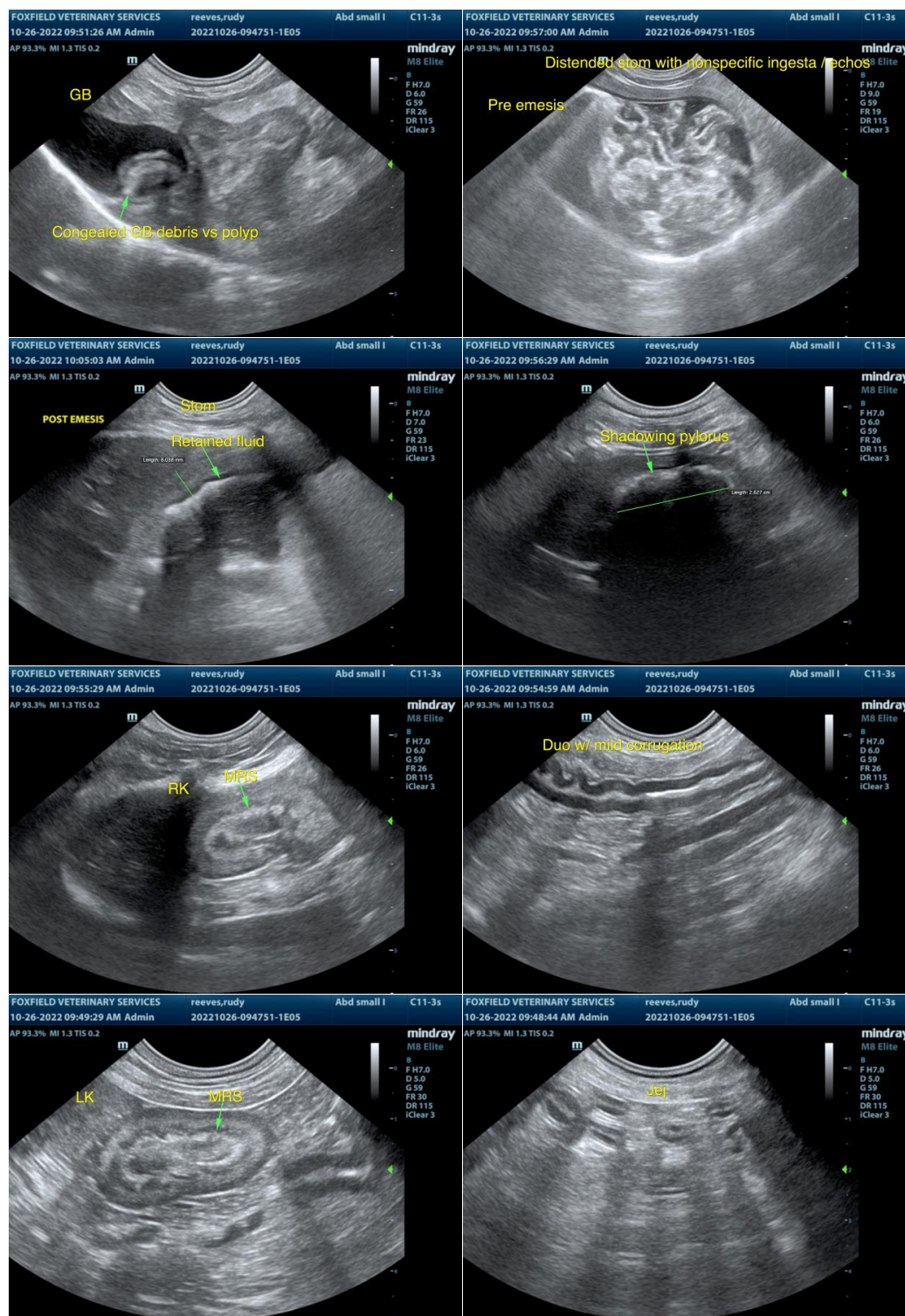
Dr. Rodriguez

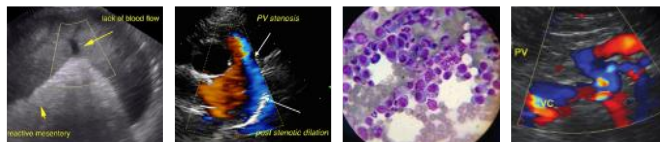
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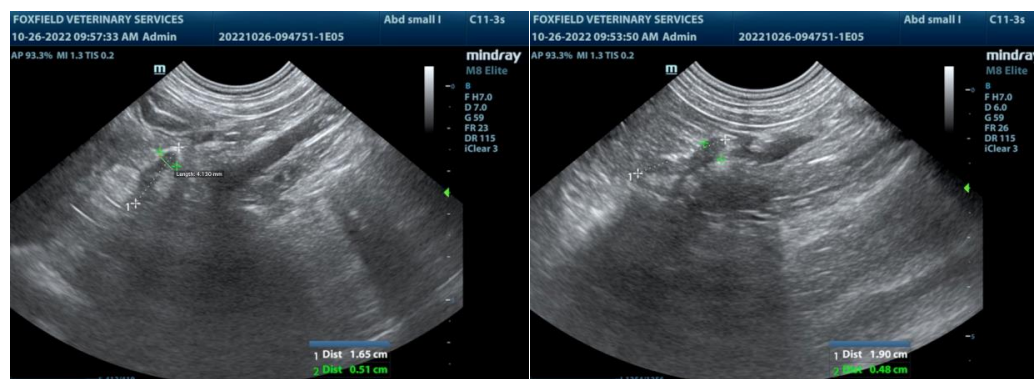
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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