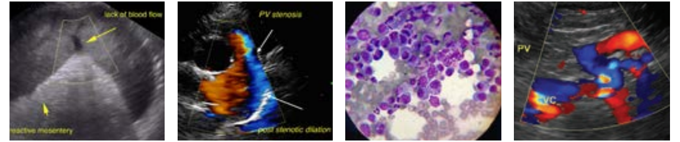


SonoPath.com™
1-800-838-4268 info@sonopath.com

**PATIENT**

Brisbane Patete

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

46 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Petrina Patete

**HOSPITAL NAME**

Mountain View VH

**REFERRING VET**

Dr. Petrina Patete

**INVOICE**

26687

**DATE**

10/27/21

## PRESENTING CLINICAL SIGNS

My personal dog. Two days ago ate a piece of rawhide quickly. He also got a new toy and may have eaten a small amount of stuffing. Ate normally yesterday morning and was slightly slow to eat dinner last night. Did not eat this morning but took a couple of treats through the day. No vomiting, mildly soft formed stool twice today. Comfortable on palpation. US performed around 2:00pm and last full meal was 7:00 yesterday evening.
Abnormal PE/Chem/CBC/UA Results: BW was unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm. The right kidney measured 6.4 cm.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm at the caudal pole. The right adrenal gland was not definitively visualized. No overt pathology in the area of the right 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*

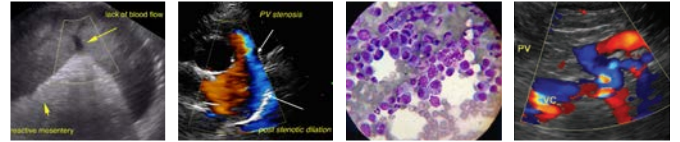
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The lumen of the stomach contained moderate echogenic ingesta with mild progressive distal acoustic shadowing as well as mild luminal gas. No evidence of mechanical pyloric outflow obstruction. The visualized gastric walls were sonographically unremarkable. Gastric body wall measured 0.48 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Duodenum wall measured 0.40 cm. Segmental echogenic digesta/chyme as well as segmental gas noted in the small bowel without evidence of mechanical obstruction.

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 was evident.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

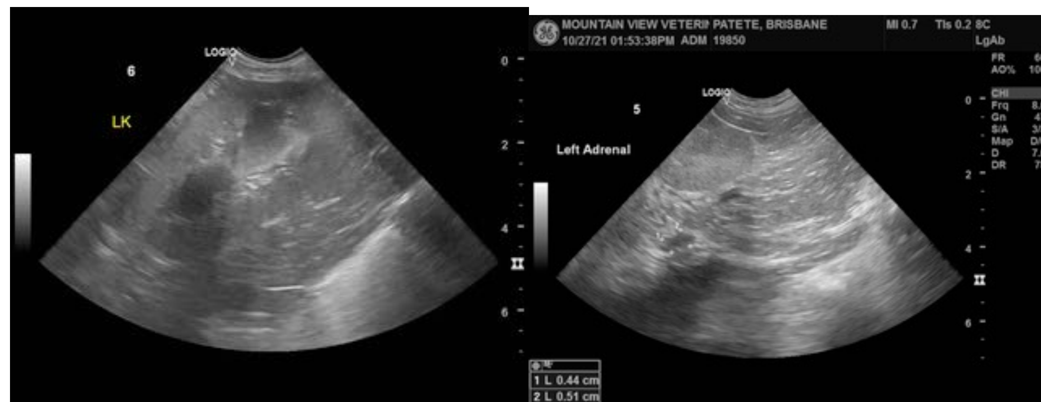
## ULTRASONOGRAPHIC FINDINGS

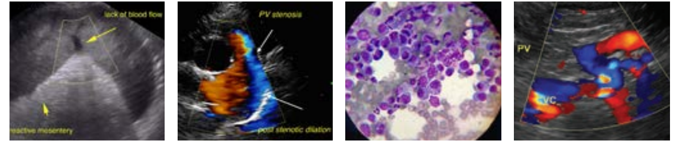
- Retained gastric ingesta
- Sonographically unremarkable small bowel with segmental digest and gas
- Mild age related kidneys
- Mild gallbladder debris – incidental

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, the presence of gastric ingesta is non-specific, yet is somewhat concerning for potential gastric stasis or delayed gastric emptying. Based on reported history of meal ingestion, the amount of retained gastric ingesta did not obviously correlate with several small meals and/or potentially fasting from the prior evening. This may indicate retained ingesta from previous meals, while the possibility of foreign material such as stuffing, fabric, cloth or similar cannot be definitively excluded.

Hospitalization with 12-24 hour IV fluids, documented fast, and either sonographic or radiographic monitoring for evidence of normal gastric emptying is suggested. If not done, 3-view chest radiographs are suggested to rule out occult esophageal pathology or foreign material. No overt indication for immediate surgical intervention, yet further monitoring is recommended.





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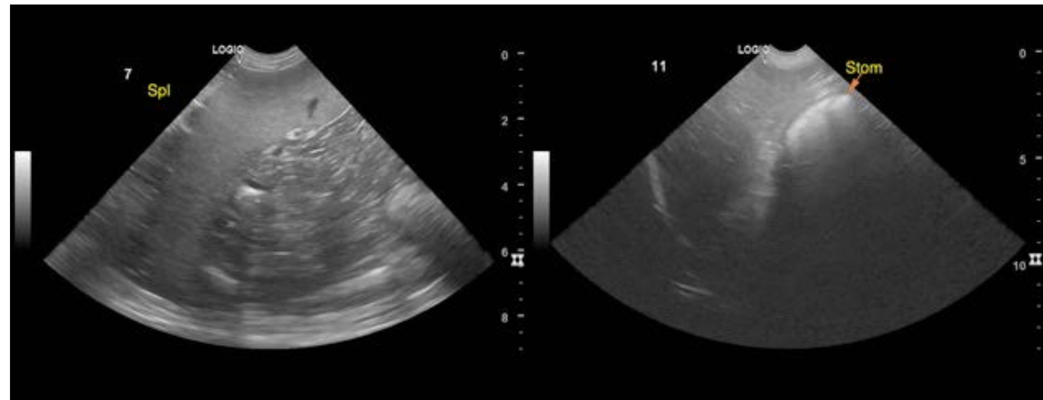


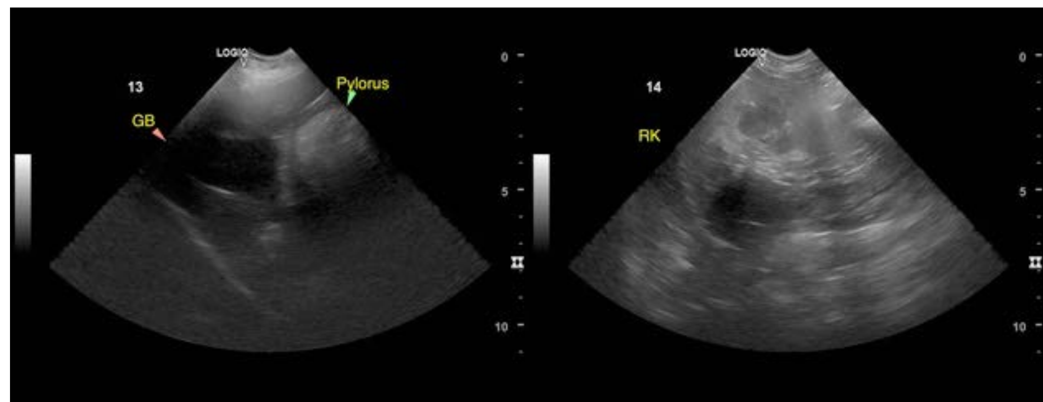


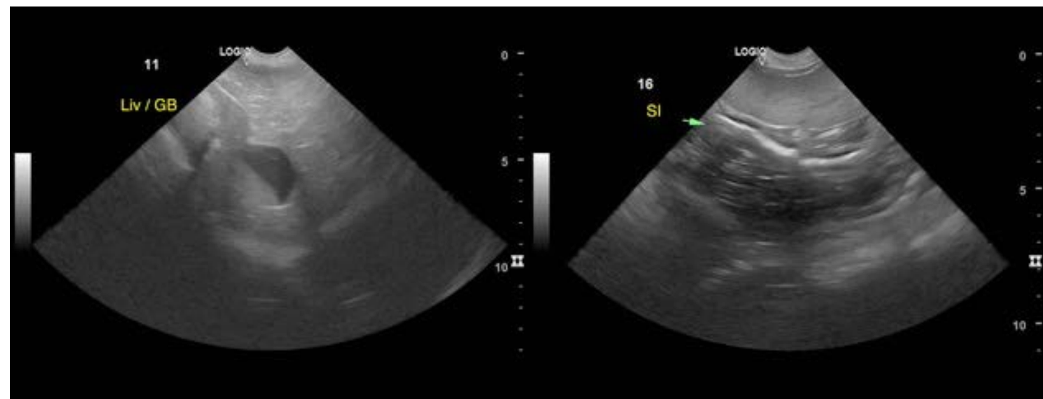


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**