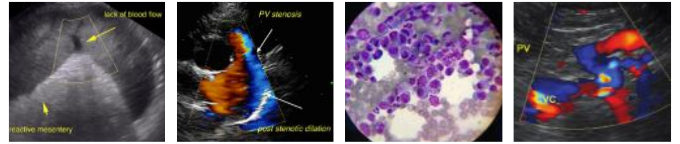

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1-800-838-4268 info@sonopath.com

PATIENT

Coco Caldera

SPECIES

Canine

BREED

Terrier

SEX

F/S

AGE

4

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

17591

DATE

10/5/22

PRESENTING CLINICAL SIGNS

VOMITING STOPPED RECENTLY ; 3 DS AGO DIARRHEA, THEN CONSTIPATION FOR 4 DS CPLI- NEG
Abnormal PE/Chem/CBC/UA Results: BW- WNL FECAL- PENDING

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 was noted.

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 3.4 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

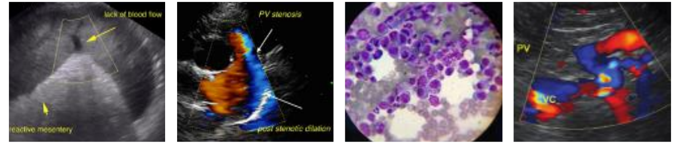
Liver/ Gallbladder

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 intact sonographically unremarkable gastric wall layering with a normal wall layer ratio. The lumen of the stomach was mild to moderately distended with retained anechoic to echogenic fluid, along with a mild to moderate amount of hyperechoic focally shadowing nonspecific ingesta. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal mucosal layer, exhibiting nonspecific minor mucosal speckling. No evidence of small intestinal mechanical/metabolic ileus. The duodenum wall measured 0.29 cm. The jejunum wall measured 0.23 cm.



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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

- Moderate retained gastric fluid and nonspecific ingesta
- Intact yet segmentally prominent small bowel wall layering, exhibiting minor nonspecific duodenojejunal mucosal speckling- no evidence of small intestinal mechanical/metabolic ileus or foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of gastrointestinal mechanical obstructive pattern. Technically, the possibility of a mild amount of retained nonobstructive gastric foreign material (given the sonographic appearance of the retained ingesta) cannot be definitively excluded, although potential for metabolic gastric stasis is considered likely. Correlation with most recent meal ingestion prior to the ultrasound is suggested. If documented NPO, monitoring for evidence of normal gastric emptying over the next 12-24 hours is advised. Potential for inflammatory bowel process, such as IBD is possible, along with considerations, including dietary intolerance/food allergy, dysbiosis, low grade to chronic pancreatitis, which may present sonographically normal, or less likely infiltrative intestinal neoplasia.

If no clinical concern for potential minor retained gastric foreign material, dietary therapy (including hydrolyzed diet trial), high colony count probiotic, broad spectrum deworming (such as Panacur 50 mg/kg PO SID, for at least 5 consecutive days, even with negative fecal testing), and as needed gastrointestinal support with assessment of clinical response is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addisons disease may be considered if clinically indicated.

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Clinical Sonography & Telecytology
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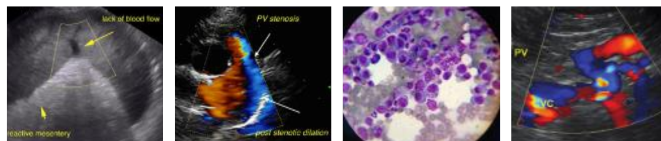

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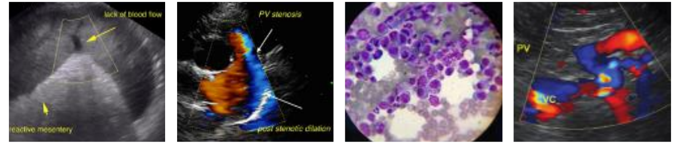
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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