SonoPath
Clinical Sonography & Telecytology
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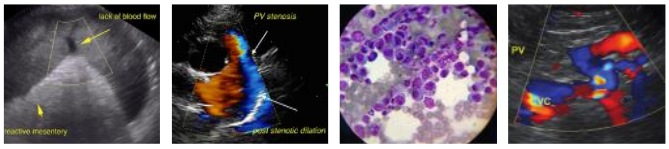

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Merlin Martin

SPECIES

Canine

BREED

Freench Bulldog

SEX

Intact Male

AGE

3 years

WEIGHT

21.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Vivian NG

INVOICE

15485

DATE

11/16/22

PRESENTING CLINICAL SIGNS

Chronic regurgitation following eating, slightly improved on hypo-allergenic diet. Currently getting hard kibble mixed with wet food. Was 23.4 lbs, is now 21.7 lbs. Recommended for resting cortisol blood work. Skin culture pending for skin issues.

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 prostate was normal to mildly prominent in size yet exhibited the expected presentation for a young, intact male canine. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.7 cm x 1.5 cm.

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 4.6 cm in length. The right kidney measured 4.8 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 1.8 m length x 0.38 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 1.9 cm length x 0.38 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.

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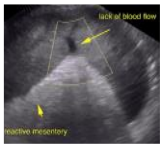

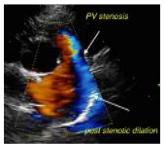

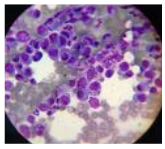
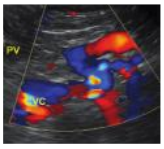

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Gastrointestinal

The stomach presented intact subjective mild prominent wall layering in the area of the pylorus. The stomach was empty without evidence of gastric distention secondary to retained ingesta, fluid, or gastric foreign material. The ventral gastric body wall width measured 0.43 cm. The ventral pylorus wall width measured 0.51 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with subjective mild prominent upper duodenal wall layering just distal to the gastroduodenal junction. The upper duodenum wall measured 0.40 cm width. The mid to descending duodenum wall measured 0.36 cm width. The jejunum wall measured 0.33 cm width. No evidence of small intestinal mechanical / metabolic ileus was noted.

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

- Intact subjective borderline to mildly prominent pyloric and upper duodenal walls
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral, specifically gastroduodenal, pathology. No evidence of mechanical pyloric outflow obstruction, pyloric or mucosal hyperplasia, pyloric stenosis, obstructive pyloric or upper duodenal mural pathology, or neoplastic criteria.

Mild gastroduodenitis, esophagitis, dietary intolerance / food allergy, even with the current hypoallergenic diet trial, could be possible. Further assessment may include three-view chest radiographs to assess for or rule out occult thoracic or esophageal pathology as a contributing factor. A resting cortisol level to rule out occult Addison's Disease +/- cobalamin and folate levels to rule out concurrent small intestinal disease as a contributing factor to the patient's minor weight loss is warranted.

Omeprazole, 1.0 mg/kg PO SID over the next 3 weeks, along with the current hydrolyzed diet trial with slurry feeding BID to TID over the next 2-4 days then increase to canned diet BID with an assessment of clinical response may prove beneficial. Broad-spectrum empirical deworming is recommended even if fecal testing is negative. Dry food should be avoided over the next 4 weeks.

Pending additional diagnostics and response to further empirical therapy, upper gastrointestinal endoscopy may be indicated if clinical signs continue.

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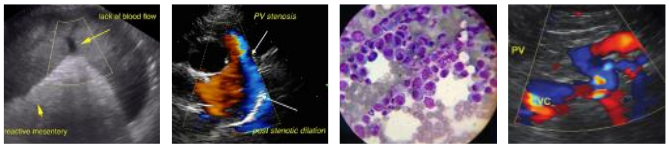

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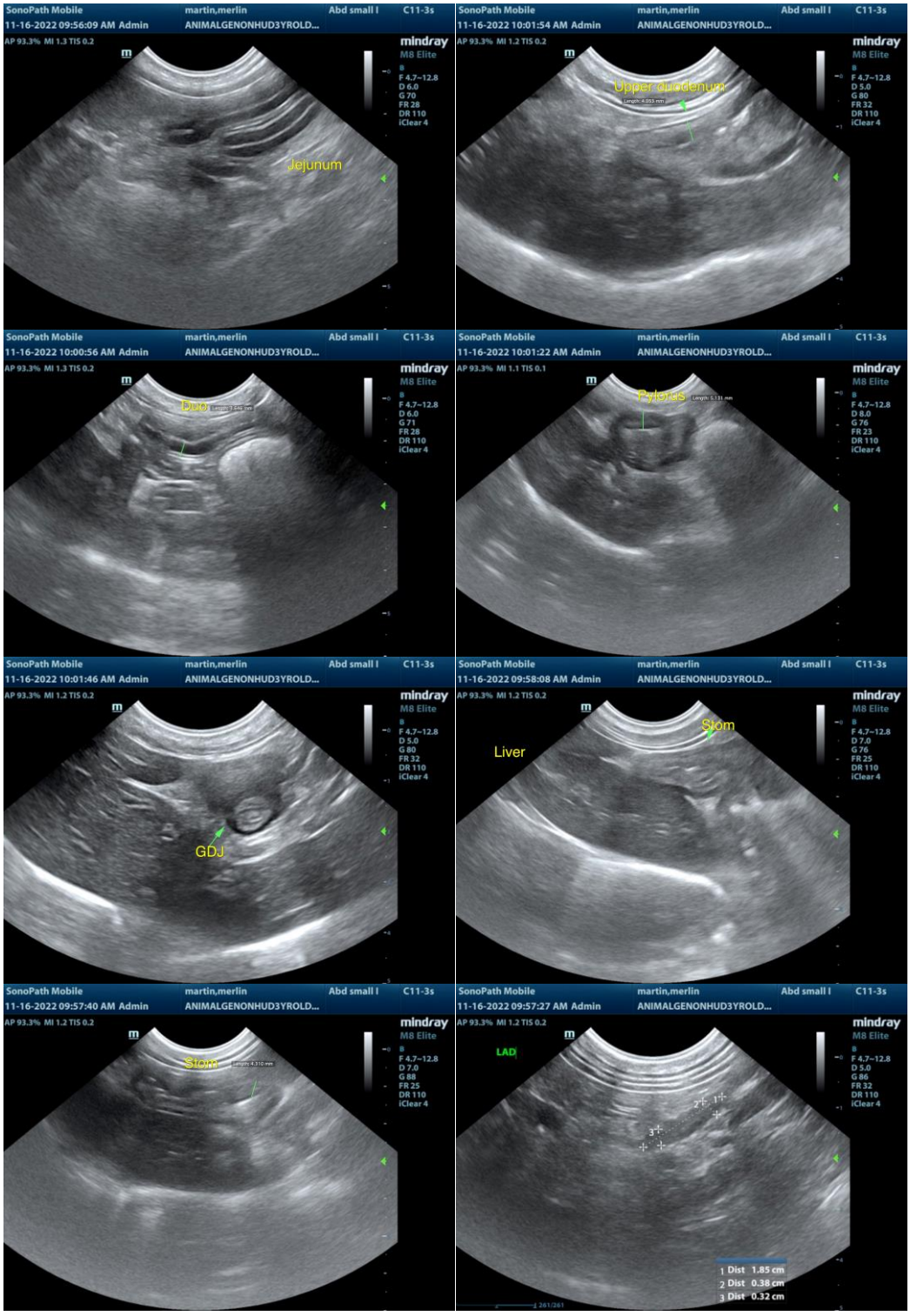

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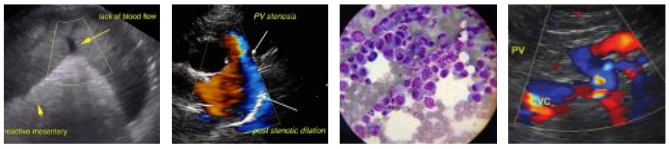

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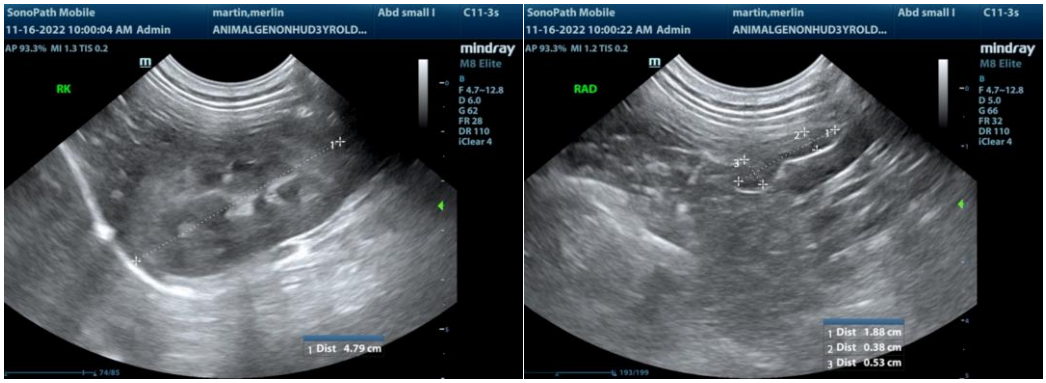

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com