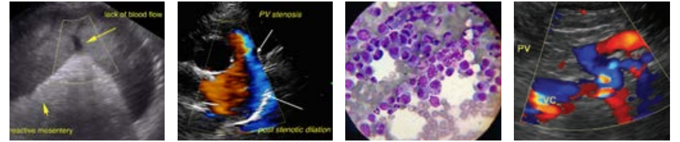

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1-800-838-4268 info@sonopath.com

PATIENT

Bunny Fischer

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

8 Years

WEIGHT

30 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

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INVOICE

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PRESENTING CLINICAL SIGNS

Presented at our hospital for ~ 1hr ago acting strange and pacing in house, took o/s laid in grass then had normal b/m. Came back inside started pacing again and vomited up a large pile of frank blood with clots in it. Was put on antibiotics and possibly an antihistamine (o unsure) for a lump on RH leg that pt had chewed and opened up. Pt was not doing well on meds so O stopped. Pt has also been very reluctant to eat

Abnormal PE/Chem/CBC/UA Results: Radiographs (laterals only) – thorax unremarkable; abdominal, gastric distention, fluid fill pylorus; Spondylosis CBC – WBC 32.06; NEU#, NEU% 89.8; LYM% 5.8 CHEM – BUN 34.6; ALB 2.4; GLU 165 EPOC –K 3.3; Lact 4.9; BUN 30; Glu 159 PT/PTT – 16.7/92.1 BP – 190/90 (96) PCV – 40% TS –

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology without evidence of medial iliac or sublumbar lymphadenopathy.

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 kidneys measured 6.8 cm each.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland was 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. No evidence of primary or metastatic neoplastic criteria.

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 mild echogenic debris, primarily in the cranial lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate to marked distention with retained variably echogenic fluid and ingesta. Although indistinctly

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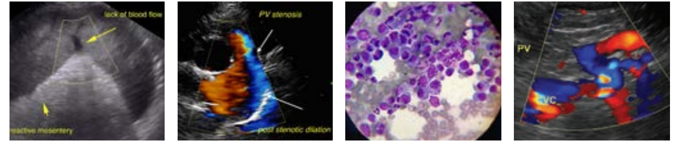

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visualized, subjective mild mural thickening in the area of the pyloric outflow and gastric duodenal junction noted, potentially measuring up to 1.0 cm in wall width.

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.

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

No omental masses, lymphadenopathy, or peritoneal free fluid.

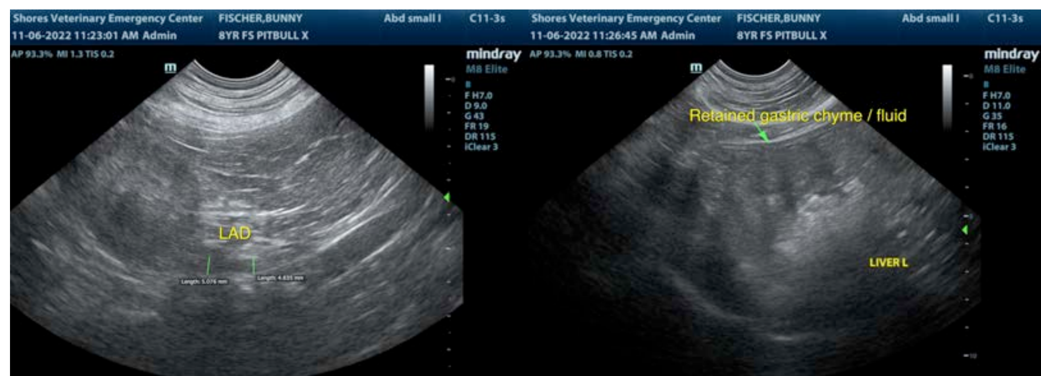
ULTRASONOGRAPHIC FINDINGS

- Moderate distended stomach with echogenic fluid / chyme
- Subjective mild thickened pyloric / gastroduodenum junction wall
- Normal small intestine - no small intestine obstructive pattern or overt foreign material
- Normal pancreas
- Sonographically unremarkable liver/spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The retained gastric fluid / chyme in combination with subjective mild thickened pyloric outflow / gastroduodenal junction wall may indicate inflammatory, infectious or emerging infiltrative neoplastic etiologies with potential for ulceration. The thickened walls did not obviously appear obstructive although metabolic to some degree of mechanical pyloric obstruction is possible. No overt gastric foreign body or signs of mural abscess. Endoscopy is likely ideal given this presentation. Resting cortisol level and spec cPL is suggested to rule out occult Addison's and low grade pancreatitis which may be sonographically normal. Some or all of the following protocol, or similar protocol, could be considered empirically with deworming protocol +/- Helicobacter coverage.

Pepcid (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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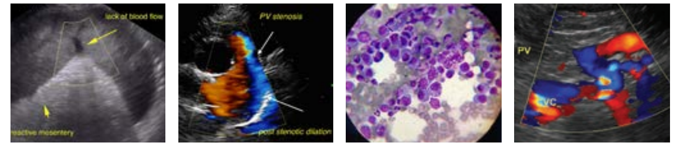

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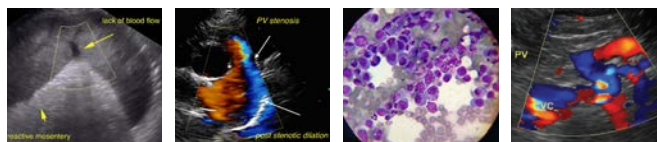

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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