



PATIENT PRESENTING CLINICAL SIGNS

Patton Snyder History: Diarrhea, 2/6 heart murmur
Medication: Metronidazole

SPECIES

Canine

BREED

MIX

SEX

Neutered Male

AGE

9 years

WEIGHT

88 Pounds

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 residual prostate was free of overt pathology, measuring 0.9 cm width.

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. Focal, thinly walled, cortical cyst was present in the left kidney, measuring 1.3 cm, containing anechoic fluid. The left kidney measured 7.2 cm in length. The right kidney measured 7.5 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.56 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 3.4 cm length x 0.56 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, well-demarcated, non-expansive, hyperechoic nodule was present in the caudal spleen. 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.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

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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DATE

12.15.2021



PATIENT ***Gastrointestinal***

Patton Snyder

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained nonshadowing, retained ingesta /chyme. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.6 cm. The ventral pylorus wall width measured 0.7 cm.

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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.

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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.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

88 Pounds

Primary Findings

- Retained gastric ingesta / chyme
- Sonographically unremarkable small intestine and colon

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(Canine and Feline)

Secondary Findings

- Benign splenic nodule - likely benign myelolipoma
- Left kidney cortical cyst

IMAGING

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ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta / chyme is nonspecific and may indicate recent meal ingestion. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of metabolic gastric hypomotility may be possible. Dietary indiscretion / food intolerance, occult parasitism, or structurally insignificant inflammatory gastroenteropathy are possible. Fresh fecal analysis to assess for parasitic ova / Giardia and a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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No evidence of intraabdominal neoplasia / masses was noted.

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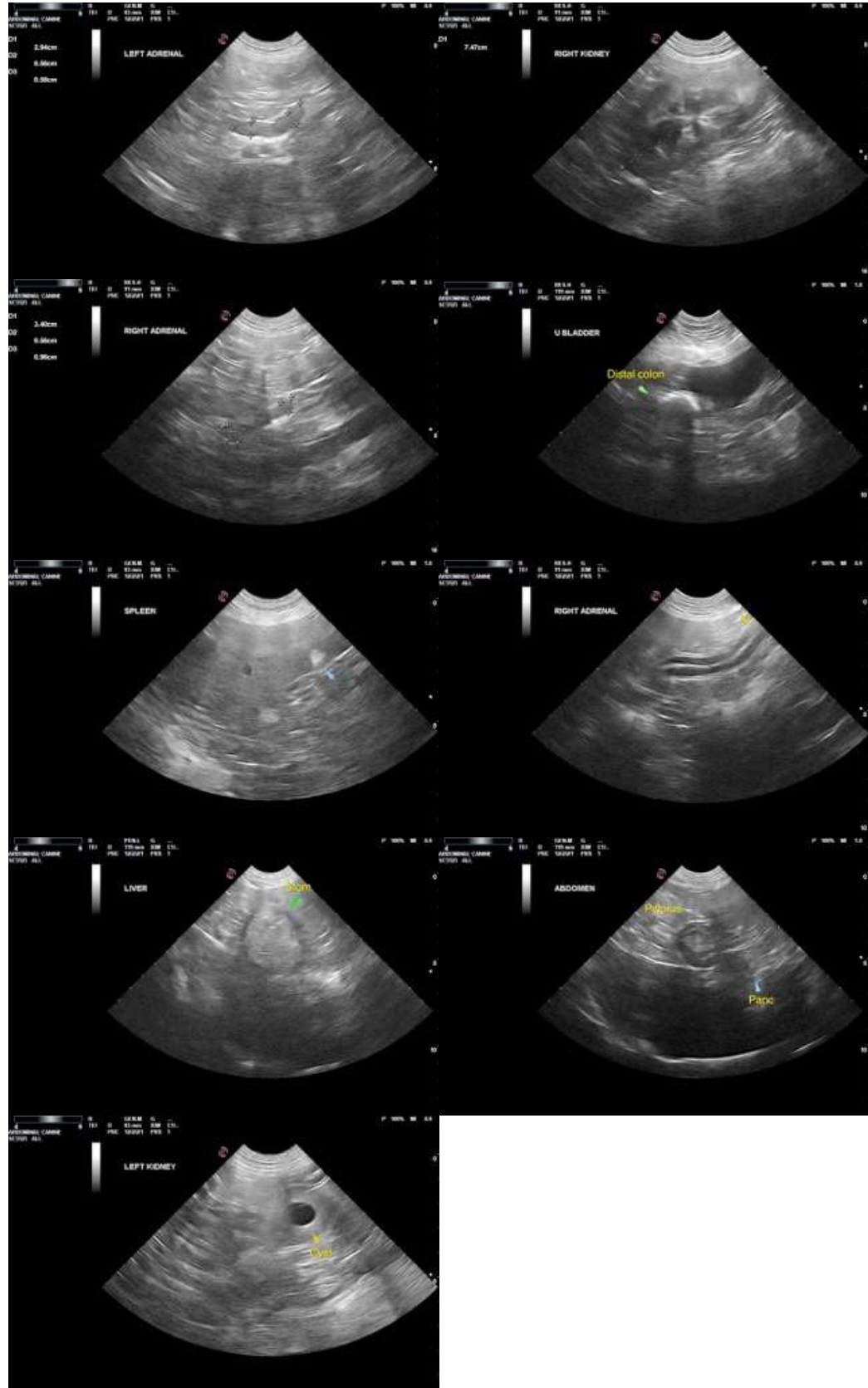
Dr. Rothrock

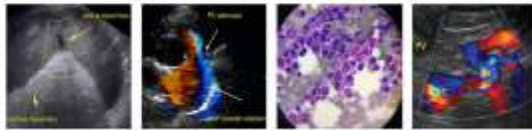
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

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