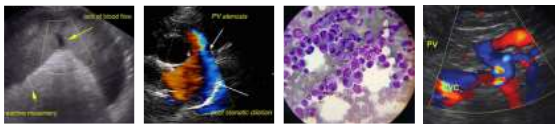


PATIENT

Frodo Gitins

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

7 months

WEIGHT

54.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Yuko Eguchi-Coe

INVOICE

12889

DATE

12/28/21

PRESENTING CLINICAL SIGNS

continuing to vomit after supportive care. Now developing diarrhea. Current Medications cerenia and metronidazole Radiographic Findings 1. Small-volume heterogeneous gastric material with fragmented small intestinal gas - There is no evidence of gastric outflow or small intestinal mechanical obstruction in this study. The material within the stomach is nonspecific and could simply represent residual food material. Foreign material cannot be entirely excluded. Correlate with the last known feeding and vomitus. Otherwise, consider gastroenteritis as an underlying cause of clinical signs. Primary Question/Differential to Be Answered in This Exam Foreign body or now gastroenteritis?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 of the expected size and appearance for a young intact male canine, measuring 1.7 cm in diameter.

The area of the aortic trifurcation was free of pathology.

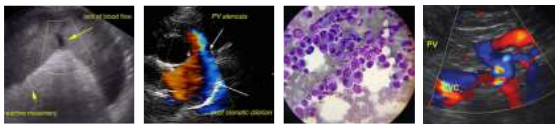
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 6.7 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 2.8 cm length x 0.32 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 2.5 cm length x 0.41 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.



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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 presented intact yet subjective mild prominent wall layering. The stomach was primarily empty with minor retained anechoic fluid and luminal gas. Overt evidence of gastric foreign material was not definitively evident.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The small intestine was primarily empty with areas of minor retained small intestinal fluid, as well as a mild amount of hyperechoic nonspecific yet nonobstructive digesta.

The colon exhibited sonographically unremarkable walls with mild generalized colonic dilation with semi-formed to non-formed feces, consistent with reported emerging diarrhea.

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

Several to multiple, mid-abdominal mesenteric to mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.6 cm x 1.1 cm. No effusion was noted.

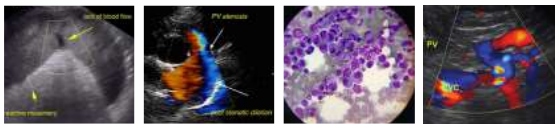
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute gastroenterocolitis pattern exhibiting mild gastric and segmental small bowel hypomotility
- Probable associated mesenteric lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstructive pattern was present in this study. Rather, the appearance of the gastrointestinal tract was most consistent with acute, generalized inflammation with likely associated mesenteric lymphadenitis secondary to inflammatory bowel episode. Dietary indiscretion / food intolerance, enterotoxic Insult, infectious gastroenterocolitis,



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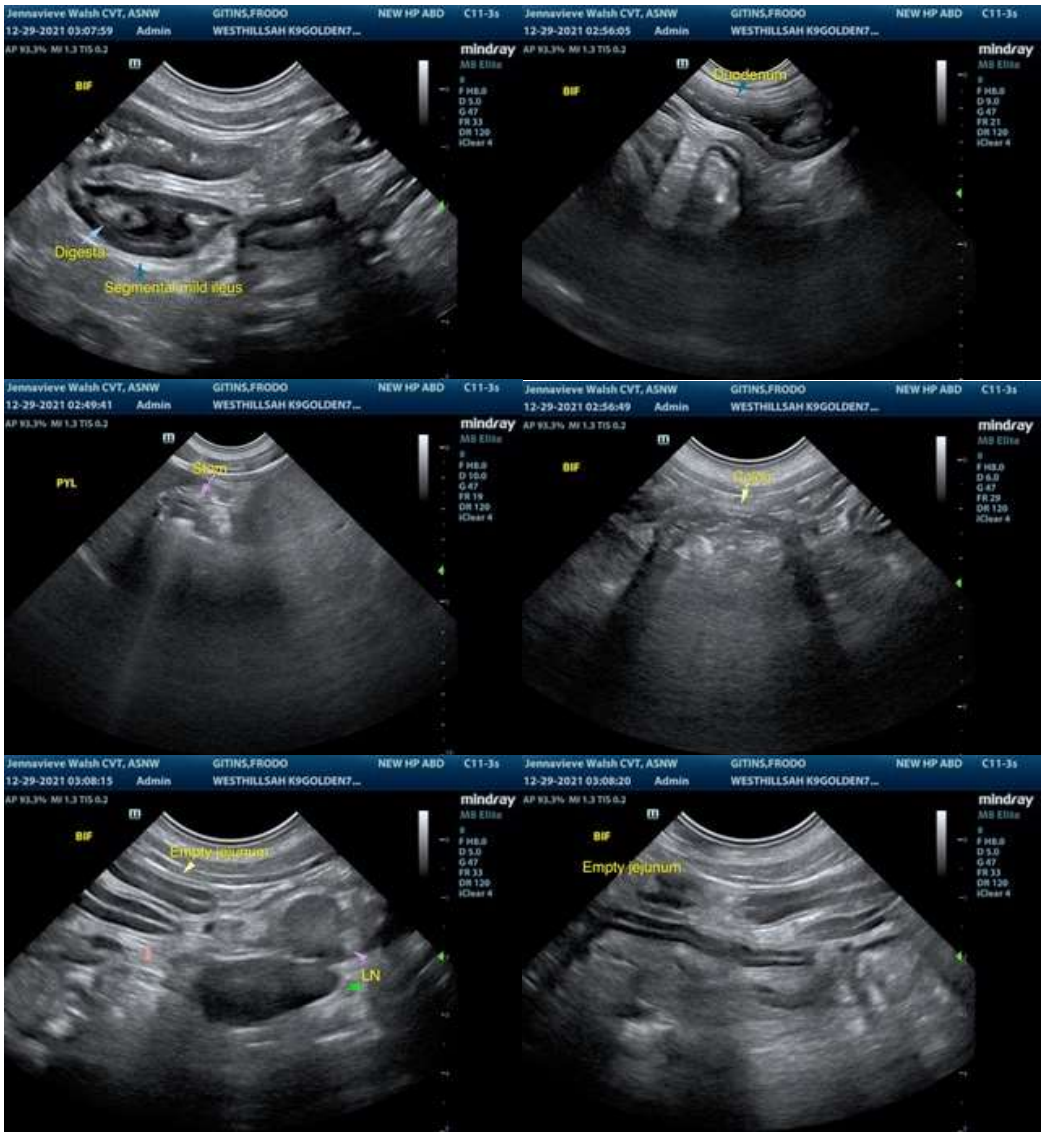
occult parasitism are possible. The potential for passing previously noted gastric material on radiographs cannot be definitively excluded yet If present, does not appear to be obstructive.

Based on these findings, continued supportive care is recommended. Recheck sonogram could be considered if persistent gastrointestinal signs to assess for progressive inflammatory gastrointestinal changes or persistent / progressive gastric or small intestinal ileus.

Although considered unlikely, resting cortisol to rule out occult Addison's Disease may be considered.



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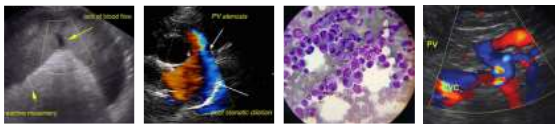

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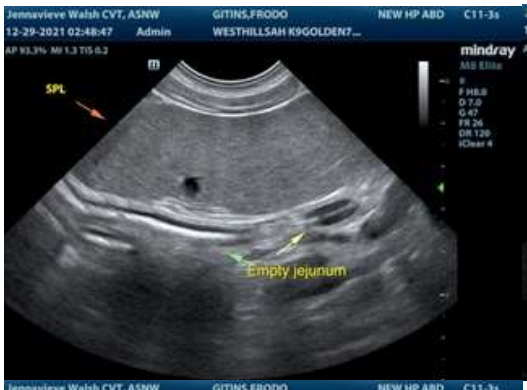

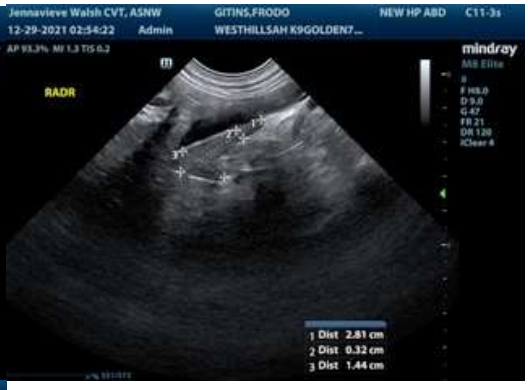

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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