



PATIENT

Thor McGowan

PRESENTING CLINICAL SIGNS

History: Inappetence. Lethargy. Increased amylase (just outside of normal range). V/D. Low albumin / protein.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results:

The submitted study contained 2 videos and 50 still images for review. Please submit mostly videos.

BREED

Pitbull Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

SEX

Neutered Male

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.4 cm in length.

AGE

10 Years

WEIGHT

31.5 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.52 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDCS

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

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REFERRING VET

Dr. Kent Morley

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild luminal gas with potential for mild retained hypoechoic fluid. The gastric body wall measured 0.42 cm. The pylorus wall measured 0.36 cm.

DATE

12/6/21



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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. The jejunum wall measured 0.35 cm.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Pitbull Terrier

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years

- Mild age-related kidneys
- Sonographically unremarkable gastrointestinal tract with potential mild gastric hypomotility
- Subjective heterogeneous pancreas

WEIGHT

31.5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology. Although not definitive, potential for mild likely metabolic gastric hypomotility or stasis given the potential for mild retained fluid. Structurally insignificant gastroenteropathy or low-grade to chronic pancreatitis, both of which may present sonographically normal, are possible given the patients gastrointestinal signs. In patients with more chronic gastrointestinal signs, low-grade to mild pancreatitis, dysbiosis, dietary hypersensitivity, IBD or less likely intestinal neoplasia are generally considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Adrenal screening with resting cortisol to assess for or rule out occult Addisons disease +/- ACTH stimulation test (is resting cortisol is <2.0) given the hypoalbuminemia, may be considered.

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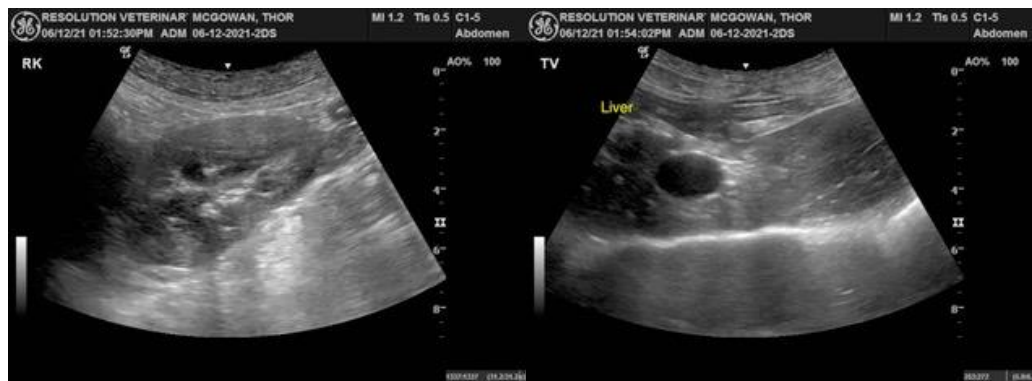
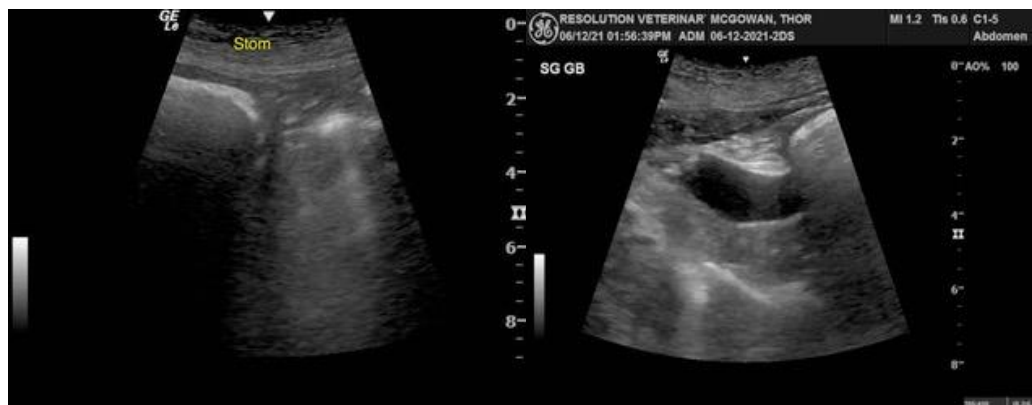
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Pitbull Terrier

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SEX

Neutered Male

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