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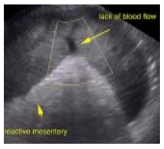

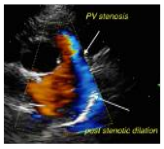

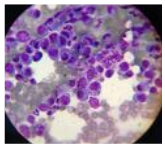
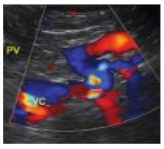

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Little Bug Bardal

SPECIES

Canine

BREED

Rat Terrier

SEX

FS

AGE

1 year

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island Veterinary Emergency Hospital

REFERRING VET

Dr. Guenther

INVOICE

16149

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Chronic hx of allergic dermatitis / otitis, occasional vomiting. Feb 12: facial swelling, hives, allergic reaction. Since then hives & facial swelling return when diphenhydramine is not given, as well as and repeated progressive vomiting.

Abnormal PE/Chem/CBC/UA Results: Labs today: abnormal cpl, mildly elevated ALT (220), amylase 2200. Abd x-rays: NSF VPOCUS: NSF

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 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 4.3 cm in length. The right kidney measured 4.6 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 1.7 cm length x 0.37 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 1.6 cm length x 0.48 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.

Gastrointestinal

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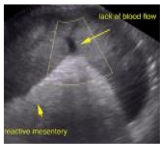

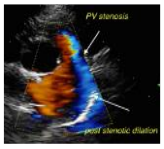

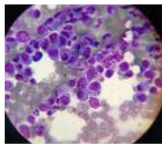
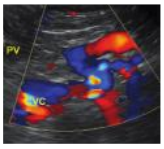

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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of retained anechoic fluid without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The ventral gastric body wall width measured 0.59 cm. The ventral pylorus wall width measured 0.60 cm.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Sonographically unremarkable small bowel / pancreas
- Normal spleen
- Low-grade hepatopathy - benign, suspect low-grade reactive or possible inflammatory hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of active pancreatitis with possible secondary or reactive abnormal cPL and elevated amylase owing to gastric inflammation. Possible dietary hypersensitivity or food allergy issue could be possible in this patient, given the concurrent history of larger dermatitis/otitis.

Hydrolyzed diet trial with likely long term dietary therapy, gastroprotectant protocol, +/- coverage for helicobacter with sonographic reassessment of the stomach wall in 4 weeks is suggested.

Although considered unlikely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease or assessment of serum cobalamin and folate levels to assess for a more generalized gastrointestinal disease may be considered.

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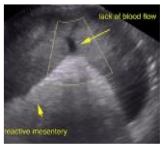
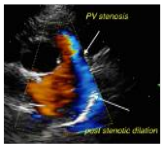
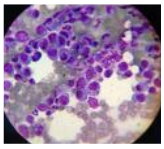
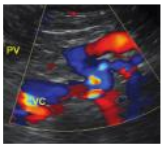

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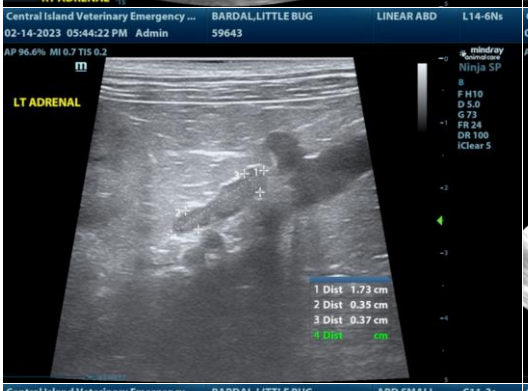

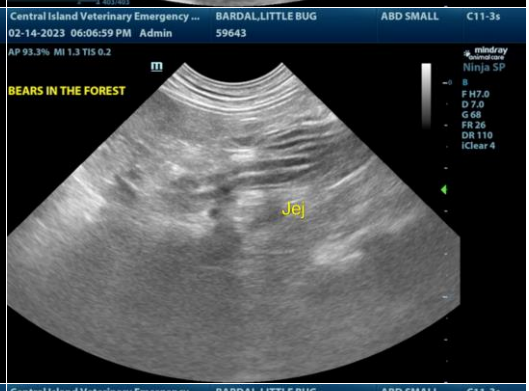

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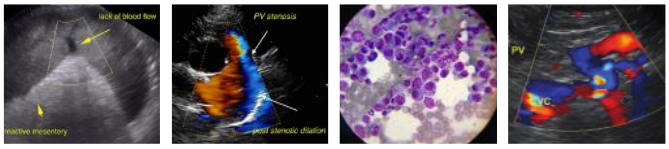

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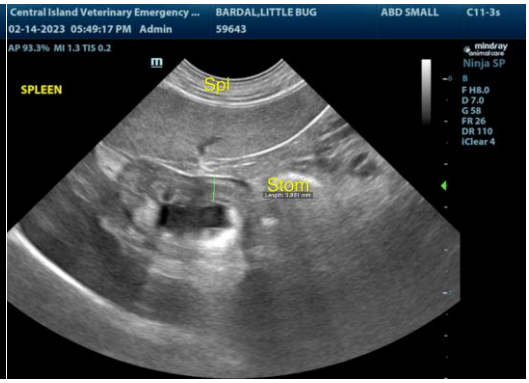

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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