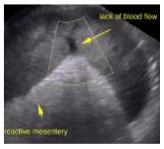
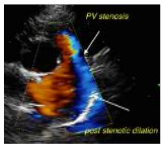
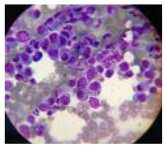
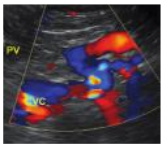
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Cally Riddell

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

68 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

13962

DATE

2/16/22

PRESENTING CLINICAL SIGNS

History: Every 2 months pt presents with hematemesis & hematochezia. Sept 2021 attributed to dietary indiscretion. Dec 2021 was not strictly on EN rx food; dx with pancreatitis. Today, bloodwork pending. STRICTLY on EN food for last 2 months. No exposure to mouse poison. Last CBC was not indicative of IMHA or ITP. Pt has known stress/anxiety. Vomited today 4 times, and even last time vomiting around 4 p was large amount. Also had small amount regurgitation right before scanning.

Abnormal PE/Chem/CBC/UA Results: 12-3-21 Spec CPL 495 (0-200). CBC/Chem: Hemoconcentration. Slight hypernatremia.

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.

Normal size and margination was 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 6.5 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape with the left adrenal gland measuring 0.44 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 0.58 cm at the cranial pole and 0.59 cm 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.

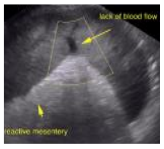
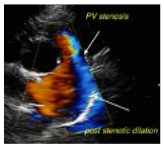
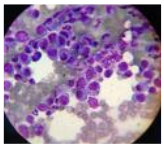
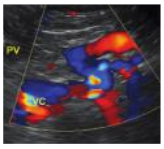
Liver

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 visualized gastric walls exhibited intact and sonographically unremarkable wall layering. The stomach was mild to moderately distended with retained anechoic to variably echogenic fluid, luminal gas and a mild amount of progressively shadowing ingesta, primarily in the area of the antrum and pylorus. No overt evidence of significant pyloric mural hypertrophy or mechanical pyloric outflow

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

PATIENT

Cally Riddell

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

68 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

13962

DATE

2/16/22

obstruction, although subjectively the pylorus exhibited subtle inflammatory mural changes. The pylorus wall measured 0.56 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio without evidence of small intestinal mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.32 cm. The duodenum wall measured 0.34 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized mild to moderate dilation with non-formed feces, consistent with diarrhea.

Pancreas

The pancreas was overtly normal. Potential for low-grade or chronic pancreatitis may be present yet sonographically normal.

Free Abdomen

At least one, focal, mildly prominent to enlarged mid abdominal mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.7 cm x 0.48 cm. The lymph node was not consistent with neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Gastric stasis, exhibited by moderate retained anechoic to variably echogenic fluid, along with mild ingesta/chyme, potential mild pyloric gastritis
- Segmental to generalized colitis
- Overtly normal small bowel

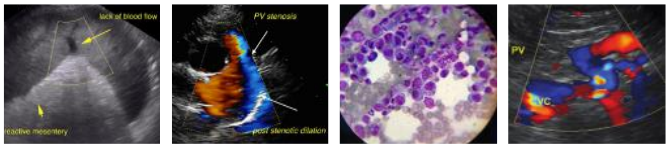
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric stasis and hypomotile stomach may indicate a functional issue with this patient without overt evidence of mechanical pyloric outflow obstruction. Likewise, potential for structurally insignificant intermittent to recurrent inflammatory gastroenteropathy, dietary intolerance/food hypersensitivity, even on EN, could be present. Resting cortisol level to assess for or rule out occult Addisons disease, along with correlation with pending lab work suggested. Empirically, some or all of the following protocol may prove beneficial, pending additional diagnostics or if recurrent episodes, upper and lower endoscopy with potential for biopsies should be strongly considered.

Helicobacter/Gastritis protocol

A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cally Riddell

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

68 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

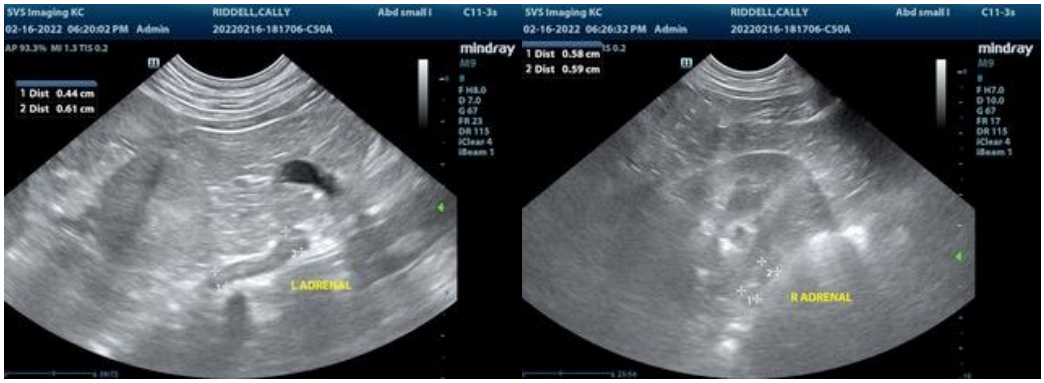
Dr. Elizabeth Oetting

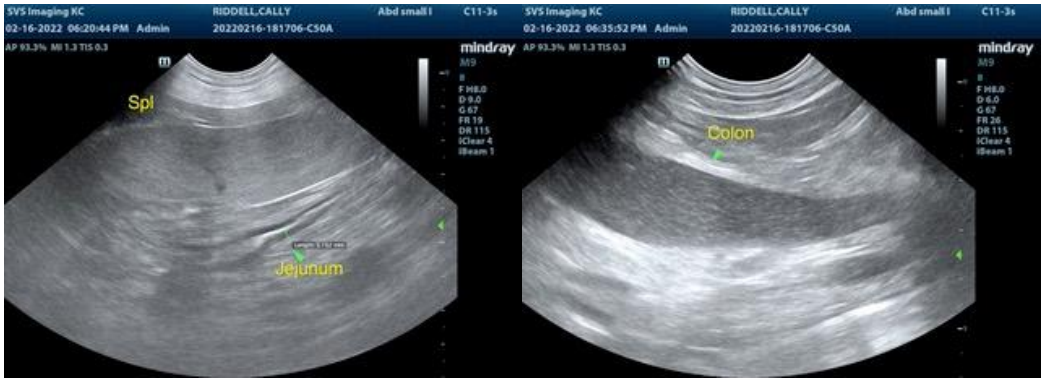
INVOICE

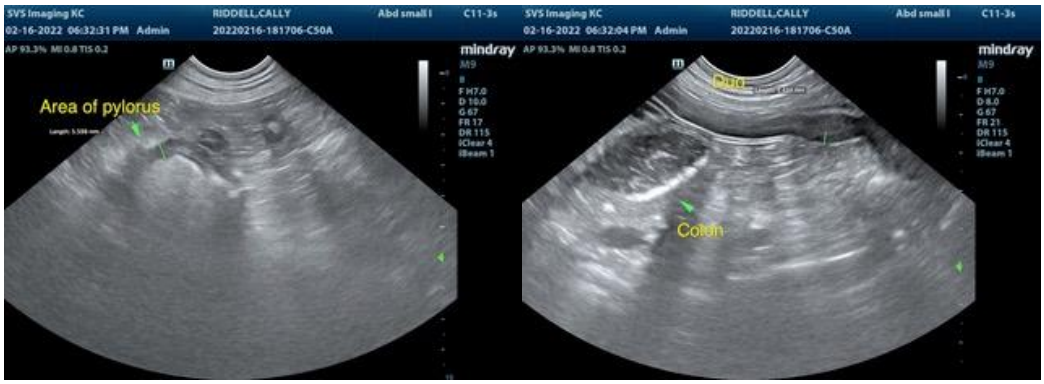
13962

DATE

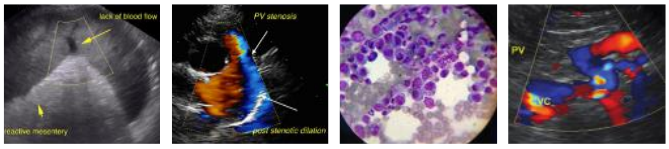
2/16/22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cally Riddell

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

68 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

13962

DATE

2/16/22

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