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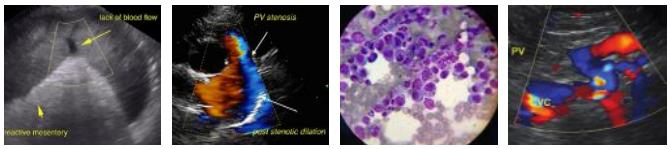


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Huxley Tulloch

SPECIES

Canine

BREED

Beagle Shepherd X

SEX

Neutered male

AGE

7 years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Bruce

INVOICE

10058ag

DATE

02/21/2022

PRESENTING CLINICAL SIGNS

History: Vomiting last 3 days dilated stomach seen on fast scan. Patient sedated for scan

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 7.3 cm in length. The right kidney measured 6.6 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 0.39 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

The spleen exhibited mild generalized enlargement and finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No evidence of splenic neoplastic criteria with mild splenomegaly secondary to sedation, benign hyperplasia, hematopoiesis or incidental splenitis likely.

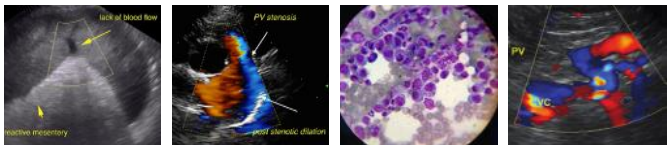
Liver

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 moderate nondependent yet non organized and mobile gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact with subjective mild prominent wall layering most notable in the area of the antrum and pylorus. Subtle nonspecific hyperechoic muscularis layer foci noted in the pylorus. The stomach was moderately distended with retained anechoic to echogenic fluid and nonshadowing chyme. Intermittent gastric peristaltic contractions were noted. No evidence of obvious mechanical pyloric outflow obstruction or gastric foreign material.

Concurrent mild upper duodenal ileus pattern with intact and sonographically unremarkable duodenum walls were present. The duodenum wall measured 0.44 cm width. No evidence of upper or mid duodenal foreign body or mechanical obstructive pattern. The jejunum and ileum to the level of the colon were



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sonographically normal without evidence of jejunal ileal obstructive pattern or retained fluid. The jejunum wall measured 0.32 cm.

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.

Free Abdomen

Focal, mildly prominent to enlarged intermittent gastric and likely colic lymph nodes were present. The lymph nodes are essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of colic lymph node measured 0.59 cm diameter.

Subtle evidence of peri gastric reactive mesentery. No effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective gastroduodenitis pattern with moderate retained gastric fluid/chyme-inflammatory/infectious etiology, dietary indiscretion, less likely metabolic disorder given reported normal bloodwork or infiltrative disease such as early neoplasia.
- Mild splenomegaly-subjectively benign.
- Mild heterogeneous pancreas-potential low grade to chronic pancreatitis.
- Moderate gallbladder debris (non-mucocele)-likely Incidental given lack of reported cholestasis or liver enzyme elevation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the retained gastric fluid was not overtly evident and obvious mechanical pyloric or upper duodenal obstruction was not seen. This may suggest underlying inflammatory or infectious etiology with some potential contribution to low grade to chronic pancreatitis if evidence of cranial abdominal subxiphoid discomfort on palpation and/ or elevated spec CPL. The presence of intermittent gastric peristalsis, however, cannot definitively eliminate the possibility of a non-obvious small to potentially partial cause of mechanical obstruction in this patient.

Continued supportive care for gastric hypomotility +/- low grade pancreatitis would be reasonable with close monitoring for evidence of persistent to progressive gastric fluid retention. If this is noted, additional diagnostics such as additional image studies or endoscopy could be considered with potential for exploratory laparotomy and gross inspection of the upper gastrointestinal tract.

Pending further conservative therapy, recheck sonogram prior to any potential surgical considerations recommended for reassessment.

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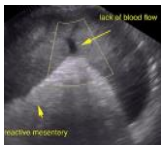
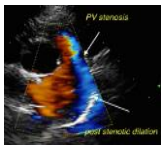
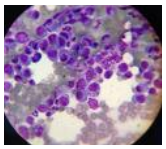
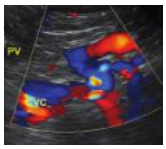

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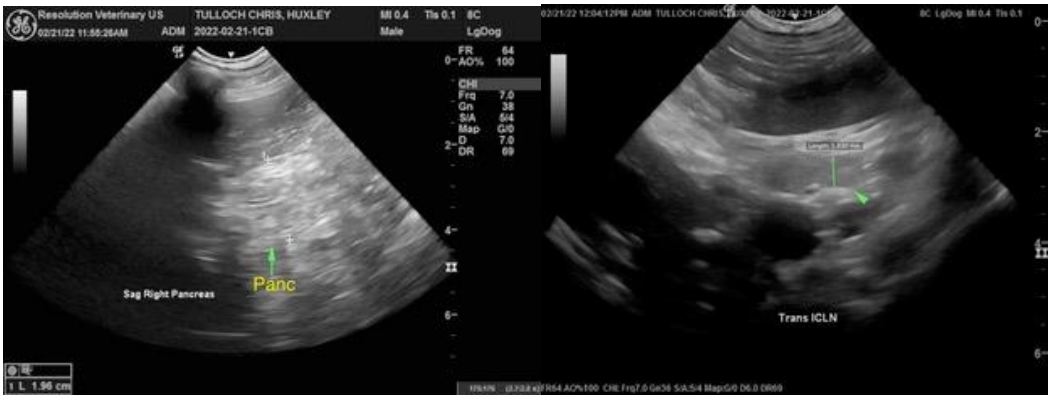

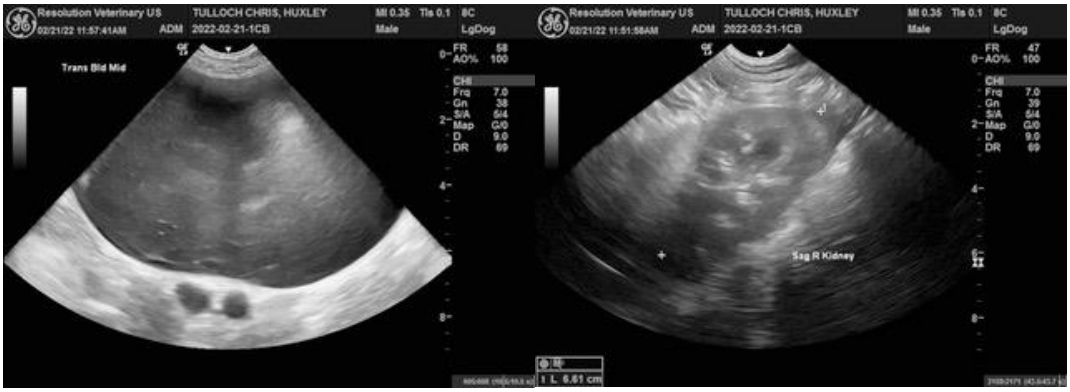

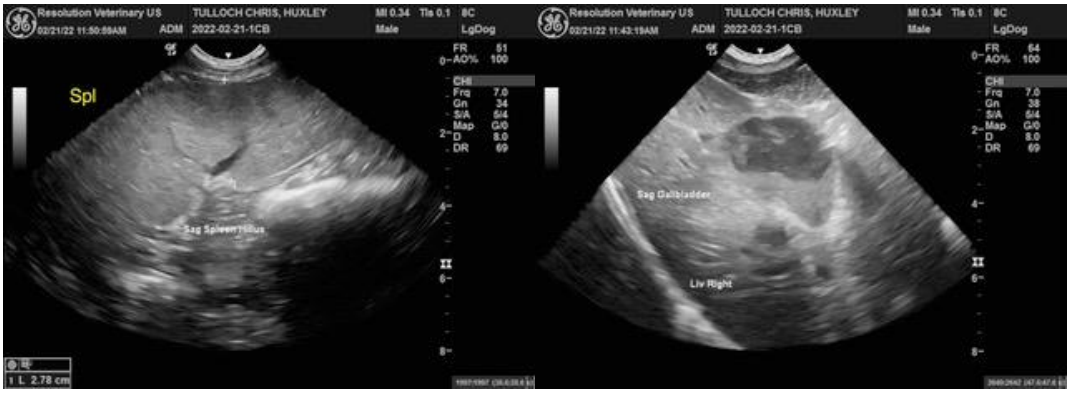

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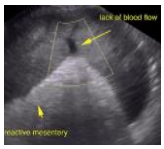
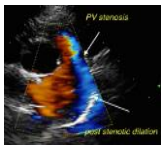
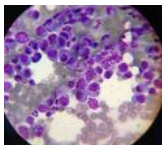
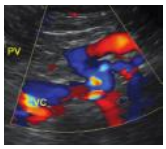

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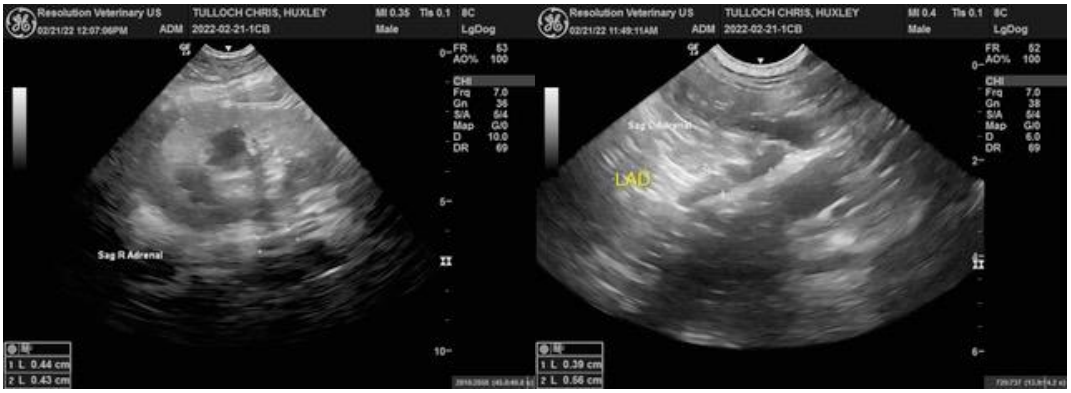

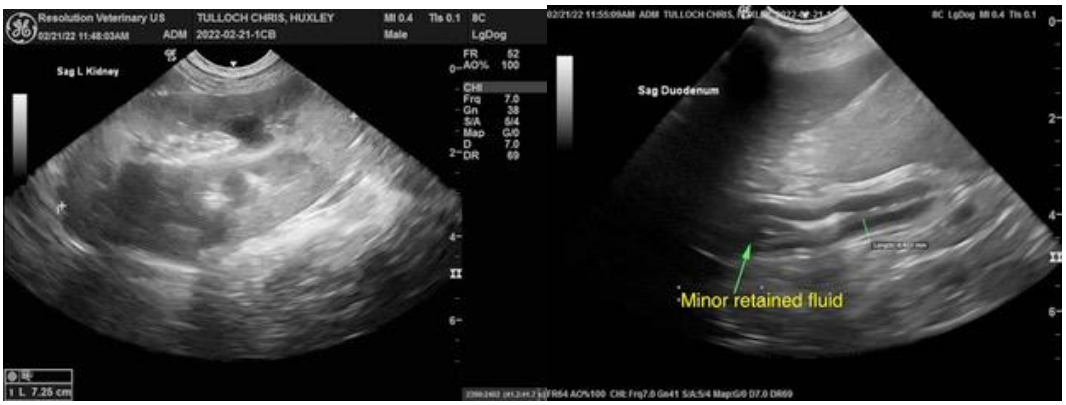

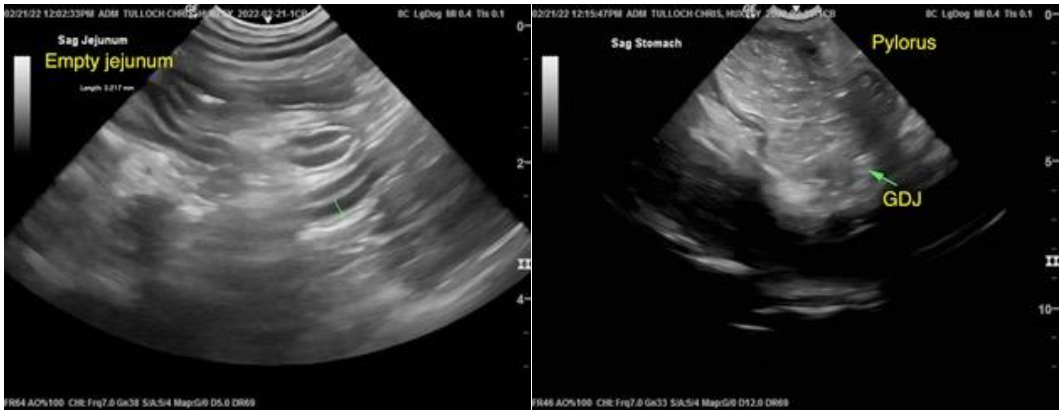

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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