



PATIENT

Bug Leishner

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2 years

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution
Veterinary
Ultrasound LTD

REFERRING VET

Dr. E. Campbell

INVOICE

13420

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Vomiting. Inappetance. DVM aspirated 2.5 L of fluid from stomach via NG tube. Hx of FB ingestion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 6.8 cm in length. The right kidney measured 6.4 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 0.55 cm width at the caudal pole and 0.58 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 0.44 cm width at the caudal pole and 0.73 cm width at the cranial 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

The stomach exhibited generalized intact wall layering with regional subjective borderline to mild mural hypertrophy. Intermittent gastric peristaltic contractions were noted. The ventral gastric body wall width measured 0.49 cm. The pylorus wall width measured 0.36 cm. The stomach contained a moderate amount of retained primarily anechoic to mildly echogenic fluid along with pockets of luminal gas. No overt evidence was present of significant retained ingesta or shadowing echoes which may suggest foreign material. Overt evidence of mechanical pyloric outflow obstruction was not noted.



PATIENT

Bug Leishner

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of small intestinal mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.33 cm.

SPECIES

Canine

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

BREED

Terrier Mix

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.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

2 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

25 kg

- Moderate retained gastric fluid - consistent with metabolic vs. mechanical gastric stasis
- Sonographically unremarkable small bowel - no evidence of concurrent small bowel mechanical / metabolic ileus

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the gastric fluid and retention was not overtly evident without overt evidence of mechanical pyloric or upper duodenal obstruction. This may suggest underlying functional gastric stasis. In this patient possibly owing to gastritis or sonographically insignificant pancreatitis if evidence of cranial abdominal or subxiphoid discomfort on palpation. Given the patient's history, as well as the presence of intermittent gastric peristaltic contractions, the possibility of a non-visualized or small area of mechanical obstruction in this patient cannot be definitively excluded.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

Continued supportive care for gastritis and metabolic hypomotility would be reasonable with close monitoring for evidence of persistent to progressive gastric fluid retention. If this is noted, additional diagnostics such as contrast study or endoscopy, if available, could be considered for further assessment with the potential for exploratory laparotomy and gross inspection of the upper gastrointestinal tract if no improvement with supportive care. If exploratory laparotomy is elected, gastrointestinal biopsies would be considered essential to assess for underlying gastrointestinal disease, given the patient's history. Pending further assessment and supportive care, recheck sonogram prior to any potential surgical considerations is recommended.

HOSPITAL NAME

Resolution
Veterinary
Ultrasound LTD

REFERRING VET

Dr. E. Campbell

INVOICE

13420

DATE

2/24/22



PATIENT

Bug Leishner

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2 years

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution
Veterinary
Ultrasound LTD

REFERRING VET

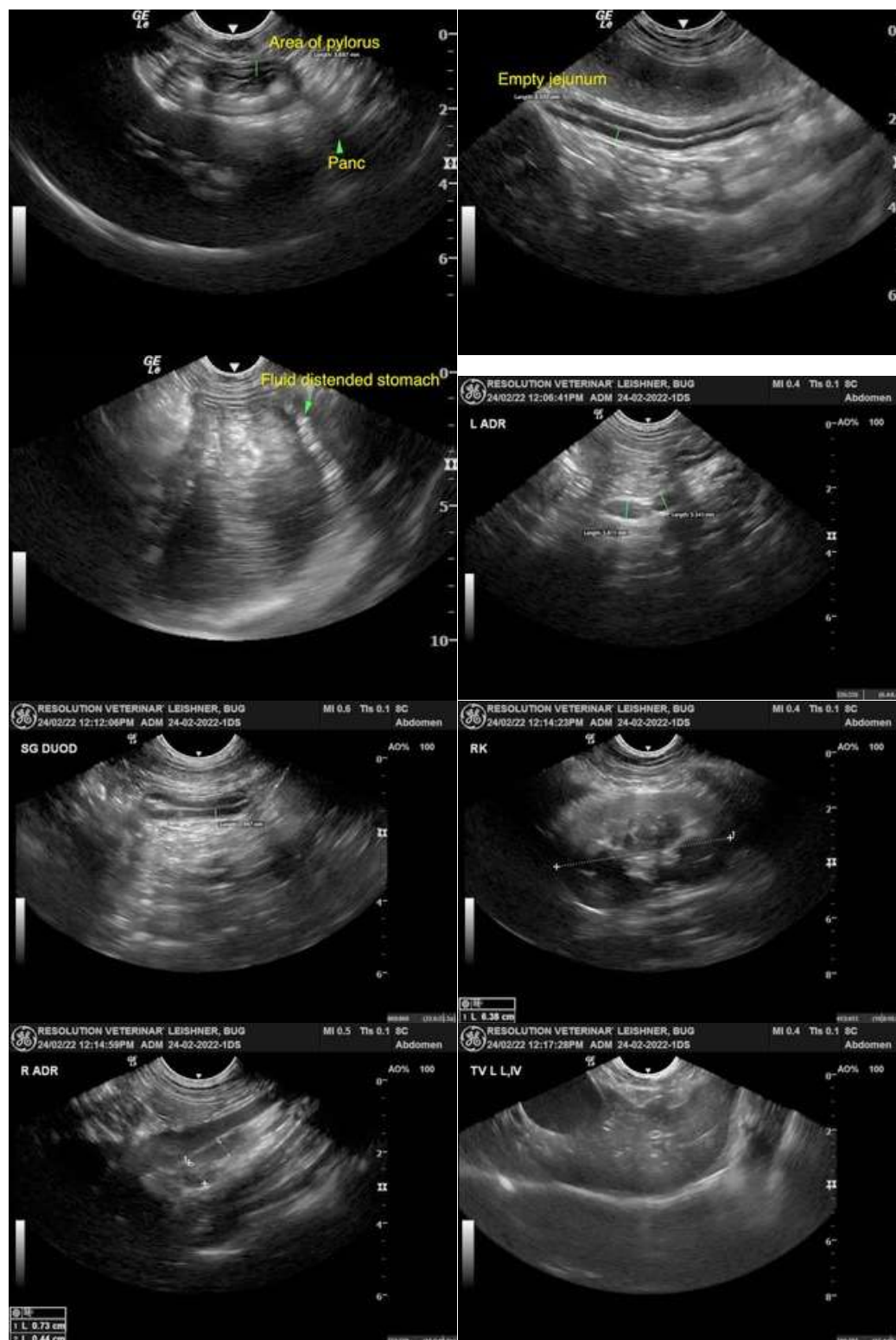
Dr. E. Campbell

INVOICE

13420

DATE

2/24/22





PATIENT

Bug Leishner

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2 years

WEIGHT

25 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Resolution
Veterinary
Ultrasound LTD

REFERRING VET

Dr. E. Campbell

INVOICE

13420

DATE

2/24/22



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