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Clinical Sonography & Telecytology
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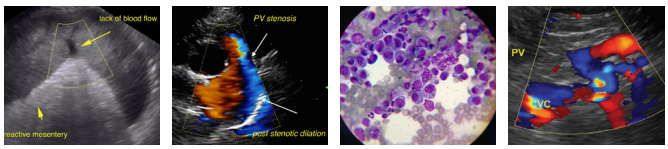


PATIENT
Nyla Miller

SPECIES
Canine

BREED
Terrier X

SEX
Spayed Female

AGE
12 Years

WEIGHT
3.4 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
McKnight 24 Hr

REFERRING VET
Dr. Alonso

INVOICE
35936

DATE
2/28/22

PRESENTING CLINICAL SIGNS

Ate a tampon 24 Hr prior history or indiscriminate eating. Induced vomiting 4 times and nothing brought up. Want to refer for endoscopy
Abnormal PE/Chem/CBC/UA Results: No abnormalities

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 were 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 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 4.1 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 0.52 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

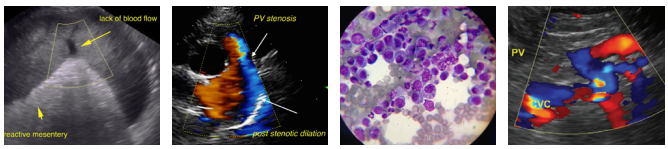
Liver

The liver was subjectively normal in size and contour. Generalized mild increased hepatic parenchyma echogenicity noted exhibiting moderate coarse echotexture, mild parenchymal remodeling, and multifocal discrete hypoechoic intraparenchymal nodules. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge, primarily in the caudal lumen and gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited intact yet subjective mild prominent wall layering. The stomach was moderately distended with strongly shadowing ingesta, primarily in the fundus and gastric body with mild retained pyloric chyme and non-shadowing echogenic fluid. Pylorus wall measured 0.37 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal ileus noted and intermittent subtle duodenojejunal mucosal speckling. No evidence of mechanical small intestinal obstruction or overt foreign material. Jejunum wall measured 0.38 cm.



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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

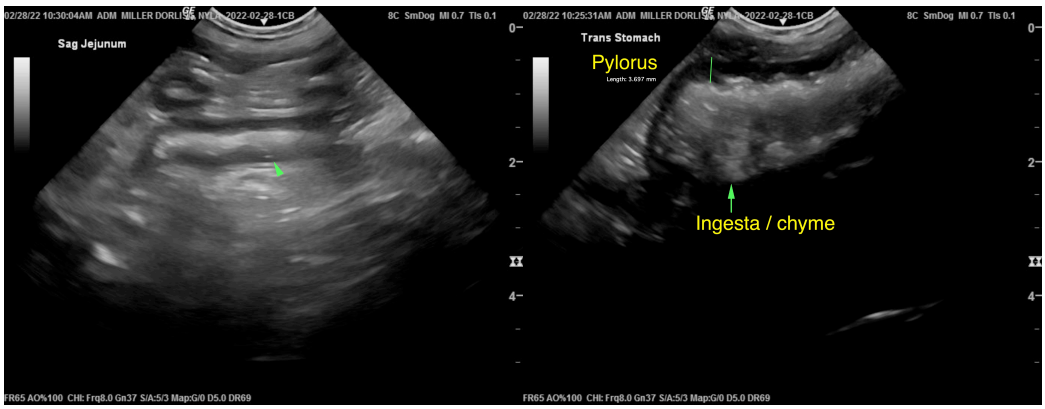
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric ingesta/echo with mild retained pyloric fluid/chyme
- Potential concurrent enteritis
- Mild generalized hyperechoic hepatic parenchyma with multifocal discrete hypoechoic intraparenchymal nodules – non-specific, vacuolar hepatitis, immune mediated/inflammatory hepatic parenchymal disease, age related remodeling with multiple areas of hematopoiesis versus nodular to regenerative hyperplasia, less likely potential for neoplasia, although cannot be definitively excluded.
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, strongly shadowing retained gastric ingesta despite multiple induced yet non-productive vomiting .The strongly shadowing gastric ingesta is consistent with foreign material, which may indicate cloth fabric, stuffing or similar. Endoscopy could be considered for further assessment and potential retrieval of gastric foreign material. However, given this presentation, laparotomy with expectation toward gastrotomy +/- gastrointestinal biopsies and hepatic sampling (if clinically indicated) would be appropriate.



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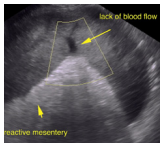

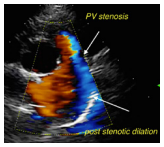

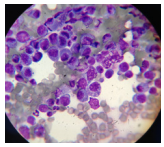
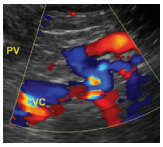

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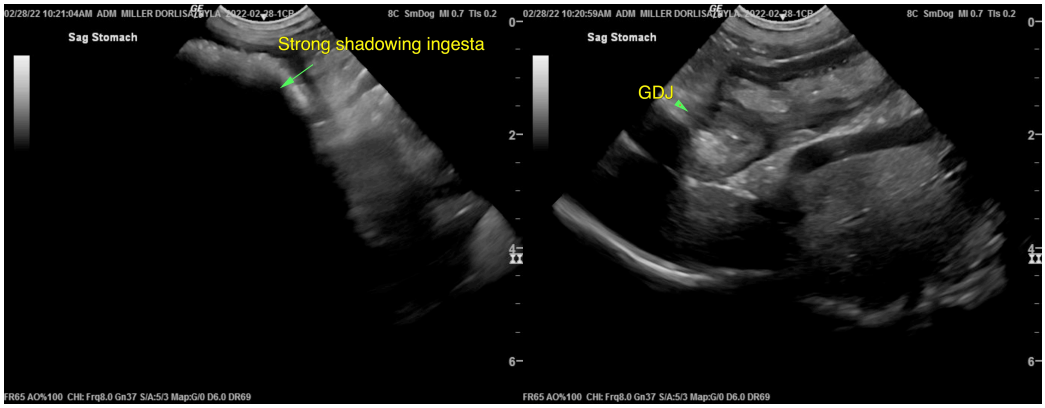

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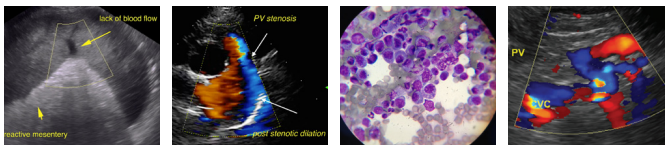

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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