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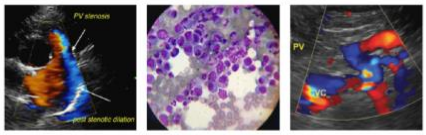

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Otis Utzig

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

40.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Graham

INVOICE

20955

DATE

PRESENTING CLINICAL SIGNS

History: Otis presented to the MVS Emergency Service on Feb 02, 2023, at 6:20pm, for evaluation of vomiting, diarrhea. He has been vomiting intermittently for the last three weeks, and he has been increasingly lethargic over this time as well. For the past few weeks, owners also note that he has been straining to defecate. He has been having ~10 bowel movements a day, each of them being small, soft stools, and he strains for a while each time. On Sunday (1/29), Otis vomited 4 times. Owners brought him to pcDVM on Monday where they took abdominal radiographs and ran bloodwork. Per owners, the bloodwork was unremarkable and the radiographs did not show evidence of obstruction. Owners brought him back to pcDVM on Tuesday where they were given a rx GI diet and Otis was given an anti-emetic injection. Last night, Otis seemed very nauseous and uncomfortable. He ate food this morning but refused food this afternoon. Otis had a hx of seizures for the first 3-4 years of his life but has not had a seizure for at least the last 5 years. Owners are most concerned that he may have a FB obstruction as it is not unlike him to try to eat things. Otis was treated with maropitant and subcutaneous fluids and scheduled to return on 2/3 for an abdominal ultrasound. Since yesterday, owner was only able to get him to eat about 2 tablespoons of eggs last night, and 1 tablespoon of eggs at 8am today. He is still refusing everything else. He having soft unformed stools today. No vomiting. The retching stopped about 2 hours after getting home last night and hasn't come back yet. No other significant changes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. No evidence of urinary bladder overdistention, as with post urinary bladder obstructive criteria. 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. Aortic trifurcation was normal.

The residual prostate was not definitively visualized owing to overlaying pelvic inlet shadowing.

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 7.4 cm in length. The right kidney measured 7.3 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 0.58 cm width at the caudal pole and 0.54 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 0.68 cm width.

Spleen

The spleen was mildly enlarged with symmetrical capsule contour and generalized mild parenchyma heterogeneity, exhibiting focal to intermittent discretely hypoechoic nodules. An example of splenic nodule measured 1.0 cm in diameter. Splenic vascularity was normal. No splenic masses were noted.

Liver

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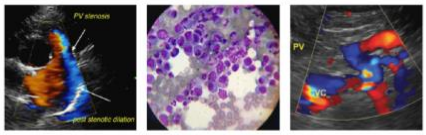

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.50 cm width. The stomach contained a mild amount of retained anechoic fluid.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Segmental, generally mild duodenojejunal ileus with retained anechoic fluid and mild nonspecific echogenic chyme was present, along with segmental luminal gas. No definitive intestinal obstructive pattern or obstructive mural pathology was noted. The duodenum wall measured 0.34 cm. The jejunum wall measured 0.35 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.27 cm.

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 was evident.

Free Abdomen

Several benign isoechoic medial iliac lymph nodes were visualized, not consistent with inflammatory or neoplastic criteria. An example measured 1.6 cm x 0.65 cm.

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 3.7 cm x 0.58 cm.

Focal, very scant pocket of periintestinal free fluid was present. No evidence of significant peritoneal effusion or omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with mild gastric and segmental duodenojejunal hypomotility, non-formed to soft fecal matter.
- Sonographically unremarkable urinary bladder
- Mild splenomegaly, exhibiting nonhomogenous focal to intermittent discretely nodular parenchyma- hyperplasia, hematopoiesis, incidental splenitis, small hematomas, early infiltrative neoplasia are all potentials.
- Intermittent minor benign/reactive mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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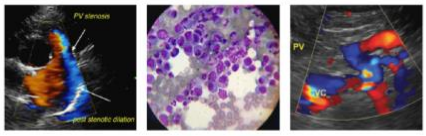

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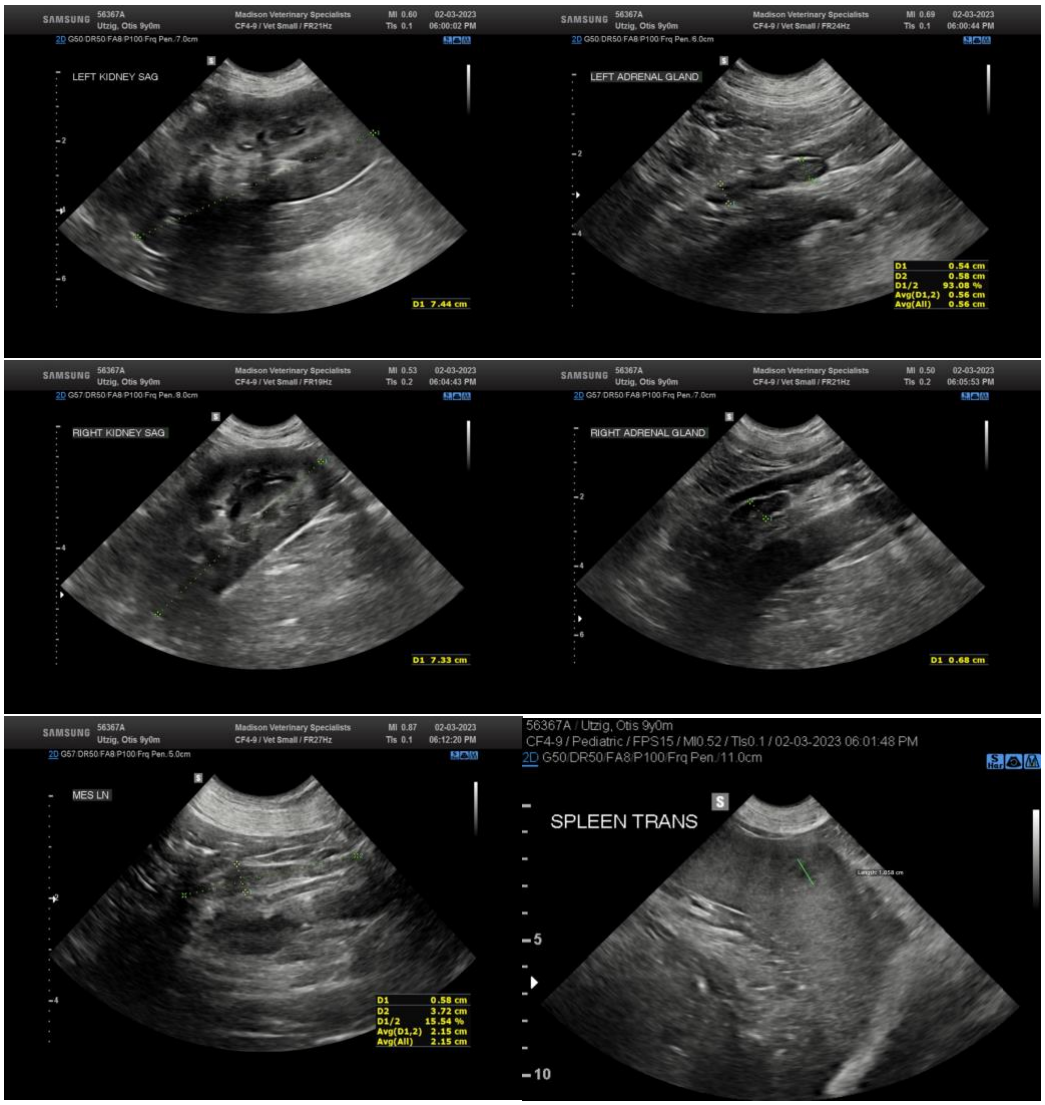
No obvious evidence of definitive gastrointestinal obstructive criteria, i.e., definitive foreign body, mural pathology, etc. Technically, the possibility of a small to passing foreign body, potentially obscured by segmental intestinal gas, cannot be definitively excluded. Gastroenterocolitis, inflammatory bowel disease, infectious disease, occult infiltrative gastrointestinal neoplasia are all possible. Rectal palpation to assess the residual prostate may be considered.

Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology is recommended for further clarification. 24–48-hour hospitalization with IV fluid and gastrointestinal support with assessment of clinical response and potential recheck sonogram, if persistent or progressive gastrointestinal signs, would be reasonable.



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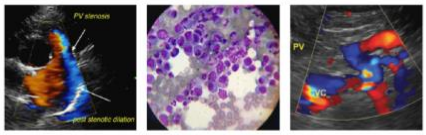

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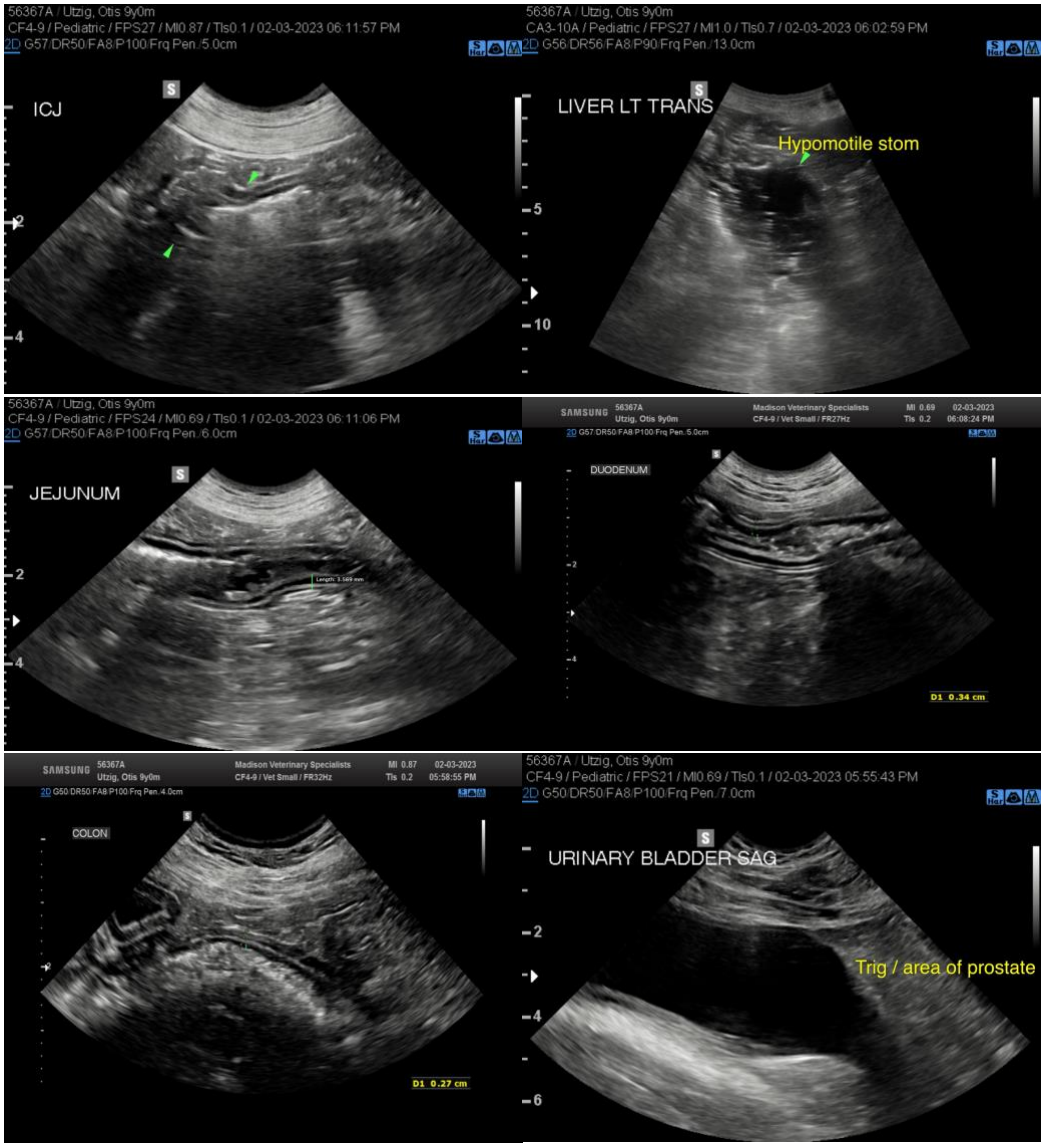

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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