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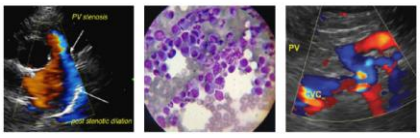

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**PATIENT**
Bo L'Heureux

**SPECIES**
Canine

**BREED**
Hound Mix

**SEX**
MN

**AGE**
5yr

**WEIGHT**
73.3lb

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

**IMAGING PERFORMED BY**
Rachel Runnells

**HOSPITAL NAME**
SVS Imaging KC

**REFERRING VET**
Dr. Servos

**INVOICE**
12885ag

**DATE**
02/05/2023

## PRESENTING CLINICAL SIGNS

On and off eating for 5 months, losing weight. Can eat watered down/liquid meals.

Abnormal PE/Chem/CBC/UA Results: can see something in the lumen of the stomach on both lateral views, suspicious of a partial pyloric outflow obstruction.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 7.2 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.94 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 0.63 cm width at the caudal pole and 0.77 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited moderate generalized gas distension and a small amount of retained pyloric fluid along with subjective mild retained hyperechoic pyloric ingesta or echo with dirty acoustic shadowing. No overt evidence of obstructive pyloric mural pathology. The pylorus wall measured 0.58 cm in width.

The small intestine presented intact wall layering with segmental to generalized mildly irregular to hyperechoic jejunal submucosa layer. The lumen of the small intestine was empty with no signs of

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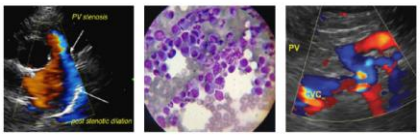

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ileus, obstruction or foreign material to the level of the colon. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.44 cm width.

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

***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***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

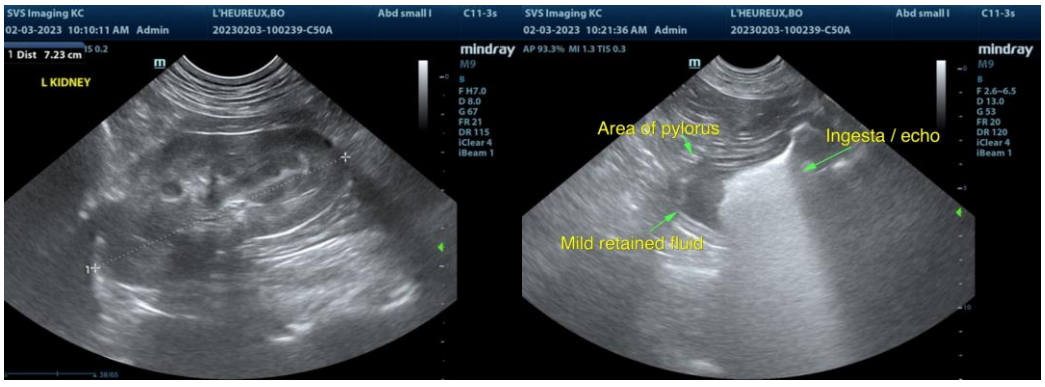
- Generalized gas distended stomach
- Mild retained pyloric fluid with non-specific pyloric ingesta/echo
- Intact small bowel walls with segmental to generalized prominent mildly irregular jejunal submucosa-no overt small bowel mechanical obstructive pattern or visualized foreign material

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of gastric gas distension prohibited full evaluation of the gastric interior. Concern for a subjective small amount of pyloric foreign material i.e., fabric, cloth, hairball type density or similar in conjunction with reported radiographic findings is warranted. Although non-specific with potential for patient variant, the small intestine mural changes may suggest underlying concurrent inflammatory enteropathy such as IBD or other. No evidence of intra-abdominal neoplastic criteria was present.

Non-invasive further assessment may include GI motility study as well as a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease as a contributing factor to the patient's weight loss.

Given likely ideal full thickness intestinal biopsies as gold standard for definitive diagnosis, laparotomy with gross inspection of the GI tract, potential gastrotomy as well as full thickness biopsies is ideal. Alternatively initial gastric endoscopy for further assessment of the gastric interior, assessment of the pyloric material +/- retrieval could be considered. Radiographic or sonographic reassessment of the stomach prior to endoscopy or surgery is advised.



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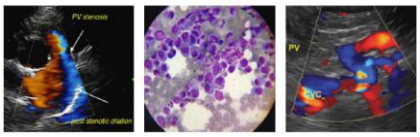

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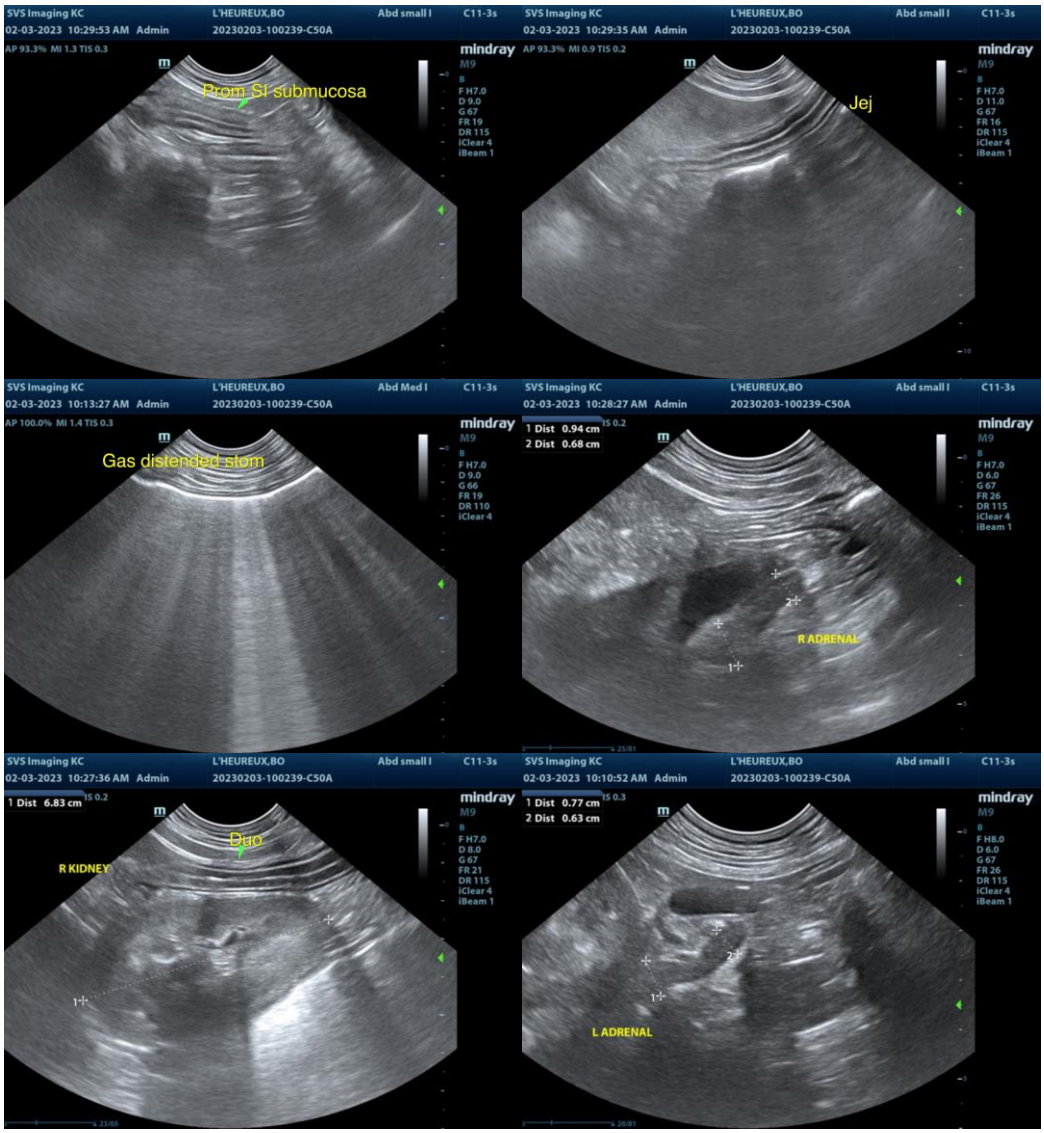


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**