



PATIENT PRESENTING CLINICAL SIGNS

Peter Thompson

6 month history of poor appetite and increased borborygmic sounds. Acute onset of diarrhea and vomiting started Feb 3/23. Vomitus is ingested food and bile. Diarrhea is watery with some mucous. After eating only about 25% of breakfast would vomit within 10 minutes. Slightly tacky on exam, normal vitals. Concerns about appearance of stomach on rads.

SPECIES

Canine

Has been on Ampicillin, Maropitant and Pantoprazole.

BREED

West Highland White
Terrier

Abnormal PE/Chem/CBC/UA Results: Attached bloodwork and radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

MN

AGE

10.5yr

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 4.6 cm in length. The right kidney measured 4.7 cm in length.

WEIGHT

10.5kg

The area of the aortic trifurcation was free of pathology.

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

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Bourque

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.

INVOICE

12894ag

Gastrointestinal

DATE

02/06/2023

The stomach presented intact mild generalized prominent wall layering. The lumen of the stomach contained mild retained fluid and non-specific hyperechoic focally shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.52 cm in width.



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The small intestine presented intact wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction, altered or loss of wall layering or foreign material.

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

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Canine

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.

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Terrier

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern with mild retained gastric fluid and focally shadowing ingesta
- Overtly normal small bowel/colon with soft fecal matter
- Normal pancreas-no evidence of active inflammation

AGE

10.5yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the stomach is suggestive of inflammatory criteria. The retained fluid and non-specific gastric ingesta may suggest some degree of mild metabolic hypomotility potentially secondary to gastric inflammation. The ingesta may indicate food or medication while the possibility of a small amount of non-obstructive gastric foreign material cannot be excluded.

WEIGHT

10.5kg

A fresh fecal analysis to rule out parasitic ova/giardia and a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered less likely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

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Hospitalization with documented 12 hour fast and sonographic reassessment of the stomach for evidence of persistent retained ingesta vs movement of ingesta out of the stomach may be considered. Upper GI endoscopy is likely ideal for further clarification of the gastric lumen as well as potential for biopsies.

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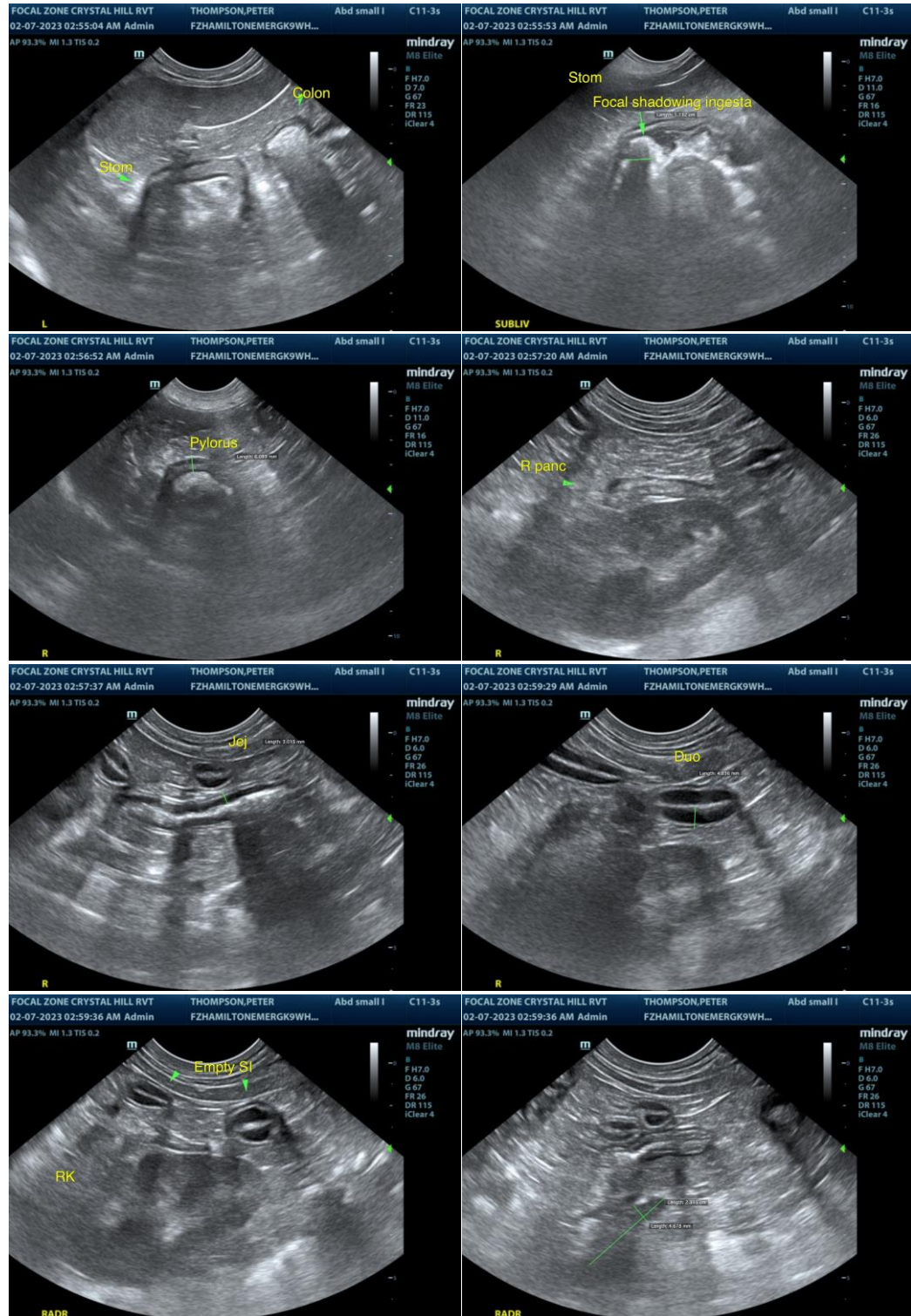
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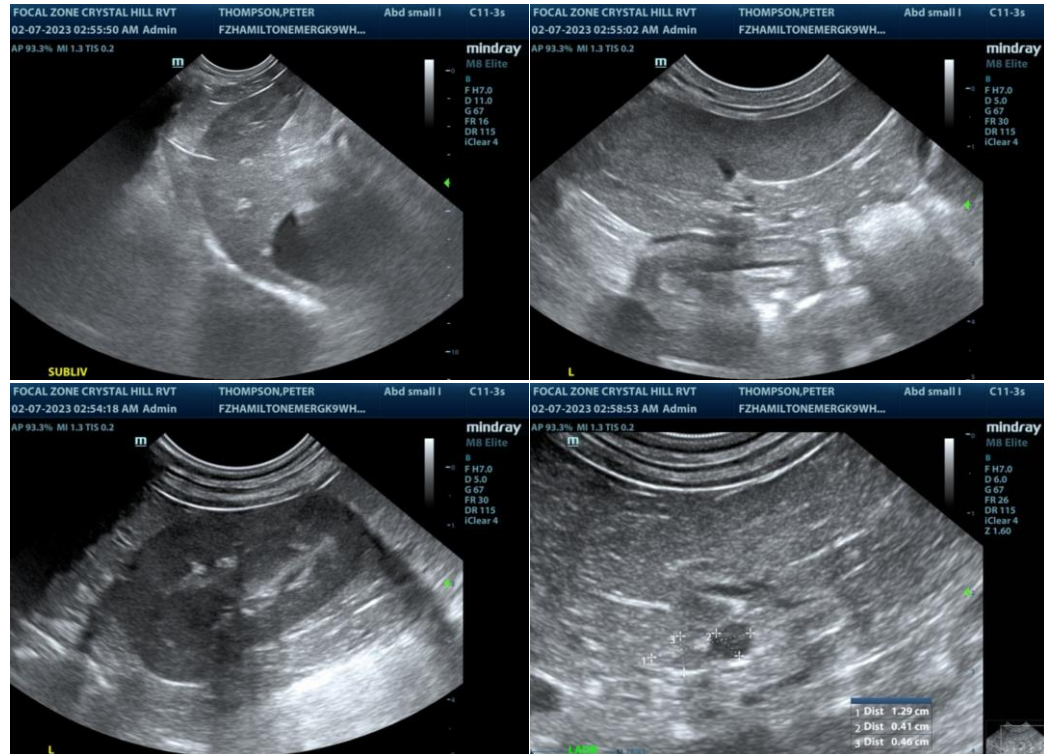
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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