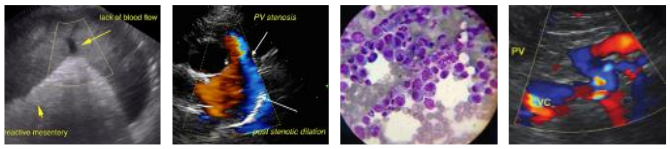
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Dexter Windley

SPECIES
Canine

BREED
Shepherd Mix

SEX
MN

AGE
12yr

WEIGHT
38kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Alpine 24/7

REFERRING VET
Dr. Drohan

INVOICE
13155ag

DATE
03/13/2023

PRESENTING CLINICAL SIGNS

Chronic intermittent vomishion for 2-3 months . Has chronic allergic skin disease and on Atopica

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.5 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 0.63 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 0.69 cm width at the caudal pole and 0.64 cm width at the cranial pole.

Spleen

The spleen exhibited normal size and contour with subtle parenchyma heterogeneity including intermittent non-disruptive hypoechoic nodules, an example measuring 0.45 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No masses noted.

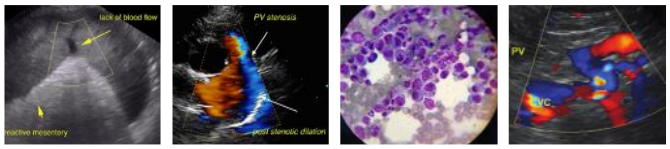
Liver/Gallbladder

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. Mildly increased yet indistinct prominence of portal vascular borders was present. Normal hepatic vascular volume without signs of congestion. No masses or nodules present. The gallbladder was non-distended in size with mildly prominent walls and primarily anechoic luminal content with moderate inspissated variably hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented variable mural thickening with indistinct wall layer detail in the ventral gastric body with mildly prominent wall layering noted in the pylorus. The ventral gastric body wall measured 0.9-1.0 cm in width. The ventral pylorus wall measured 0.67 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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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 peritoneal effusion was present.

Subtle peri-gastric hyperechoic omentum was present.

Probable indistinct non-homogenous peri-gastric cranial mesenteric lymph nodes were present, an example measured 1.6 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

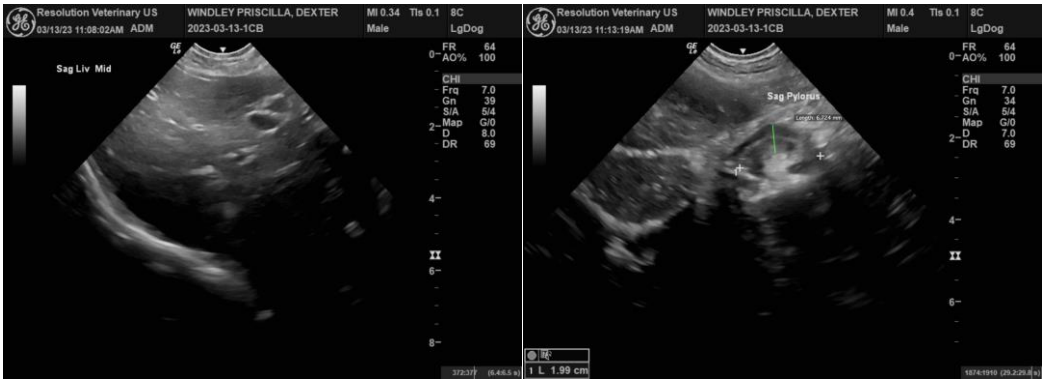
- Variably thickened stomach with mild non-shadowing gastric ingesta.
- Sonographically unremarkable small bowel/pancreas.
- Probable peri-gastric cranial mesenteric lymphadenopathy.
- Discrete splenic nodules-subjectively benign, suspect hyperplasia, hematopoiesis or similar.
- Mild hepatic parenchymal remodeling.
- Moderate inspissated gallbladder debris-not overtly consistent with mucocele criteria, possible low grade to chronic cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the variably thickened stomach may include chronic gastritis with possible mild gastric hypomotility if documented NPO. Potential for early infiltrative gastric mural neoplasia which may present in a similar manner is possible. Correlation with pending gastric mural and spleen cytology is suggested. Endoscopic or surgical gastric biopsies likely required for a definitive diagnosis.

Empirically, gastritis protocol to include canned limited antigen or hydrolyzed diet trial with avoidance of dry food over the next 4 weeks and gastroprotectants +/- coverage for helicobacter and sonographic reassessment of the stomach would be reasonable. Late evening feeding may prove beneficial if vomiting mostly in the am.

Hepatosupportive medications such as Denamarin and Ursodiol are suggested if evidence of cholestasis.



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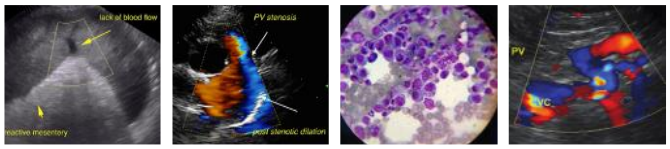

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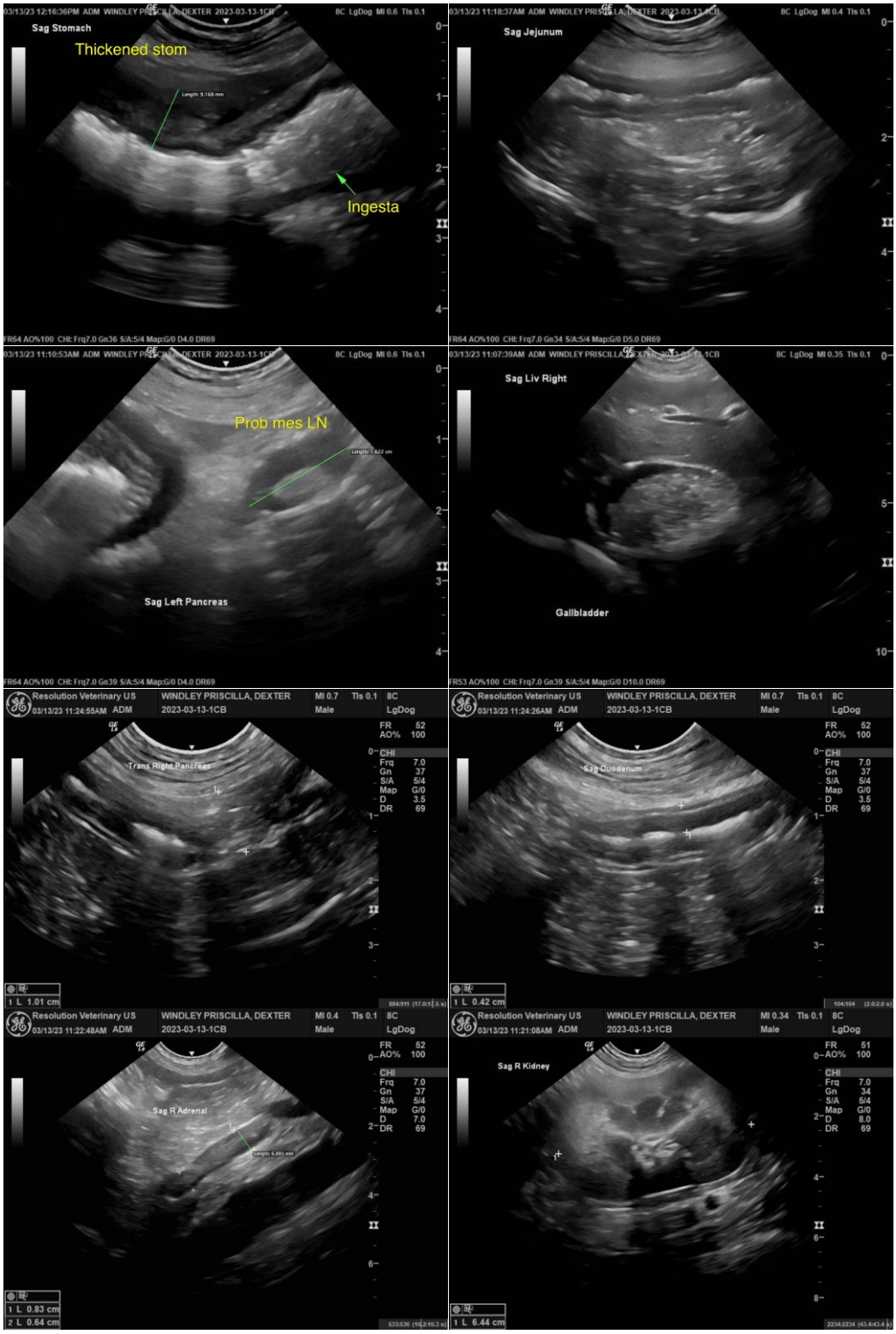

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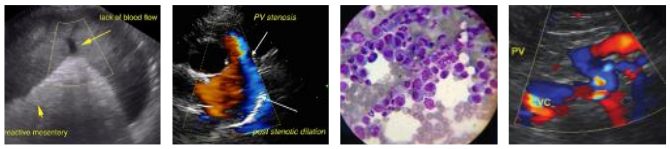

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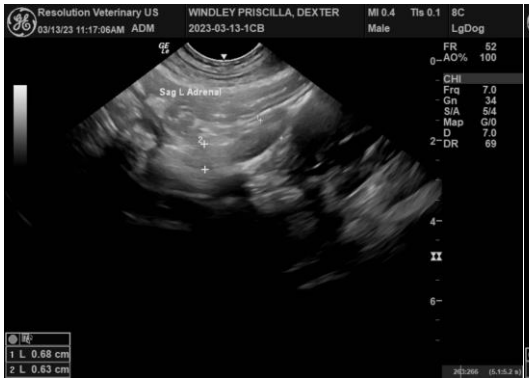

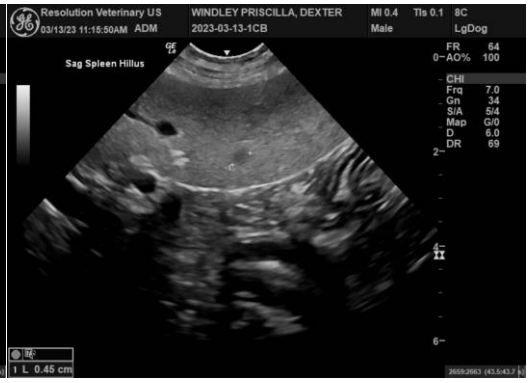

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com