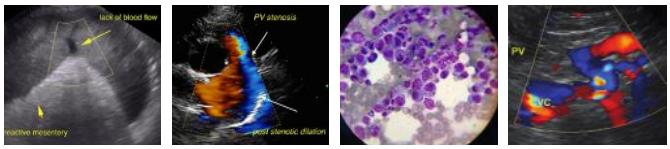
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Barclay Evans

SPECIES

Canine

BREED

Vizsla

SEX

Neutered male

AGE

8 years

WEIGHT

29.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Alastair Westcott

INVOICE

10198ag

DATE

03/18/2022

PRESENTING CLINICAL SIGNS

History: Persistent urticaria with vomiting over 24 hrs which has progressed to mild pinnal angioedema. Has received two doses of diphenhydramine and a single 24 hr NSAID injection. Still eating

Abnormal PE/Chem/CBC/UA Results: Urticaria and pinnal angioedema Normal blood and urine results Normal thoracic radiographs

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 7.3 cm in length. The right kidney measured 7.9 cm in length.

The area of the residual prostate was free of pathology measuring 0.98 cm width.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.46 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 0.60 cm width at the caudal 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

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 mild nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented normal with the potential for mildly prominent yet intact dorsal gastric wall measuring 0.80 cm in width. Mild retained non-shadowing ingesta/chyme was present in the stomach without evidence of mechanical pyloric outflow obstruction.

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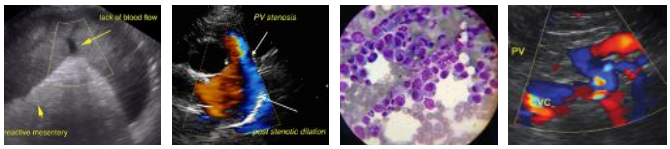

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.58 cm; the jejunum wall measured 0.51cm.

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 overt lymphadenopathy or peritoneal effusion was present.

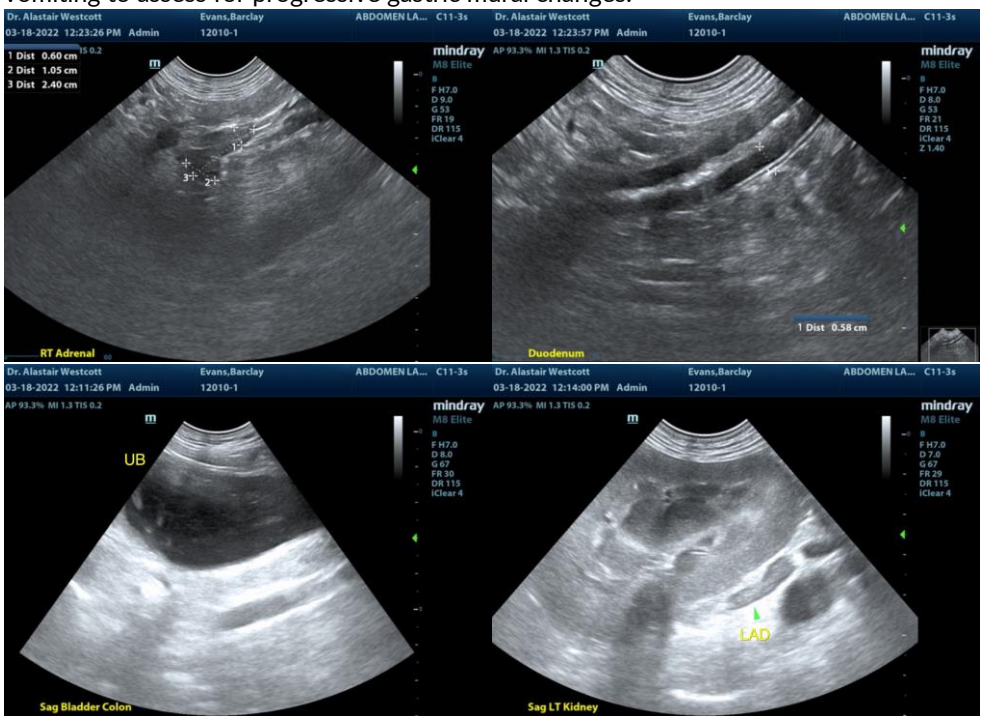
ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable abdomen.
- Suspect mild hypomotile gastritis.
- Mild gallbladder debris (non mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology as an obvious cause of the patient's clinical signs. Given the patient's vomiting and presence of retained ingesta, some degree of gastric inflammation and hypomotility is suspected. Overt evidence of ulceration or infiltrative gastric neoplasia was not present and is considered less likely.

Continued as needed gastrointestinal supportive care and monitoring for normal gastric emptying would be reasonable. Sonographic reassessment of the stomach could be considered if persistent vomiting to assess for progressive gastric mural changes.



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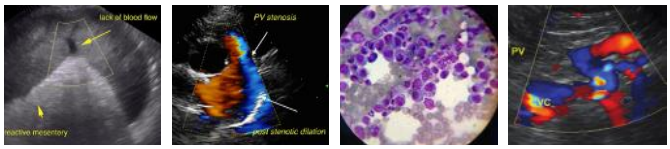

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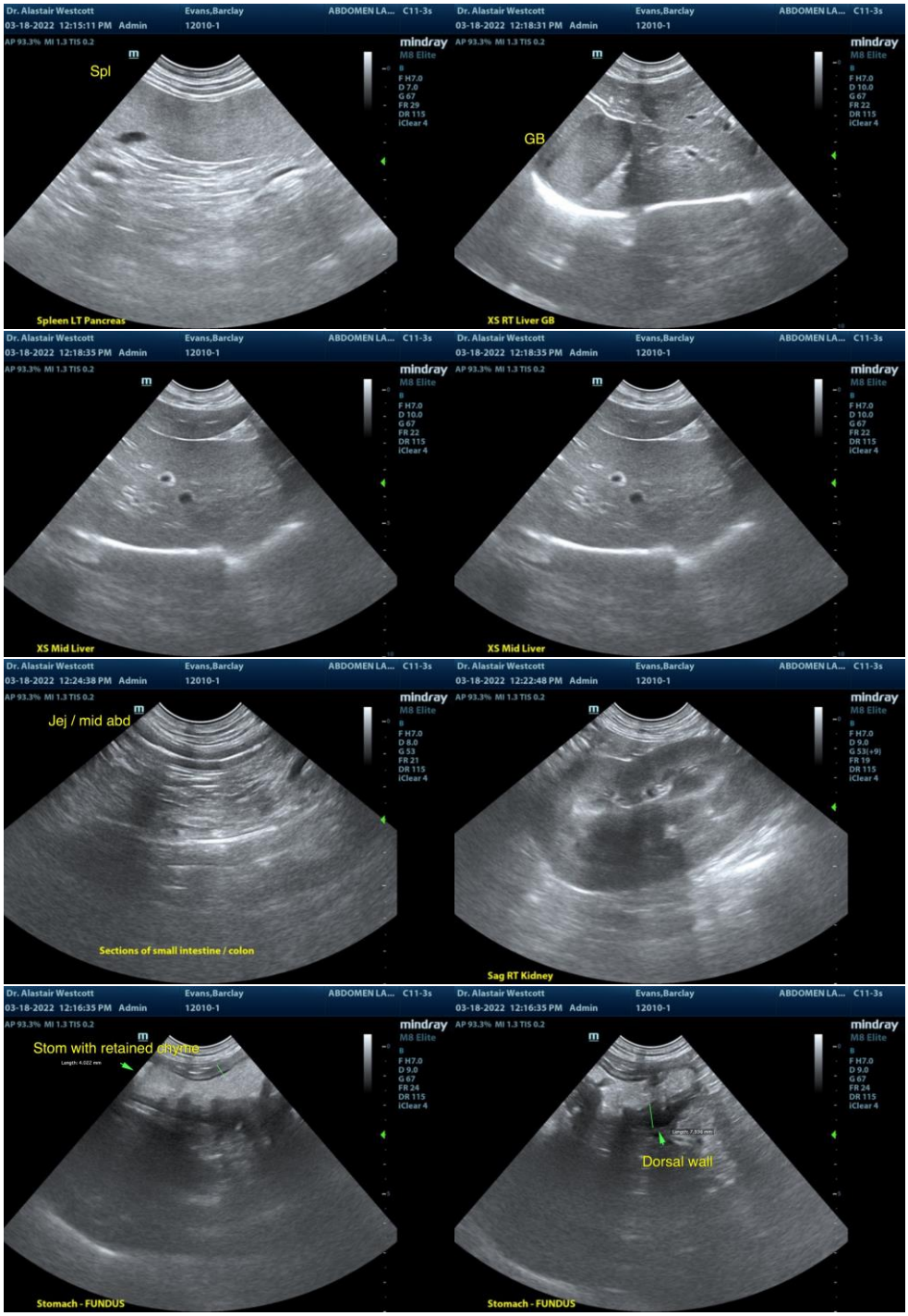

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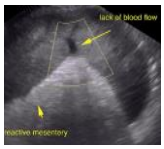

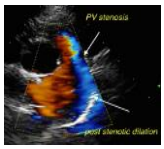

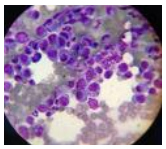
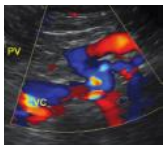

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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