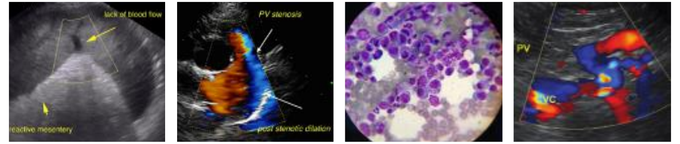


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bisou Singh

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

6 Years

WEIGHT

9.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sorbo

INVOICE

14342

DATE

3/18/22

PRESENTING CLINICAL SIGNS

History: Vomiting >1week with dry heaving. No diarrhea. Uncertain if pica. Historical GI sensitivity. Suspect indiscretional eating >> gastritis based on history.
Abnormal PE/Chem/CBC/UA Results: Dehydrated. New murmur (not there 1 week ago - susp physiological/dehydration). Labs: mild basophilia of 0.2k/uL, otherwise nsf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

The residual prostate was free of overt pathology.

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 3.3 cm in length. The right kidney measured 3.5 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 0.44 cm width at the caudal pole and 0.33 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 0.33 cm width at the caudal pole and 0.33 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.

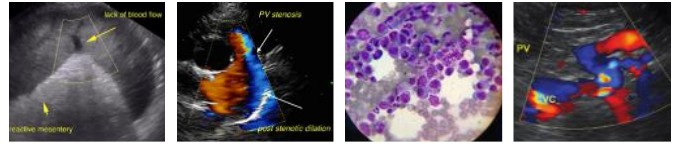
Liver

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 primarily anechoic content with mild congealed yet nonorganized mobile gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented moderate hypertrophied gastric mucosa. The gastric body wall measured –cm width. Mild gastric distension with moderate retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for segmental to generalized mildly prominent to echogenic submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon was normal with segmental areas of subjective mild distention with non-formed to liquid feces, possibly consistent with impending diarrhea.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of significant lymphadenopathy. A small pocket of very scant free fluid was noted in the caudal abdomen around the apical urinary bladder.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile gastritis
- Suspect concurrent inflammatory enteropathy- possible inflammatory bowel
- Segmental non-formed feces in colon
- Mild heterogeneous pancreas

Secondary Findings

- Mild inspissated yet nonorganized gallbladder debris- likely incidental given the lack of cholestasis, potentially owing to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from evidence of hypomotile gastritis, the small intestine exhibited subtle mural changes, specifically mildly prominent to echogenic submucosa, which may suggest underlying inflammatory etiologies, such as IBD which at time exhibits mildly prominent to echogenic submucosa in dogs. No overt evidence of mechanical obstruction or obvious foreign material. In patients with recurrent gastrointestinal signs or possible pica, low-grade to mild pancreatitis, dietary indiscretion/food intolerance, occult parasitism, inflammatory bowel disease or less likely gastrointestinal neoplasia may be possible.

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Monitoring for possible impending to emerging diarrhea suggested. Hospitalization with IV fluid and gastrointestinal support may prove beneficial.

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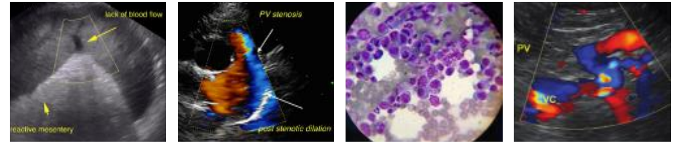

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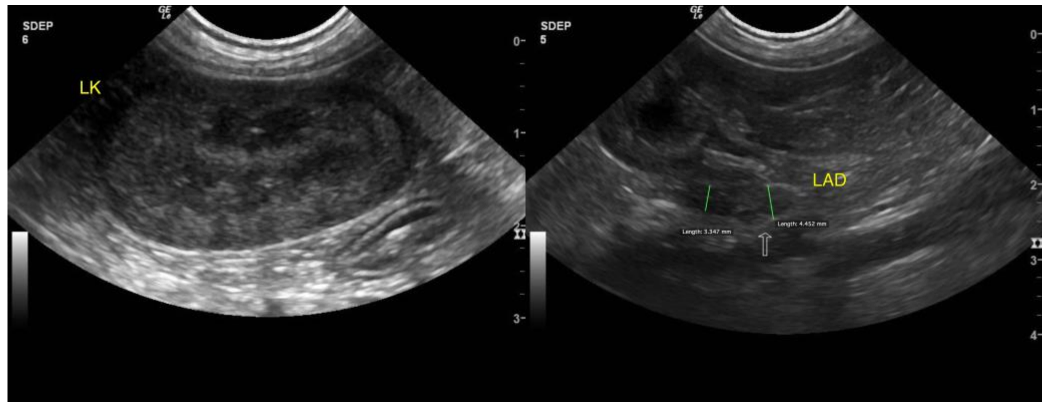

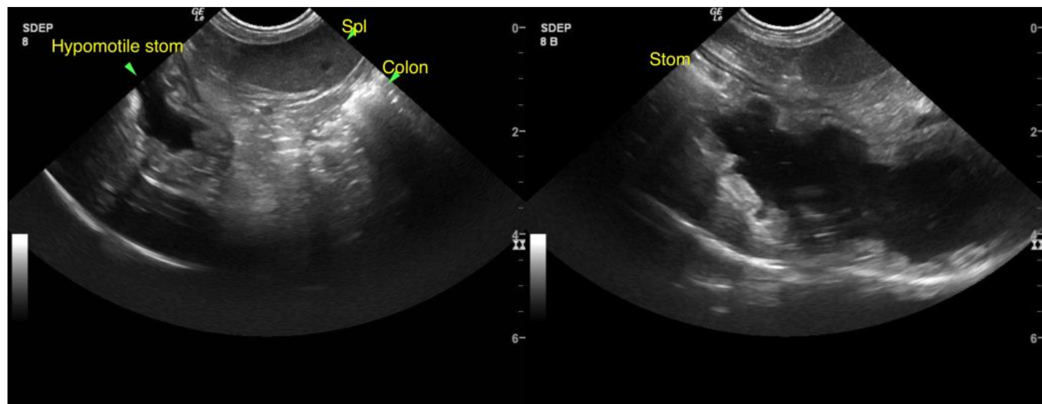

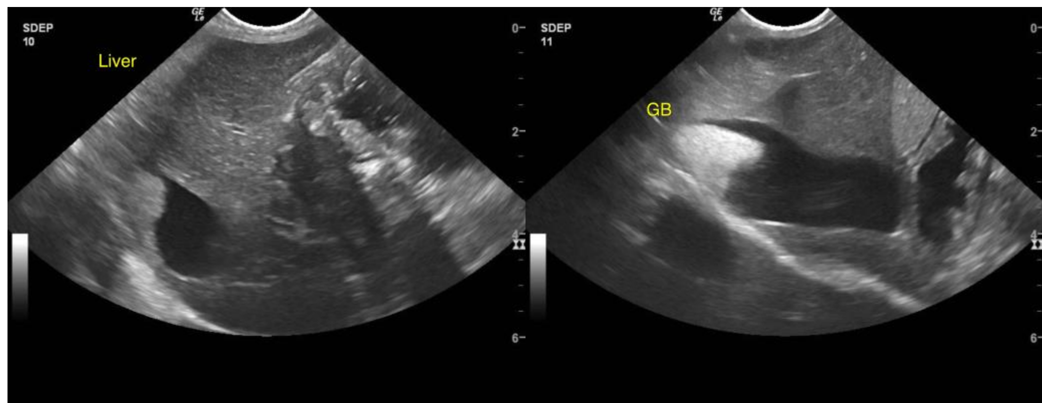

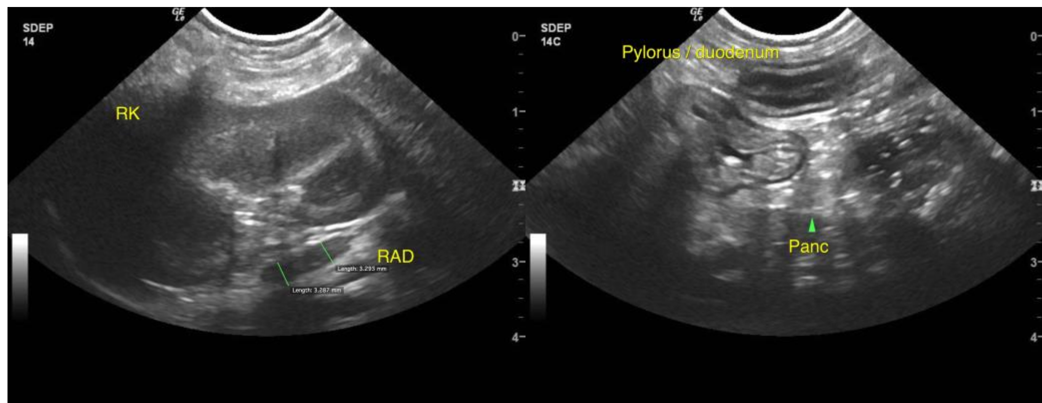

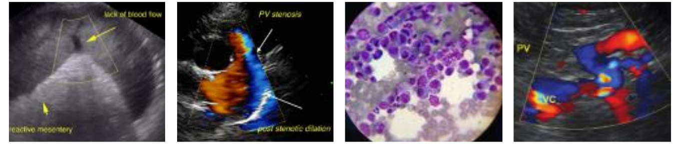

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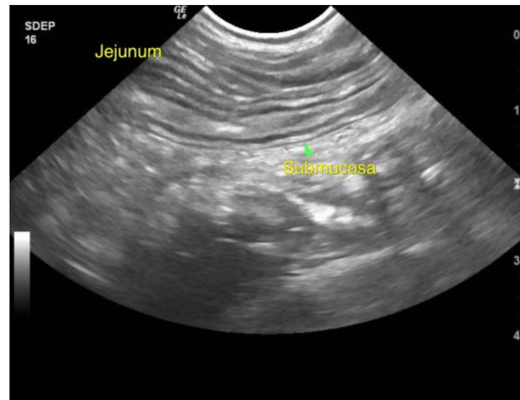

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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