



PATIENT PRESENTING CLINICAL SIGNS

Heidi Quinn History: Gastric dilation, lethargy, history of recent GDV surgery followed by mesenteric torsion 2 weeks later.

SPECIES Abnormal PE/Chem/CBC/UA Results: please see attached rads

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

St. Bernard

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.

SEX

Spayed female

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Small bilateral infarcts and mild pyelectasia was noted. The left kidney measured 8.2 cm in length. The right kidney measured 7.3 cm in length.

AGE

11 years

WEIGHT

37 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.1 cm length and 0.92 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length and 0.51 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Nelson AH

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 congealed yet non organized gallbladder debris. The gallbladder was otherwise normal without evidence of peripheral or gallbladder inflammation. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Quinn

INVOICE

10187ag

Gastrointestinal

The stomach presented marked distension containing retained fluid, chyme and gas. The visualized gastric walls were overtly normal. The ventral gastric body wall measured 0.38 cm.

DATE

03/18/2022



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The jejunum and ileum to the level of the colon were overtly normal exhibiting intact wall layering with 1:3 muscularis/mucosa ratio. Segmental areas of non-shadowing chyme were present. The duodenum was ill visualized owing to potential displacement or artifact secondary to marked gastric distention. The lumen of the small intestine had no evidence of mechanical or metabolic ileus. The jejunum wall measured 0.39 cm.

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

Pancreas

The pancreas was not definitively visualized owing to marked gastric distension.

Free Abdomen

No overt lymphadenopathy was noted. Small pockets of scant free fluid were observed between the stomach and the caudal liver as well as in the mid abdomen adjacent to the segmental small intestine.

ULTRASONOGRAPHIC FINDINGS

- Markedly distended stomach with retained fluid chyme and gas.
- Overtly normal visualized small bowel.
- Mild hepatosplenic parenchymal remodeling-benign.
- Bilateral chronic renal changes with small cortical infarct and mild pyelectasia.
- Scant peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the markedly distended stomach with retained fluid chyme and gas. This may indicate a functional or mechanical gastric stasis or delayed gastric emptying. Overt evidence of mechanical gastric outflow obstruction was not evident yet cannot be excluded. Passage of a gastric tube for gastric emptying with monitoring for recurrent gastric stasis and with hydrolyzed diet trial with slurry feeding BID-TID and potential increase to canned diet +/- contrast study could be considered.

Gross examination of the pyloric outflow and duodenum may be indicated if persistent or recurrent gastric distension is noted.

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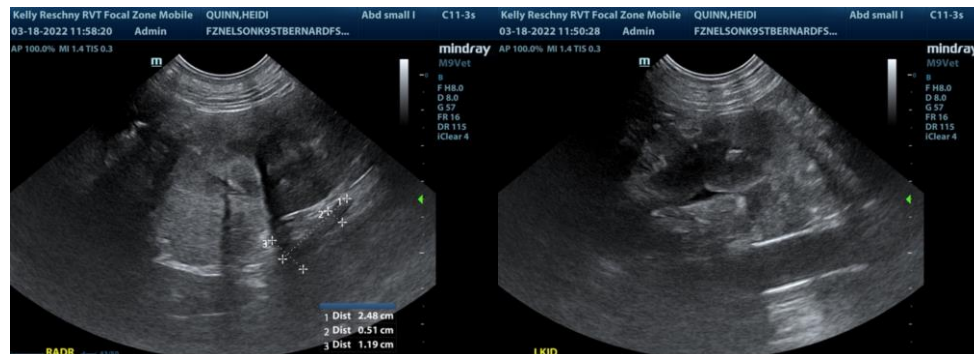
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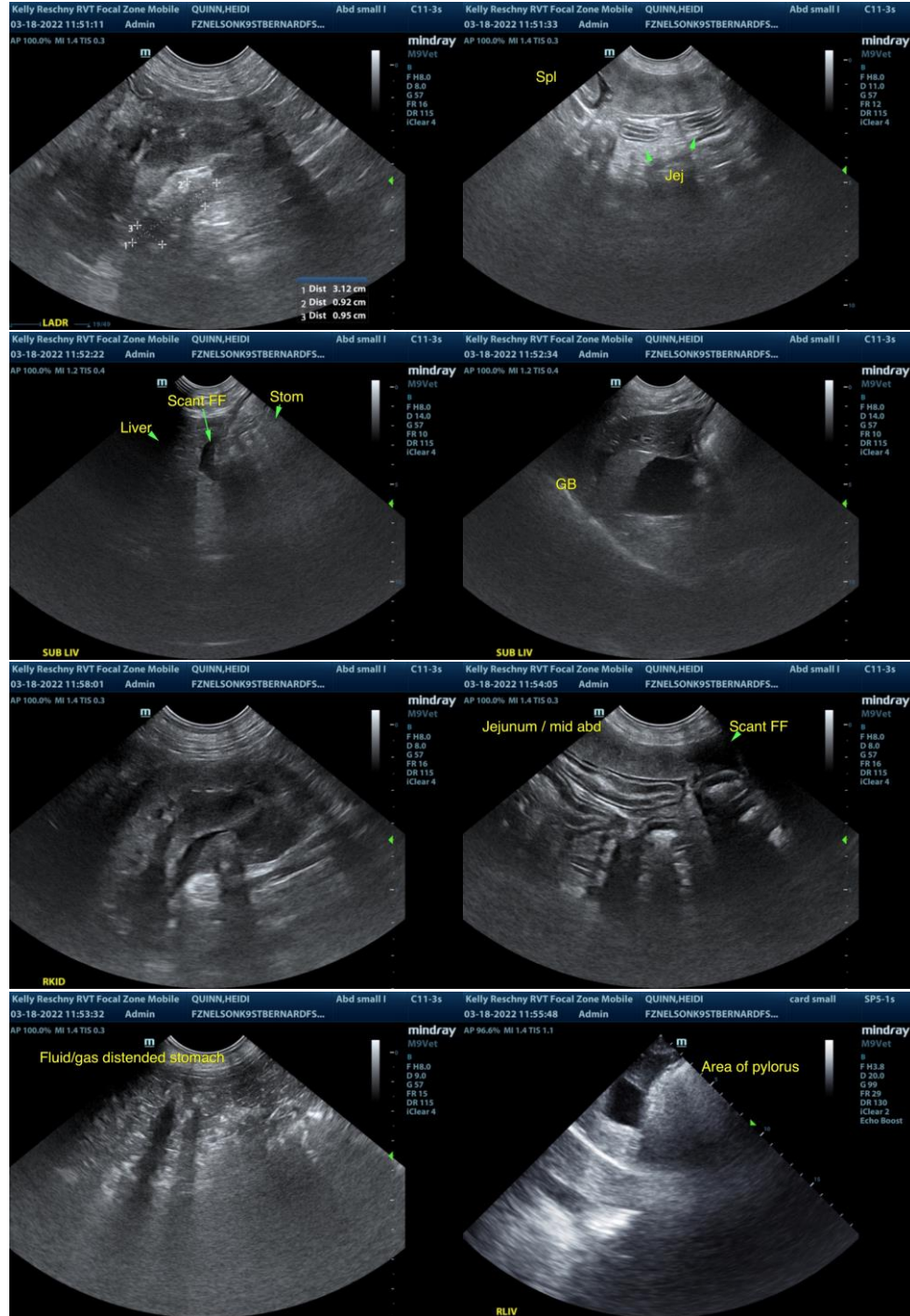
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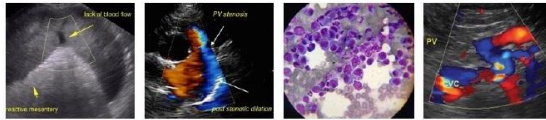
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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PATIENT info@SonoPath.com

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