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Clinical Sonography & Telecytology
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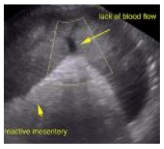

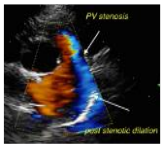

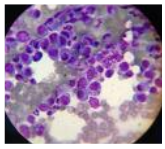
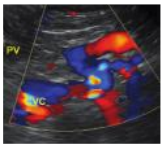

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1-800-838-4268 info@sonopath.com

PATIENT

Nymeria Beatty

SPECIES

Canine

BREED

Great Pyrenees

SEX

FS

AGE

1 years

WEIGHT

75.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

13515

DATE

3/18/22

PRESENTING CLINICAL SIGNS

Anorexia, vomiting, lethargy x few days. Elevated liver values, exposed to dog with kennel cough-mild cough. Dilated loop of SI on rads. Current meds: Cerenia and Famotidine yesterday. Was given Doxy for cough but not getting.
Abnormal PE/Chem/CBC/UA Results: ALT 247, ALKP 354, Monos 2,110

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of 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 5.8 cm in length. The right kidney measured 6.0 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 0.64 cm width at the caudal pole and 0.53 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 0.66 cm width at the caudal pole and 1.1 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/ Gallbladder

The liver exhibited potential for mild generalized enlargement. The hepatic parenchyma revealed mild generalized decreased echogenicity compared to the spleen and falciform fat with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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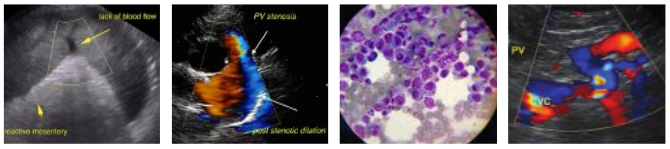

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Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with mild retained subtly shadowing Ingesta / chyme along with mild retained pyloric anechoic fluid. The ventral gastric body wall width measured 0.67 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine exhibited mild duodenal ileus, as well as segmental areas of mild jejunal stasis. Additional areas of empty small Intestine were present. Overt evidence of a definitive obstructive pattern was not present, although segments of the jejunum contained mild nonspecific hyperechoic digesta.

The colon exhibited sonographically unremarkable wall layering with generalized mild distention containing nonformed to liquid feces consistent with diarrhea.

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 were evident.

Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.6 cm x 1.6 cm. No peritoneal effusion was noted. The omentum exhibited uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenteritis pattern exhibiting mild gastric and segmental small intestinal hypomotility / ileus, segmental mild retained nonspecific non-shadowing small intestinal ingesta
- Associated mild suspected mesenteric lymphadenitis - likely secondary to acute inflammatory bowel episode
- Hepatopathy - subjectively acute / benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of a definitive gastrointestinal obstructive pattern or foreign material was not overtly evident. The possibility of a small amount of passing foreign material such as stuffing, fabric, or similar, given the mild nonspecific hyperechoic small intestinal ingesta, cannot be definitively excluded.

Hospitalization with IV fluid and gastrointestinal support with continued radiographic or sonographic monitoring of the gastrointestinal tract would be reasonable. Reactive or vacuolar hepatopathy, primary or reactive or inflammatory hepatopathy secondary to gastrointestinal inflammation, and nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, etc.), may be considered for the liver. Further assessment may include Leptospirosis titers / PCR if clinically indicated.

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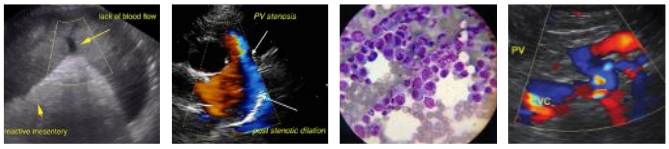

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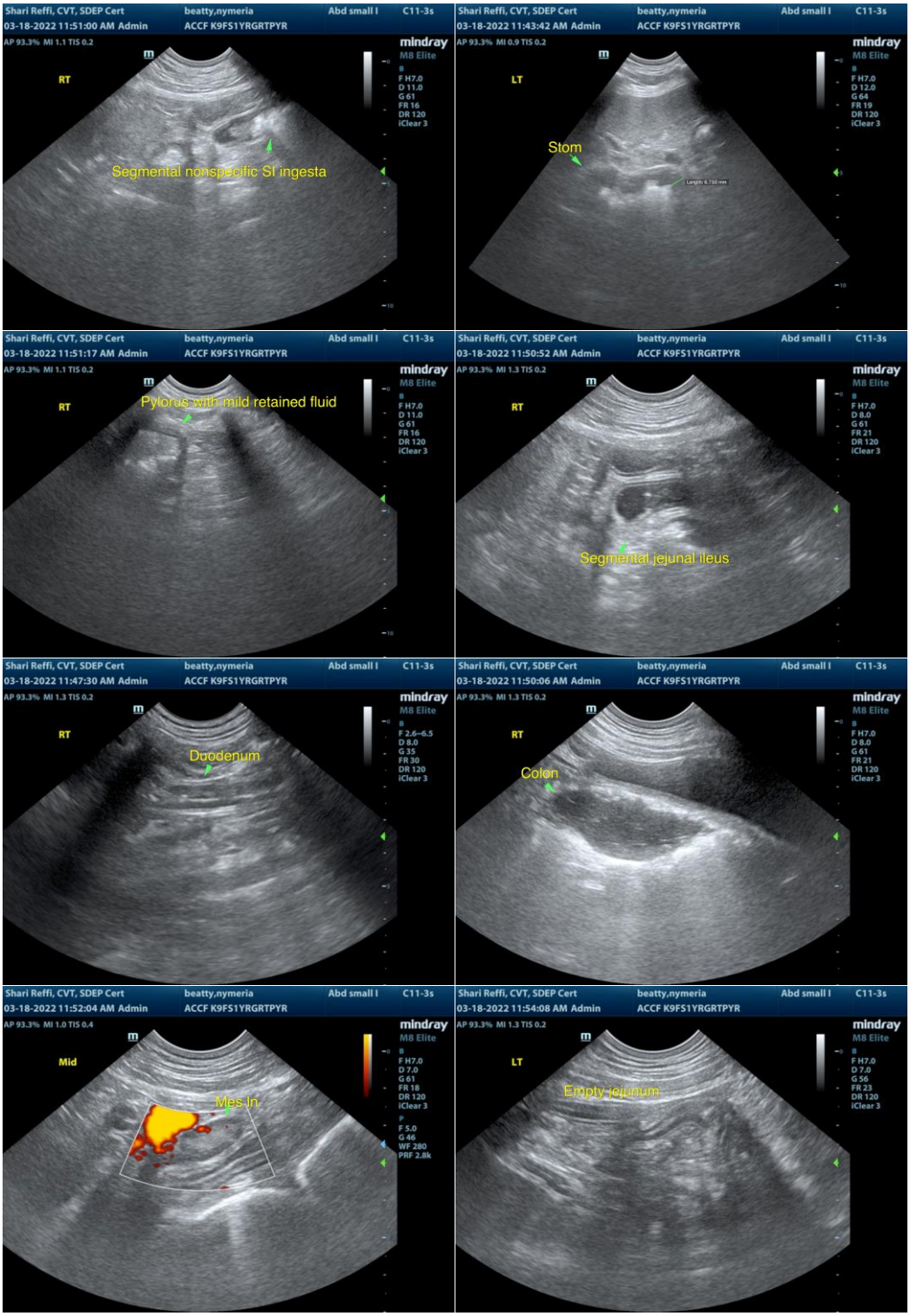

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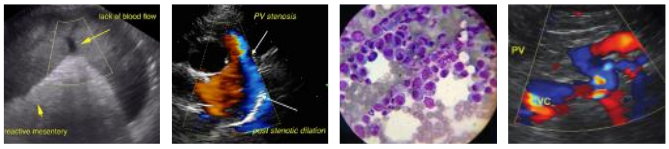

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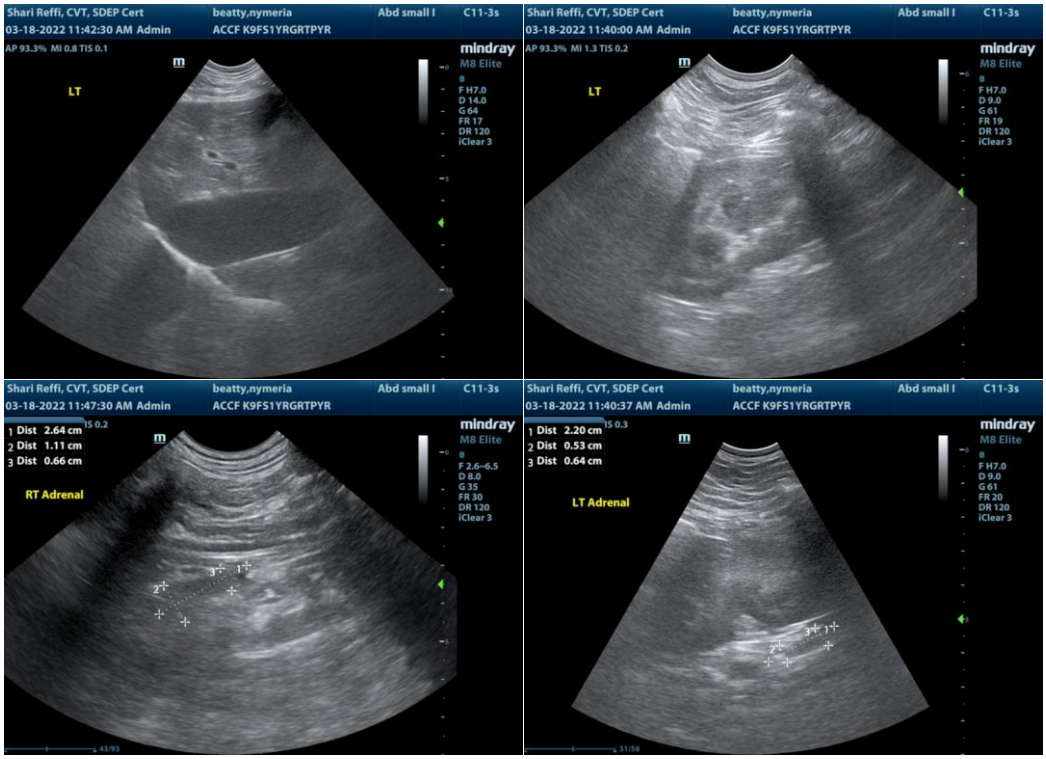

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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