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Clinical Sonography & Telecytology
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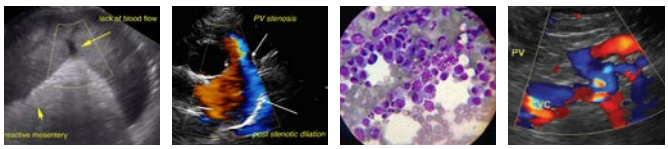

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1-800-838-4268 info@sonopath.com

PATIENT
Primo Hanger

SPECIES
Canine

BREED
Pit X

SEX
Neutered Male

AGE
11 Years

WEIGHT
38 kg

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Wendy Turner

HOSPITAL NAME
Pennsauken AH

REFERRING VET
Dr. Taryn Mooney

INVOICE
46189

DATE
3/27/23

PRESENTING CLINICAL SIGNS

Presented yesterday (3/26/23) for multiple day history of vomiting and soft stool. Appetite normal. History of dietary indiscretion - sticks. Radiographs on 3/26/23 were inconclusive due large amount of food in the abdomen. Repeat fasted radiographs on 3/27/23 showed material in stomach with distention of duodenum. R/o gastric FB vs outflow obstruction vs gastroenteritis.

Abnormal PE/Chem/CBC/UA Results: BW not done. Relevant physical exam findings unremarkable.

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 were noted.

The residual prostate was free of pathology.

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 increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 6.3 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.63 cm at the caudal pole. The right adrenal gland measured 3.0 cm length x 0.70 cm 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Potential for minor prominent pyloric wall layering, yet without evidence of mechanical pyloric outflow obstruction. The gastric fundus and body appear to be primarily empty with mild luminal gas. Mild to possible moderate retained, variably echogenic, mildly shadowing ingesta present in the area of the pylorus. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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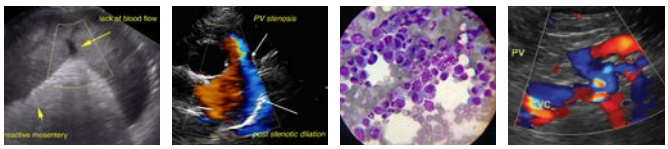

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Very minor upper duodenal luminal fluid. No evidence of upper duodenal obstructive pattern. Duodenum wall measures 0.47 cm. Jejunum wall measured 0.40 cm.

Normal visible colon wall layers were present with formed fecal matter.

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.

PRIMARY FINDINGS

- Mild to moderate variably echogenic mildly shadowing retained pyloric ingesta
- Sonographically unremarkable gastrointestinal tract/colon with minor upper duodenal ileus – no evidence of duodenal or generalized intestinal obstructive pattern.

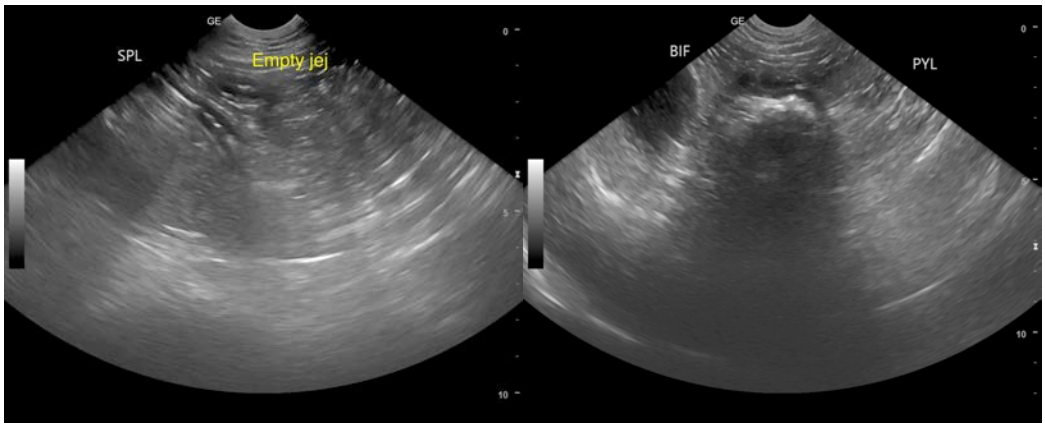
ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given assumed decreased amount of gastrointestinal ingesta between 24 hour radiographs, potential non-obstructive yet delayed gastric emptying with variably echogenic to shadowing ingesta could be possible without sonographic evidence of gastrointestinal obstructive pattern. However, the possibility of a small amount of obstructive retained pyloric foreign material cannot be definitively excluded, given the patient history.

Without evidence of obstructive pattern and reduced amount of gastric or gastrointestinal ingesta over the last 24 hours, continued gastrointestinal supportive care and sonographic monitoring of the stomach would be reasonable. Alternatively, if available, upper gastrointestinal endoscopy could be considered for further gross evaluation of the pyloric content. Recheck sonogram would be warranted if persistent evidence of retained pyloric ingesta and/or progression of anorexia/vomiting. Empirical therapy for gastroenteritis with recommended monitoring would be appropriate.



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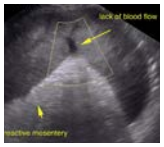
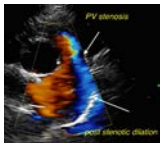
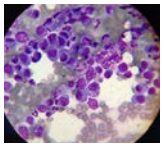
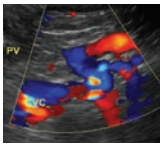

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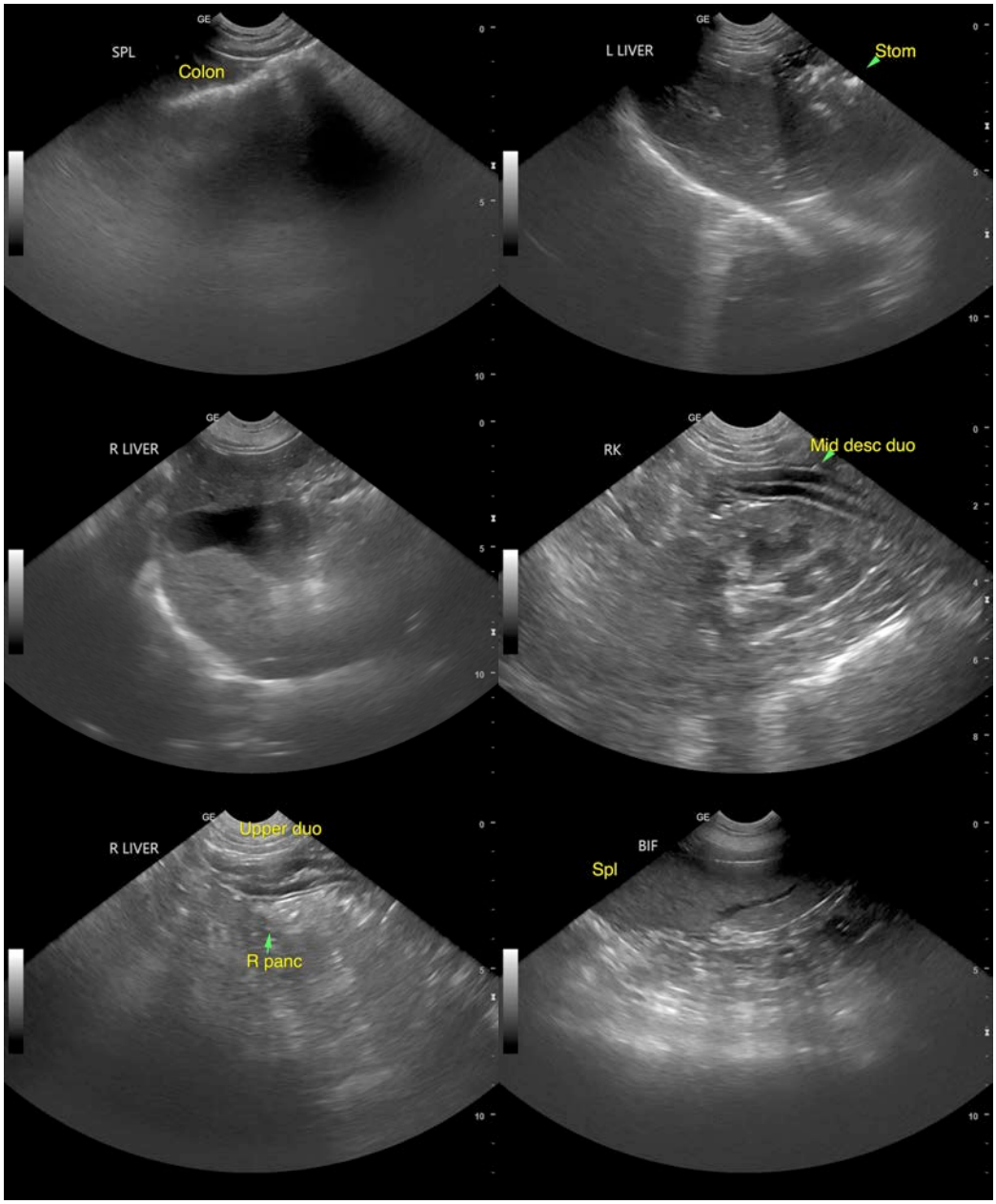

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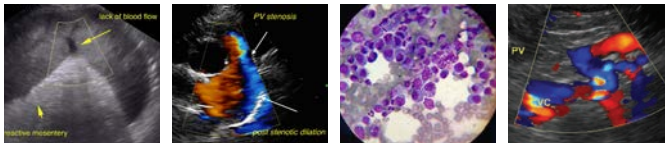

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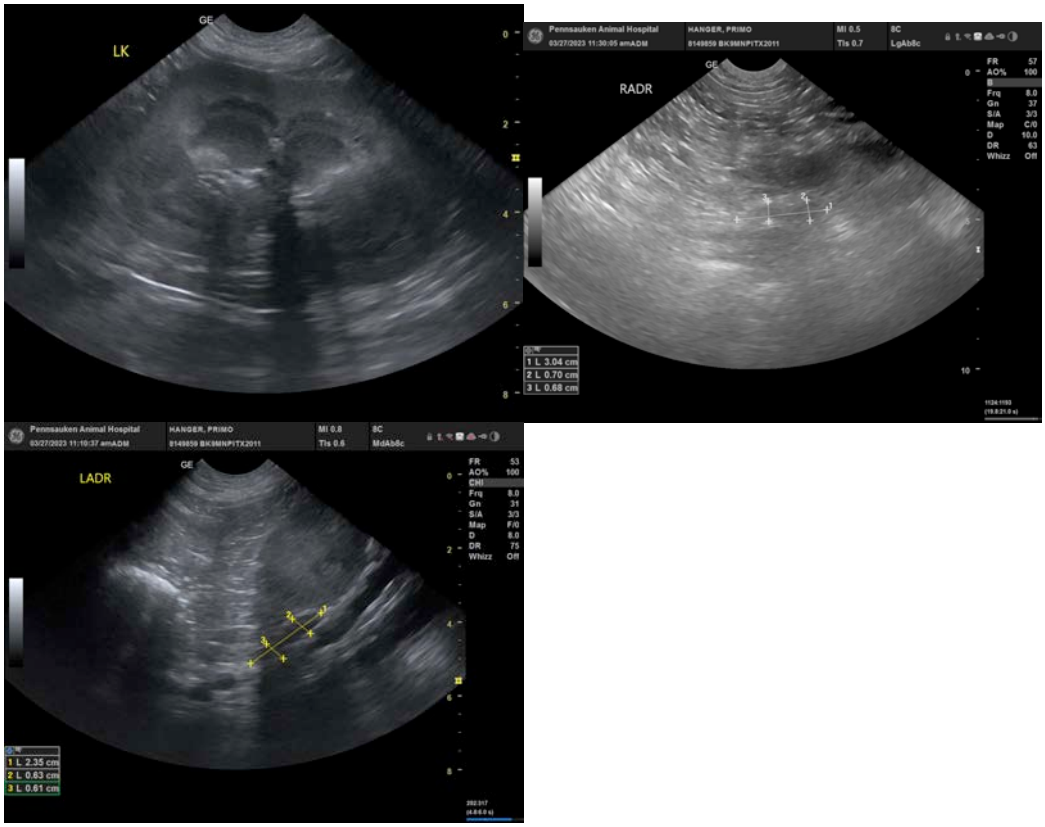

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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