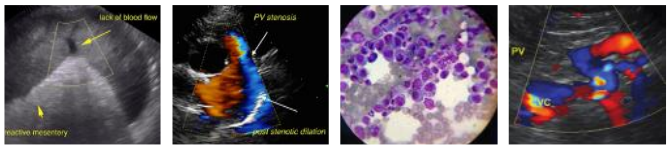
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Ruby Perhac

SPECIES
Canine

BREED
Rat Terrier

SEX
FS

AGE
9yr

WEIGHT
4.2kg

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

IMAGING PERFORMED BY
Dr. Moore

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Moore

INVOICE
13589ag

DATE
04/24/2023

PRESENTING CLINICAL SIGNS

presented for vomiting after owner saw her eating something in the backyard last week Thursday. lethargic. Hyporexic. Painful in middle cranial abdomen. previously diagnosed with ITP - discontinued atopica a month ago when P presented for routine BW and had vomiting the day after

Abnormal PE/Chem/CBC/UA Results: slight incr alp=285, amylase=1224, hb=21.1 with normal hct=60%. cPli normal. Radiographs confirm gastritis

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 4.3 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.

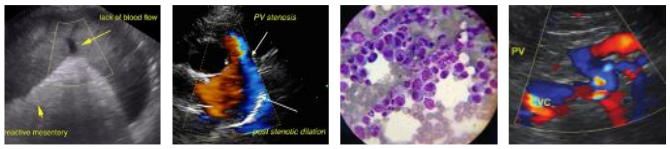
Liver/Gallbladder

The liver 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 with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild to moderate retained anechoic fluid was present.

The intestinal walls demonstrated intact mildly indistinct wall layering exhibiting segmental variable mural echogenicity ranging from hypoechoic to mildly hyperechoic with occasional mucosal speckling.



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A segmental to diffuse mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation.

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 visualized omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

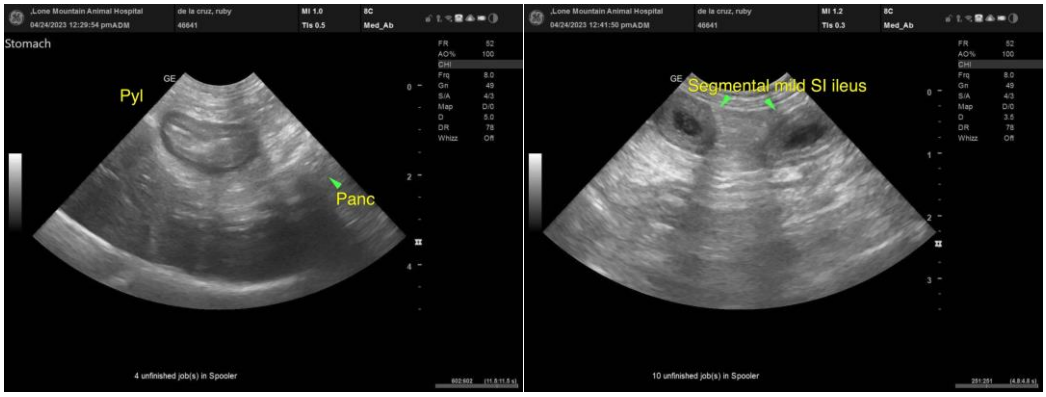
- Acute/subacute gastroenteritis pattern with mild gastric and segmental intestinal hypomotility.
- Subjective mild soft feces in colon.
- Sonographically unremarkable pancreas.
- Low grade benign hepatopathy-likely reactive/vacuolar hepatopathy.
- Gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for acute to subacute gastroenteritis possibly secondary to dietary indiscretion and assessment of clinical response would be reasonable. Dietary intolerance / food hypersensitivity, enterotoxic insult, infectious gastroenteritis, occult parasitism, occult Addison's disease or occult intestinal neoplasia are all potentials.

No sonographic evidence of overt or significant pancreatitis although concurrent low grade pancreatitis may present sonographically normal.

Sonographic reassessment of the GI tract may be considered if persistent/progressive GI signs despite supportive care. A resting cortisol level is suggested.



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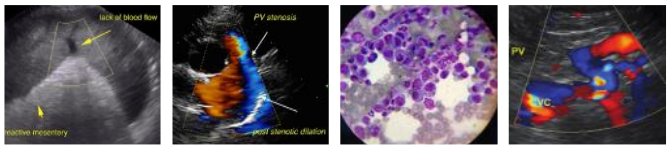

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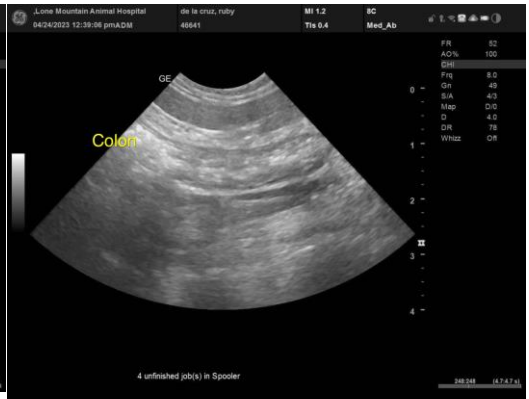

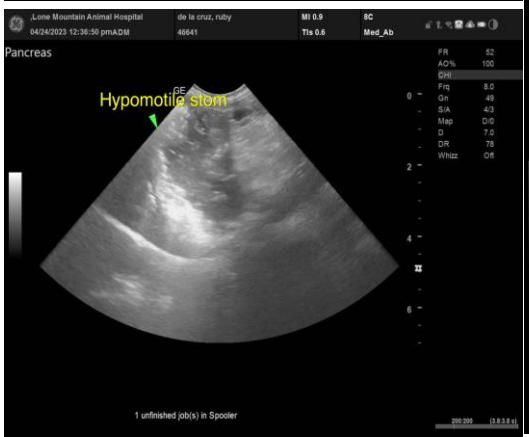

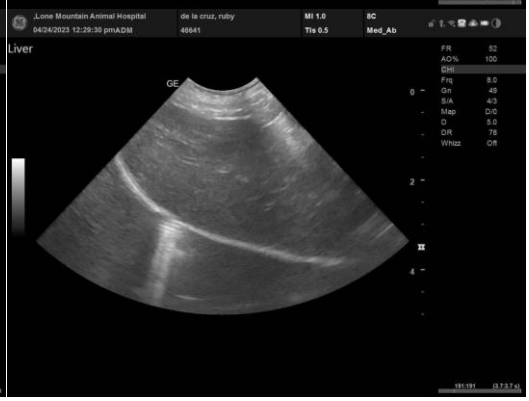

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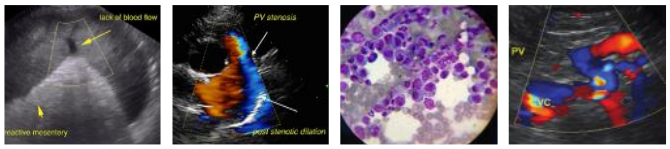

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com