



PATIENT

Audo Kormondy

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

6 years

WEIGHT

89 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

13605

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Has not eaten in 4 days, diarrhea. Current meds: cerenia SQ last night, Acepromazine 2mg IM today
Abnormal PE/Chem/CBC/UA Results: 4/5/22 CBC WNL, Chem: ALKP < 10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 7.4 cm in length. The right kidney measured 6.7 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 2.6 cm length x 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.49 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement yet maintained symmetrical capsule contour with subtle generalized splenic parenchyma heterogeneity. No splenic masses or nodules were noted. Normal splenic vascularity was present.

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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited moderate distention with primarily retained anechoic to mildly echogenic fluid and a mild amount of chyme. A solitary, spherical-appearing, hyperechoic, progressively shadowing echo was present in the area of the antrum and pylorus, measuring approximately 2.0-2.5 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of obstruction or foreign material. No evidence of mechanical / metabolic ileus was evident.



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

Audo Kormondy

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

German Shepherd

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

- Hypomotile stomach exhibiting moderate retained fluid and minor chyme, focal nonspecific subjectively nonobstructive hyperechoic to shadowing echo in area of antrum / pylorus

AGE

- Sonographically unremarkable small bowel and colon

6 years

- Mild splenomegaly exhibiting subtle parenchyma heterogeneity - patient variant, splenomegaly secondary to sedation, breed-associated hypersplenism, hyperplasia, hematopoiesis, or minor reactive splenitis likely. No evidence of neoplastic criteria.

WEIGHT

89 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The hypomotile stomach may indicate metabolic vs. mechanical gastric stasis without overt evidence of concurrent small bowel mechanical or metabolic ileus. Given the concurrent diarrhea in this patient and breed propensity for alterations in GI flora, dysbiosis or other inflammatory enteropathy vs. acute Inflammatory bowel episode may be contributing factors with this patient.

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(Canine and Feline)

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Subjectively, the nonspecific echo in the area of the antrum and pylorus did not overtly appear to be obstructive to pyloric outflow. However, it is somewhat concerning that the stomach appears to only be hypomotile without generalized gastrointestinal ileus which is often but not always present with the above differentials. Retained ingesta, medication, or irritative, nonobstructive to possible partially obstructive foreign body within the antrum and pylorus is possible. Correlation with potential medicine administration is suggested.

Jessica Miller

HOSPITAL NAME

Whippany VH

If not done, correlating radiographs to assess density of the pyloric echo is suggested. Given that the gastric echo did not overtly appear to be obstructive based on size and location, hospitalization with 24 hour IV fluid and gastrointestinal support with recheck sonogram would be reasonable. Endoscopy, if available, may be ideal for further assessment and noninvasive removal if a small foreign body is present. However, exploratory laparotomy may be indicated if persistent / progressive gastrointestinal signs with gastrointestinal biopsies considered essential if surgery is elected.

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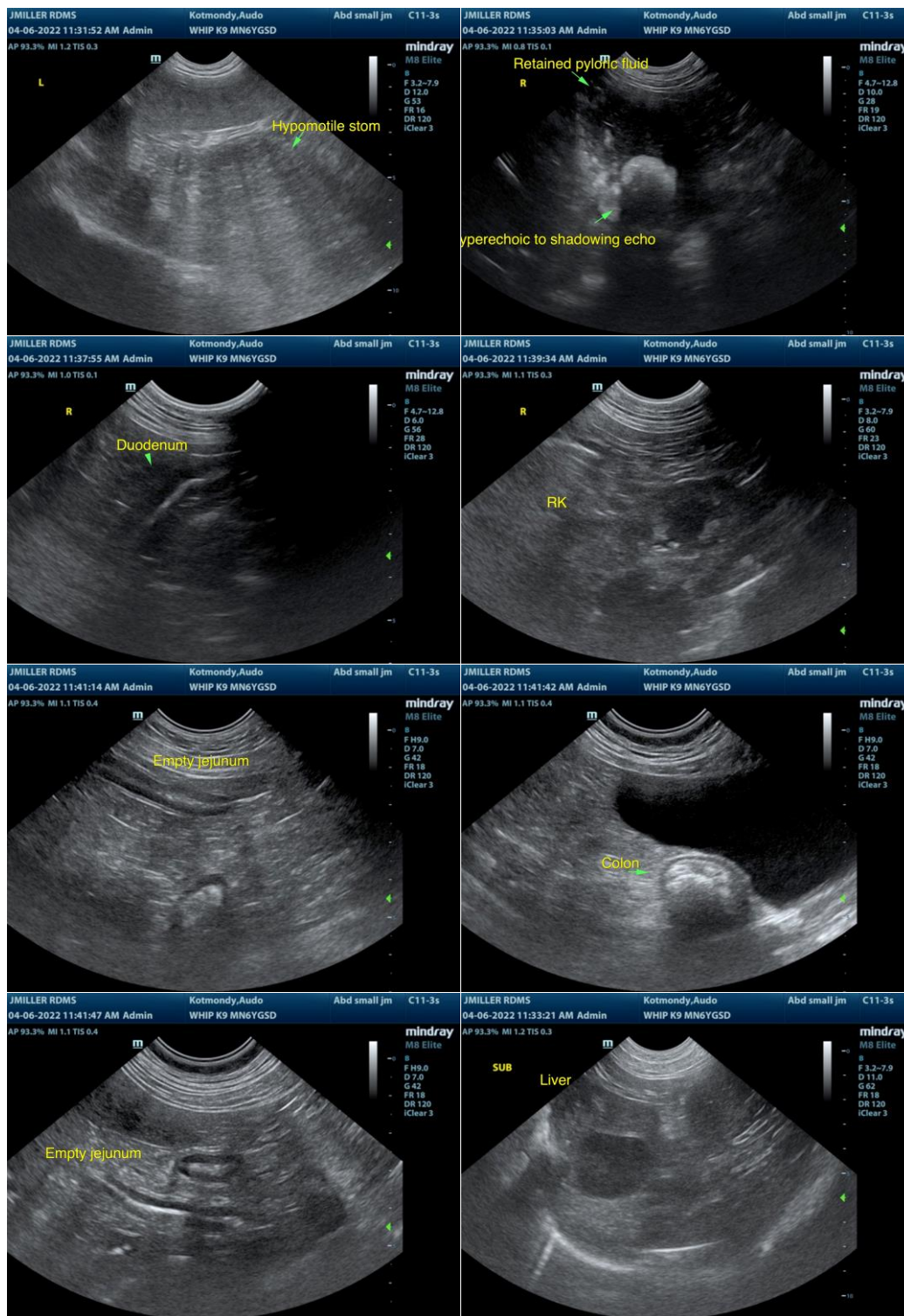
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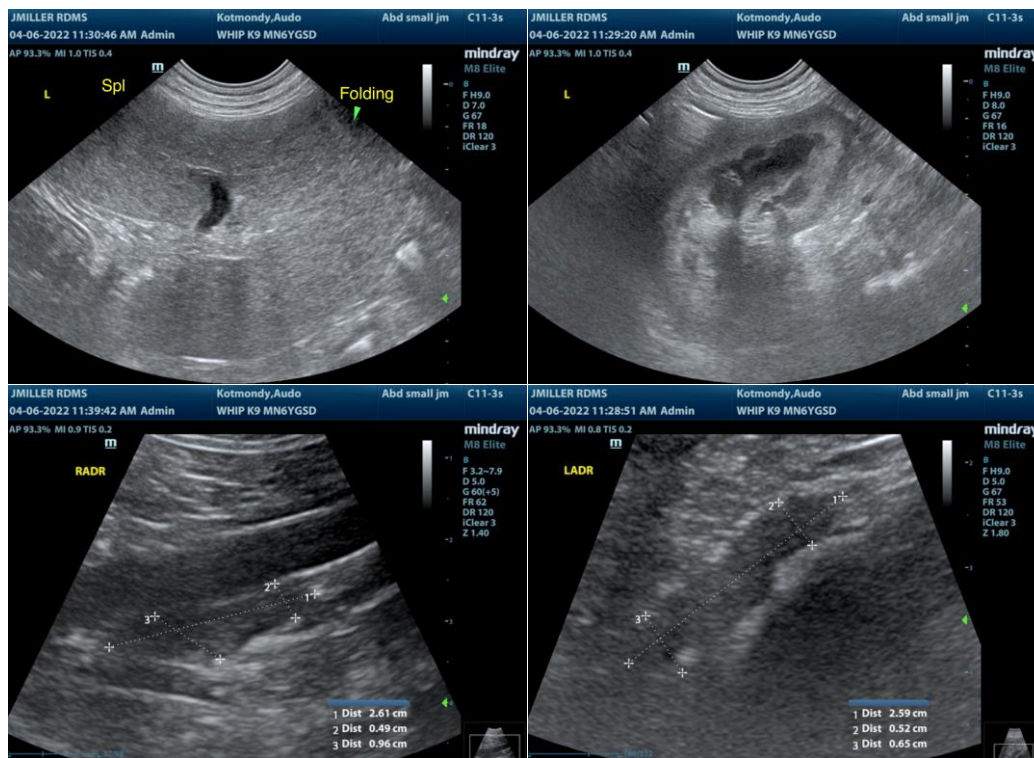
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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