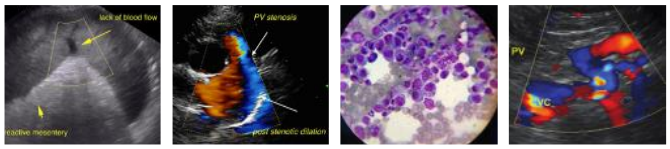
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**
Ceasar Spayd

**SPECIES**
Canine

**BREED**
Maltese X

**SEX**
Neutered Male

**AGE**
11 Years

**WEIGHT**
11 Pounds

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

**IMAGING PERFORMED BY**
Dr. Rodriguez

**HOSPITAL NAME**
Foxfield Vet Services

**REFERRING VET**
Dr. Rodriguez

**INVOICE**
37559

**DATE**
5/10/22

## PRESENTING CLINICAL SIGNS

Unwilling to eat for 3 days. Otherwise WNL
Abnormal PE/Chem/CBC/UA Results: SDMA: 21,

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent mineral along with non-dependent particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology in the area of the residual prostate.

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 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. Non-obstructive pelvic to medullary mineral to small renoliths present in both kidneys. The left kidney measured 3.8 cm. The right kidney measured 4.5 cm. A small cortical cyst was noted in the cranial cortex of the right kidney.

### *Adrenal Glands*

Both adrenals glands were overtly normal in size, position and shape. The left adrenal gland measured 0.34 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.49 cm at the caudal pole.

### *Spleen*

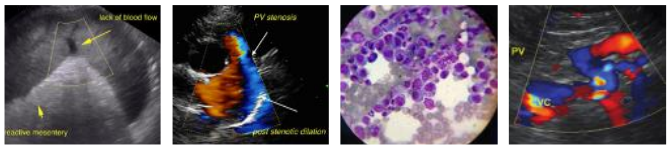
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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 mild, echogenic, nonmineralized biliary sludge. Gallbladder debris was non-specific, yet likely incidental without evidence of post-hepatic obstruction. The debris may be secondary to fasting or potential non-clinical cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was primarily empty without evidence of retained fluid or gastric distention with retained ingesta. A small amount of hyperechoic ingesta was noted in the body and in the subjective area of the pylorus, exhibiting mild progressive distal acoustic shadowing, yet without evidence of mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. A solitary, strongly shadowing, subjective ovoid echo was present in the intestinal lumen in the subjective upper small intestine, measuring approximately 1.0 cm in diameter. The intestinal tract also exhibited segmental mild to potential moderate gas pattern without overt evidence of obstructive criteria (i.e,. fluid distended small intestine), although the possibility of additional small shadowing intestinal luminal echo is possible.

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

### *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 overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild progressively shadowing gastric ingesta – subjectively non-obstructive.
- Focal non-specific shadowing intestinal echo in subjective upper small, segmental mildly prominent intestinal gas pattern.
- Non-obstructive bilateral renal medullary to pelvic mineralization/renolithiasis
- Minor urinary bladder mineral

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the strongly shadowing echo in the subjective upper small intestine is suggestive of non-obstructive foreign body. The possibility of additional foreign material in the stomach (i.e., hair, fabric or similar is possible, while potential smaller shadowing echoes within the small intestine obscured by segmental gas pattern could be present, yet not definitive.

Given this presentation, and in light of the patient's clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract is warranted. Hospitalization with IV and GI support with sonographic monitoring of the gastrointestinal tract overt the next 12-24 hours would be a more conservative approach. It is suspected that this patient is passing small amounts of mineral from the kidneys into the urinary bladder. Full urinary workup including urinalysis and urine culture and sensitivity could be considered.

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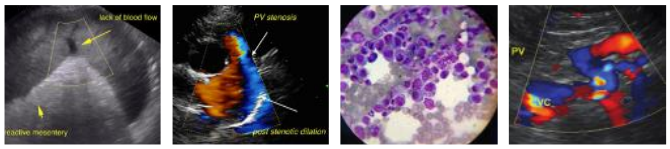

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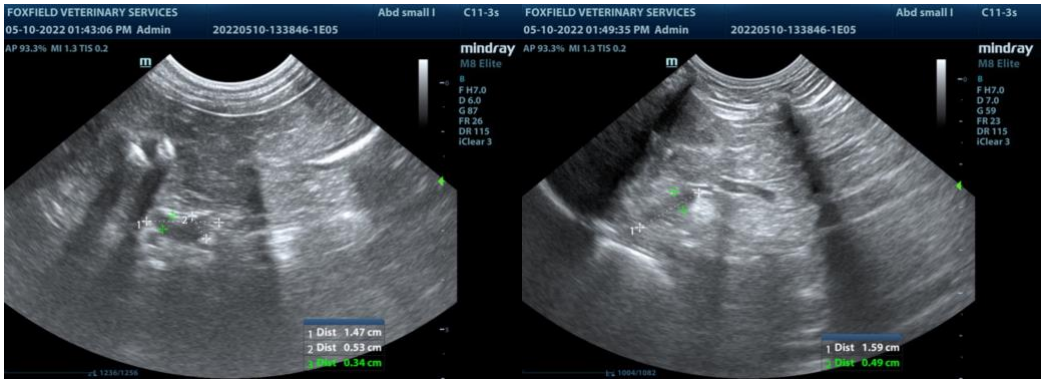


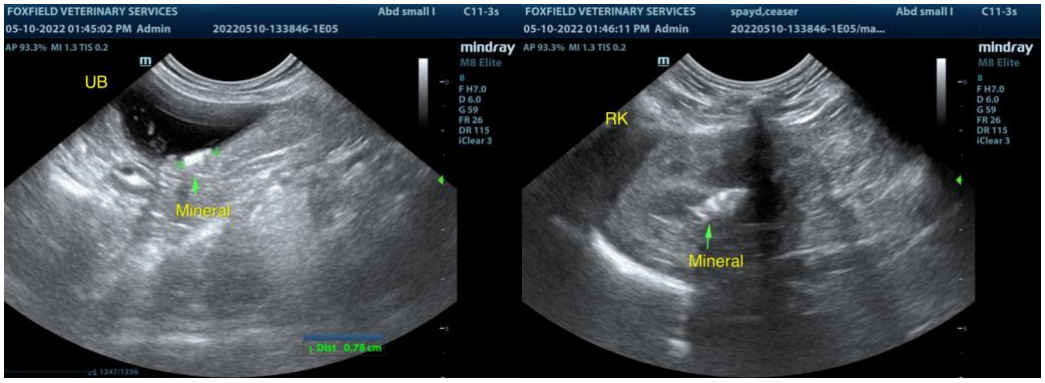


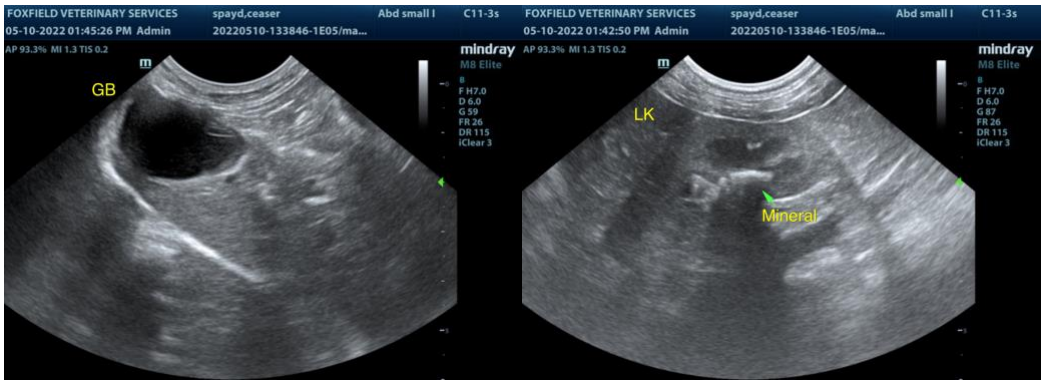


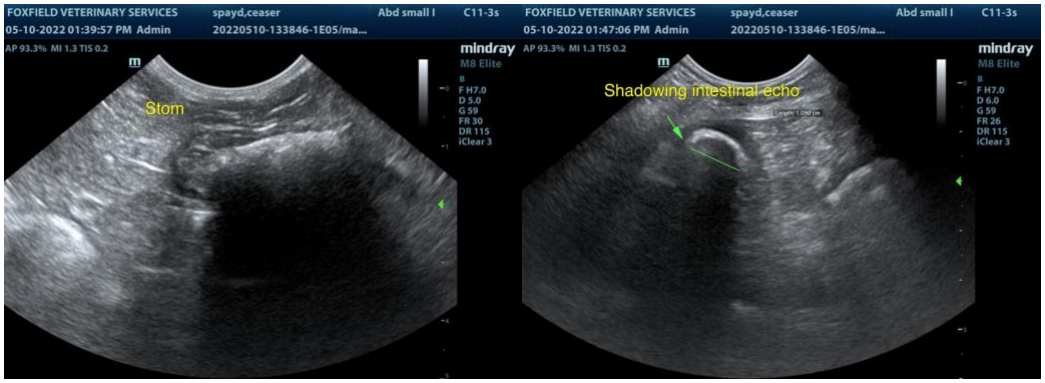

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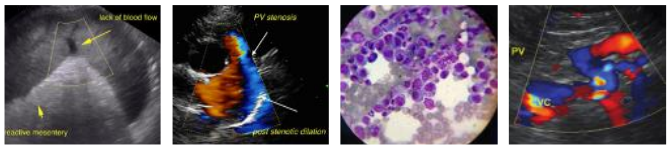

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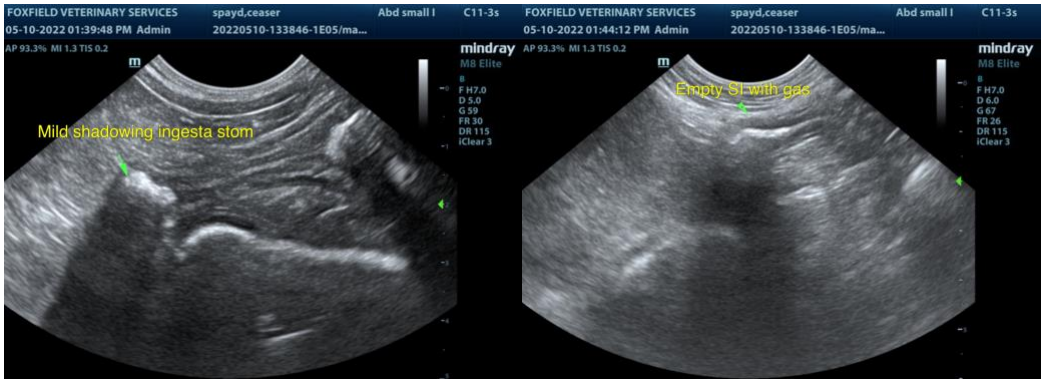


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**