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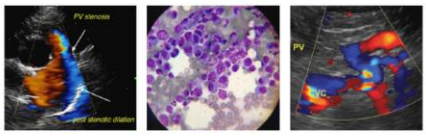

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Kember Harter

SPECIES

Canine

BREED

Husky Mix

SEX

MN

AGE

11mo

WEIGHT

69lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Foster

INVOICE

13784ag

DATE

05/11/2023

PRESENTING CLINICAL SIGNS

Not eating, excessive drooling, vomiting and loose stool.

Abnormal PE/Chem/CBC/UA Results: Patient stands with head extended, drooling, breathing so that lips puff in and out, abdomen is soft, borborgymus present Very mild anemia on blood work from MedVet, likely age related Abdominal radiographs from Medvet revealed severe gas distended stomach on all views. Abdominal radiographs from earlier today reveal some gas in stomach, but possible foreign material in stomach with gas distension of duodenum on left lateral, v/d reveals left sided small intestinal gas distension.

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 7.9 cm in length. The right kidney measured 8.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.38 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 0.76 cm width at the caudal pole and 0.54 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 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. Suspect minor hyperechoic sludge present in the caudal lumen of the gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was mild to moderately distended with retained variably echogenic non-shadowing ingesta/fluid. Concurrent luminal gas present in the gastric body extending into the pyloric outflow was present. No evidence of mechanical pyloric outflow obstruction or obstructive mural pathology.

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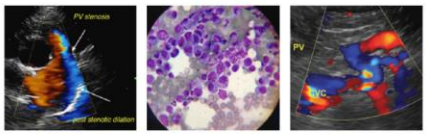

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The visualized gastric walls were sonographically normal with intact wall layering. The ventral gastric body wall measured 0.39 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal ileus with luminal non-shadowing chyme and minor segmental jejunal ileus with subjective increased jejunal gas pattern was present to the level of the ileum. The ileum exhibited prominent wall layering with indistinct wall layer detail extending to the level of the ileocolic junction. No evidence of ileocolic junction pathology.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft 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 omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.2 cm x 0.52 cm.

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastroenterocolitis pattern with moderate ileocolitis.
- Mild distended stomach with retained ingesta and luminal gas.
- Intermittent subjectively benign/reactive mesenteric lymphadenopathy-likely secondary lymphoid hyperplasia or possible mild reactive lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overtly definitive evidence of mechanical GI obstruction or foreign material. Technically the possibility of small non-visualized pyloric foreign body obscured by gas is possible yet considered less likely. Overall inflammatory gastroenterocolic pattern with suspect metabolic/functional gastric hypomotility or stasis.

A fresh fecal analysis is recommended to rule out parasitic ova/giardia. Assessment of cobalamin and folate levels is warranted. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic/esophageal pathology as a contributing factor to the patient's inappetence and drooling.

Hospitalization with 48-72 hour supportive IVF and GI protocol with assessment of clinal response and potential recheck sonogram if evidence of continued or progressive GI signs would be reasonable.

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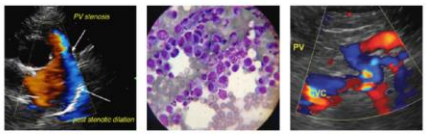

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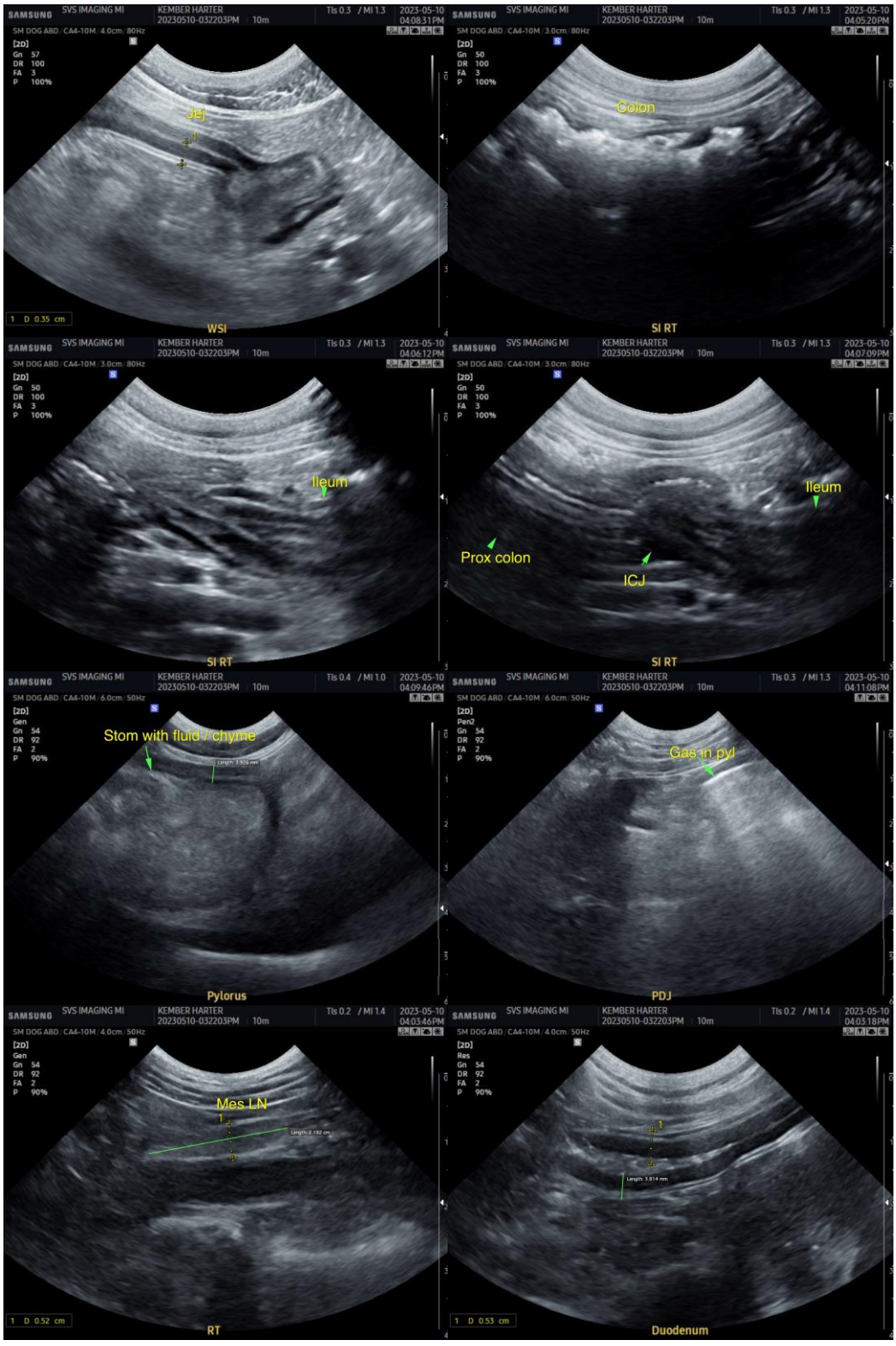

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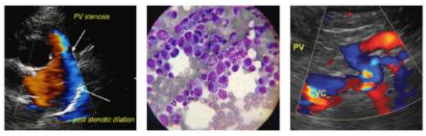

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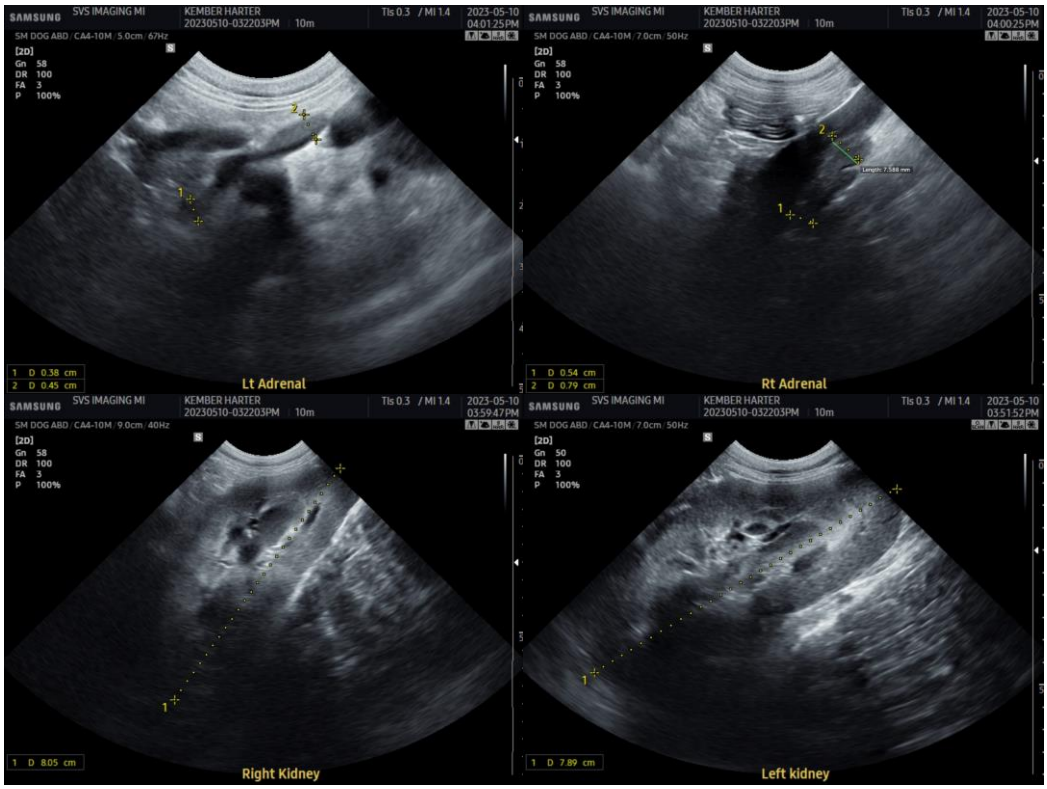

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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