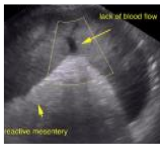
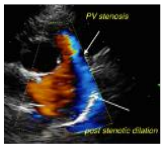
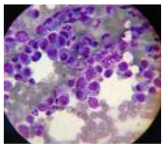
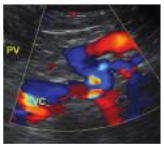

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PATIENT

Rusty Bradaseric

SPECIES

Canine

BREED

Intact Male

SEX

Intact Male

AGE

1 Year

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook- SDEP Certified Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

15832

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Not eating, drinking, urinating or defecating x 4 days per O. No vomiting. Not losing weight. Lying around drooling and shivering per O. Abdomen palpates OK. Well-hydrated. Retrobulbar swelling and weak consensual PLR OS, no oral lesions. Previously examined 5/29, normal BW and radiograph, Rx Neopolybac eye oinment, sucralfate and cerenia. O offered different food, but he was not interested.
Abnormal PE/Chem/CBC/UA Results: BW 5/29 WNL Radiographs today - Food in stomach, small bladder. Large spleen? See attached comparison from 5/29 to today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.7 cm x 2.5 cm. This is an expected presentation for a young intact male canine without evidence 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 6.7 cm in length. The right kidney measured 6.0 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 2.4 cm in length x 0.42 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 2.2 cm in length x 0.70 cm width 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

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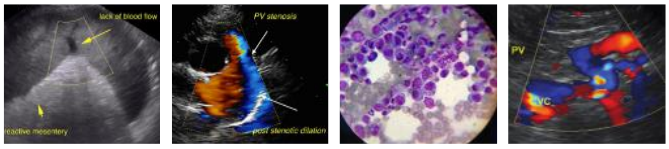

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta, exhibiting subtle areas of minor progressive distal acoustic shadowing. The visualized gastric walls were sonographically normal. No evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.42 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental ingesta/chyme was present. No evidence of obstructive pattern or overt foreign material. The jejunum wall measured 0.33 cm. The duodenum wall measured 0.46 cm.

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

Intermittent, mildly prominent to enlarged jejunocolic 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 lymph node size measured 2.6 cm x 0.53 cm width.

No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with moderate gastric and minor segmental small ingesta/chyme
- Otherwise, sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant abdominal visceral pathology as an obvious cause of the patients clinical signs. Given the reported inappetence in this patient, the presence of gastric ingesta is nonspecific. This may potentially indicate unknown recent meal ingestion. Sonographically, the gastric ingesta was not overtly consistent with strongly shadowing foreign material, yet the possibility of non-dense foreign material cannot be definitively excluded. However, based on provided x-rays and reported inappetence, continued empty stomach would be expected. Some degree of possible metabolic gastric stasis or delayed gastric emptying could be considered.

Hospitalization with IV fluid and gastrointestinal supportive care with radiographic monitoring for evidence of normal gastric emptying following documented fast is suggested. Three-view chest radiographs could be considered to rule out occult thoracic or esophageal pathology as a contributing factor to the patients inappetence and clinical signs. No evidence of splenic pathology.

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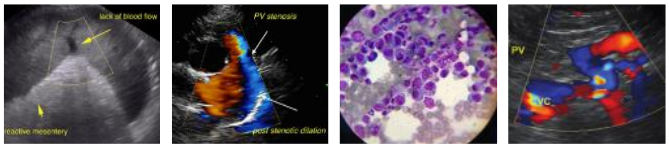

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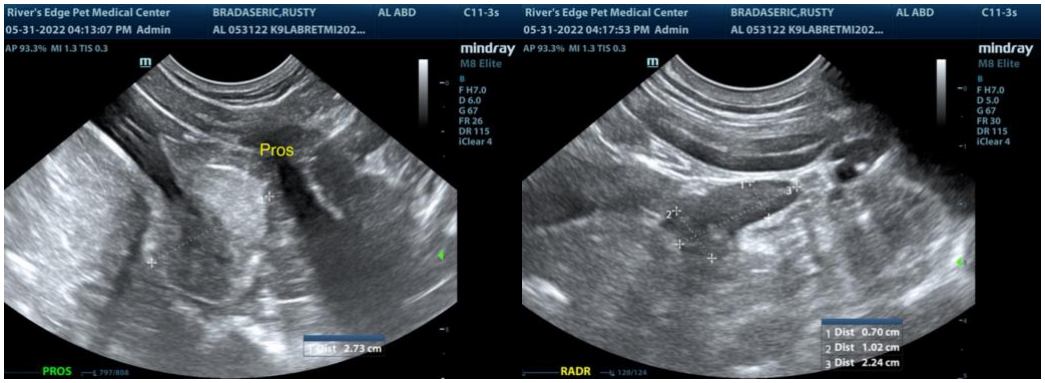

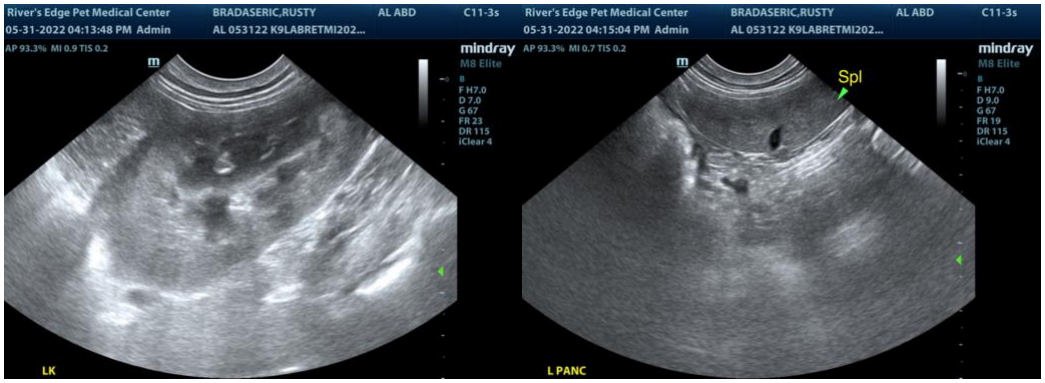

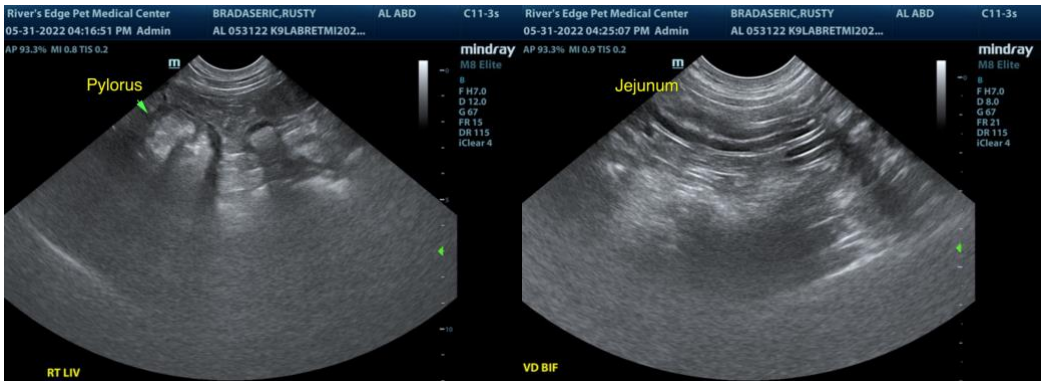

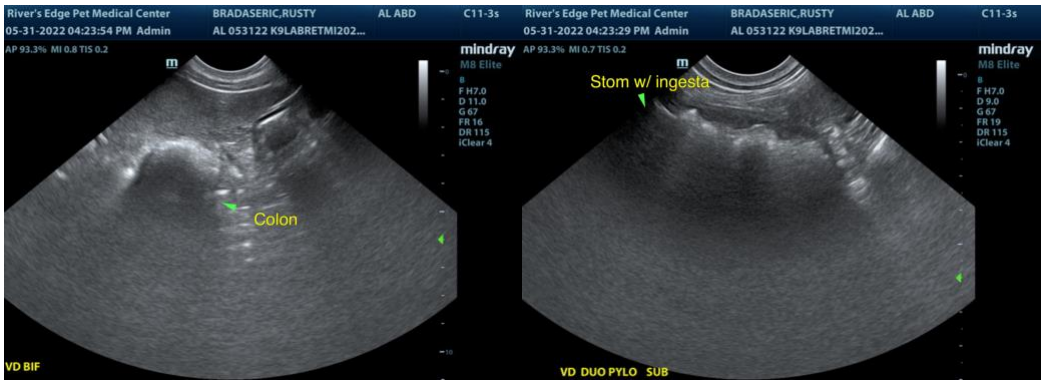

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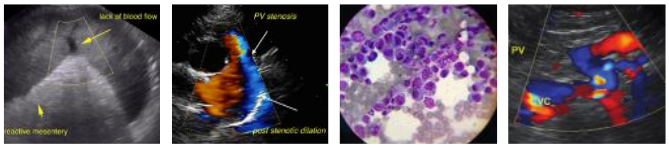

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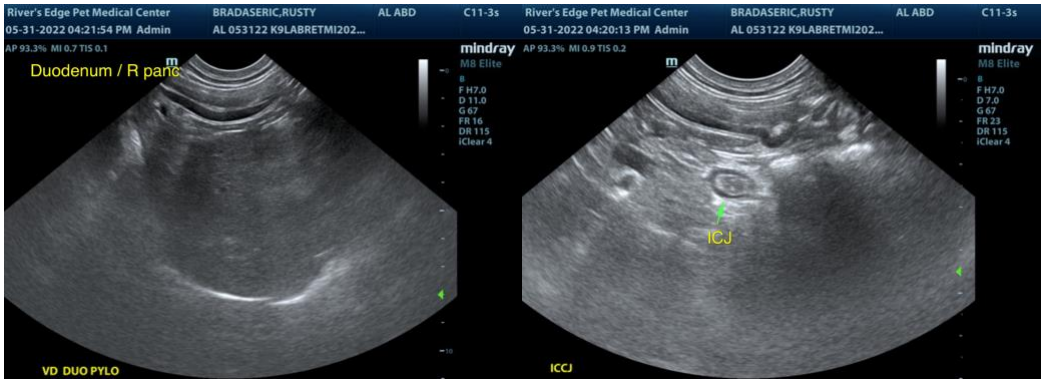

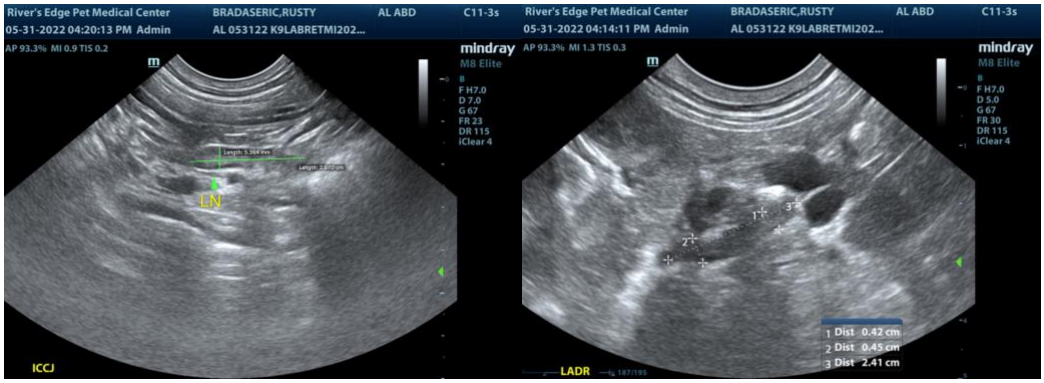

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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