

PATIENT PRESENTING CLINICAL SIGNS

Bruce Fiorvanti

History: Was seen yesterday morning at opening for seeming "off", quieter than usual and less of an appetite. Eats RAW dog food. Seemed dull. On exam was arching back at times, panting more and abdomen painful on palpation. Passed very hard BM. CPLi abnormal and Lipase elevated, treat for pancreatitis. Sent with Tramadol - did not find helpful. Went to emerg clinic over night and started on Cerenia, IVF, Methadone, Pantoprazole and Gabapentin. No appetite, no vomiting, no drooling. Mildly dehydrated and rectum almost appeared inflamed and thickened. Could not elicit any back or neck pain on exam. Seems a bit more comfortable after adding the additional pain meds.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: Abnormal CPLi, elevated Lipase. CBC low normal. T 38.1.Rads yesterday showed full stomach(had eaten breakfast), mild loss of serosal detail in cranial abdomen. Intestines appeared empty to mild gas filled. Some stool present.

SEX

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

10 years

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

WEIGHT

41.4 kg

Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 7.0 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

IMAGING PERFORMED BY

Crystall Hill

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.74 cm at the caudal pole.

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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.

REFERRING VET

Dr. Dowell

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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.

DATE

05/04/2022



PATIENT *Gastrointestinal*

Bruce Fiorvanti The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained nonshadowing hyperechoic ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of gastric distention or pyloric outflow obstruction. The ventral gastric body wall measured 0.42 cm in width.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental areas of nonshadowing chyme with no signs of mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.42 cm in width.

BREED

Golden Retriever The descending colon and area of the colorectum was sonographically unremarkable. Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Pancreas

MN

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.

AGE

10 years

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

41.4 kg

ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable abdomen
- Mild retained gastric ingesta/chyme

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no evidence of abdominal visceral pathology as an obvious cause of the patient's clinical signs. Low grade to chronic pancreatitis or structurally insignificant GI disease both of which may present sonographically normal, cannot be definitively excluded. Potential for low grade nonobstructive gastric stasis is possible. If no evidence of referred abdominal pain an intra-abdominal source of the discomfort was not definitively evident. Empirically continued GI support and conservative therapy for possible low grade to chronic pancreatitis and assessment of clinical response would be reasonable.

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A resting cortisol level could be considered to rule out occult Addison's disease given the lack of abdominal pathology and vague clinical signs.

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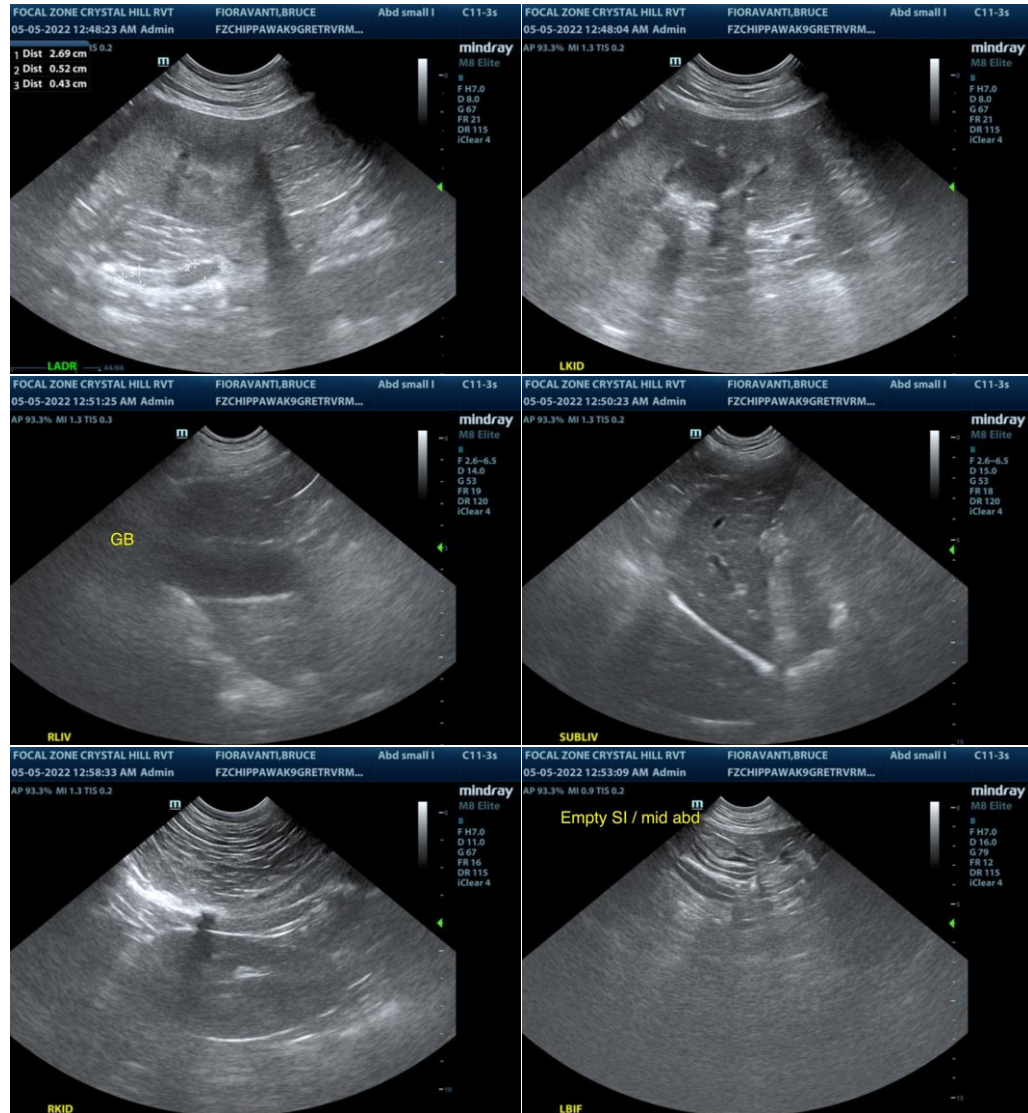
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PATIENT

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SPECIES

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BREED

Golden Retriever

SEX

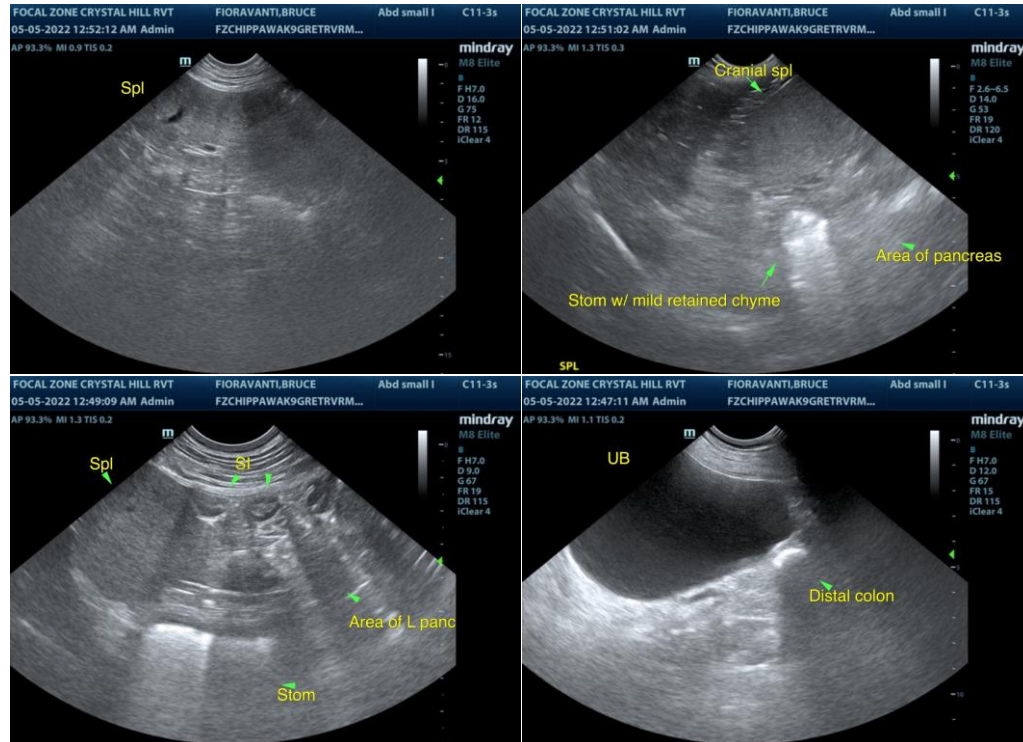
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AGE

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WEIGHT

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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)

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