



PATIENT PRESENTING CLINICAL SIGNS

Winston Cox History: Vomiting ++. Possible outflow FB / Obstruction in stomach / pylorus.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Great Dane

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

Male

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 10.7 cm in length. The right kidney measured 9.5 cm in length.

AGE

5 months

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

50 kg

No overt pathology in the area of the left or right adrenal glands.

Spleen

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Dave Stasiuk

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.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

Gastrointestinal

REFERRING VET

Dr. Tom LeBoldus

The stomach presented moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured up to 1.2 cm width. Moderate gastric distension with a moderate amount of retained primarily anechoic fluid with focal areas of nonspecific hyperechoic ingesta to potential echoes exhibiting progressive distal acoustic shadowing were present, an example measured approximately 2 cm in diameter. The echoes or ingesta were not overtly noted in the area of the pyloric outflow with minor retained pyloric fluid. The pylorus wall measured 0.62 cm in width.

INVOICE

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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 ileus, obstruction or foreign material.

DATE

05/04/2022

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



PATIENT

Pancreas

Winston Cox

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.

SPECIES

Canine

Free Abdomen

No peritoneal effusion was present. The omentum exhibited uniform echogenicity.

BREED

Great Dane

Mildly prominent mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.9 cm x 1.3 cm.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

AGE

5 months

- Hypomotile gastritis pattern with nonspecific echogenic to progressively shadowing ingesta/echoes
- Sonographically unremarkable small bowel-no evidence of small bowel mechanical/metabolic ileus or foreign material
- Mid abdominal mesenteric lymphadenopathy-subjective benign, lymphoid hyperplasia, minor lymphadenitis owing to inflammatory bowel episode or immunologic immaturity likely

WEIGHT

50 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The cause of the patient's vomiting is secondary to gastric presentation which is suggestive of hypomotile gastritis. The nonspecific shadowing echoes may indicate retained ingesta however the possibility of a small amount of nonobstructive hair, fabric or similar could be present. This did not appear to be overtly obstructive to pyloric outflow yet may be irritative to the stomach. Conservatively, hospitalization with 24 hour IVF and GI support with sonographic monitoring of the stomach could be considered. If available, endoscopy would be ideal for further assessment of gastric interior and +/- potential retrieval of any gastric luminal foreign material. If persistent vomiting and based on sonographic reassessment, exploratory laparotomy with gastric biopsies considered essential despite exploratory findings may be indicated. If surgical options are elected after conservative monitoring, sonographic reassessment of the stomach to confirm the nonshadowing echoes have not moved is recommended. Although considered less likely, adrenal screening with resting cortisol could be considered given lack of distinct adrenal visualization in this patient.

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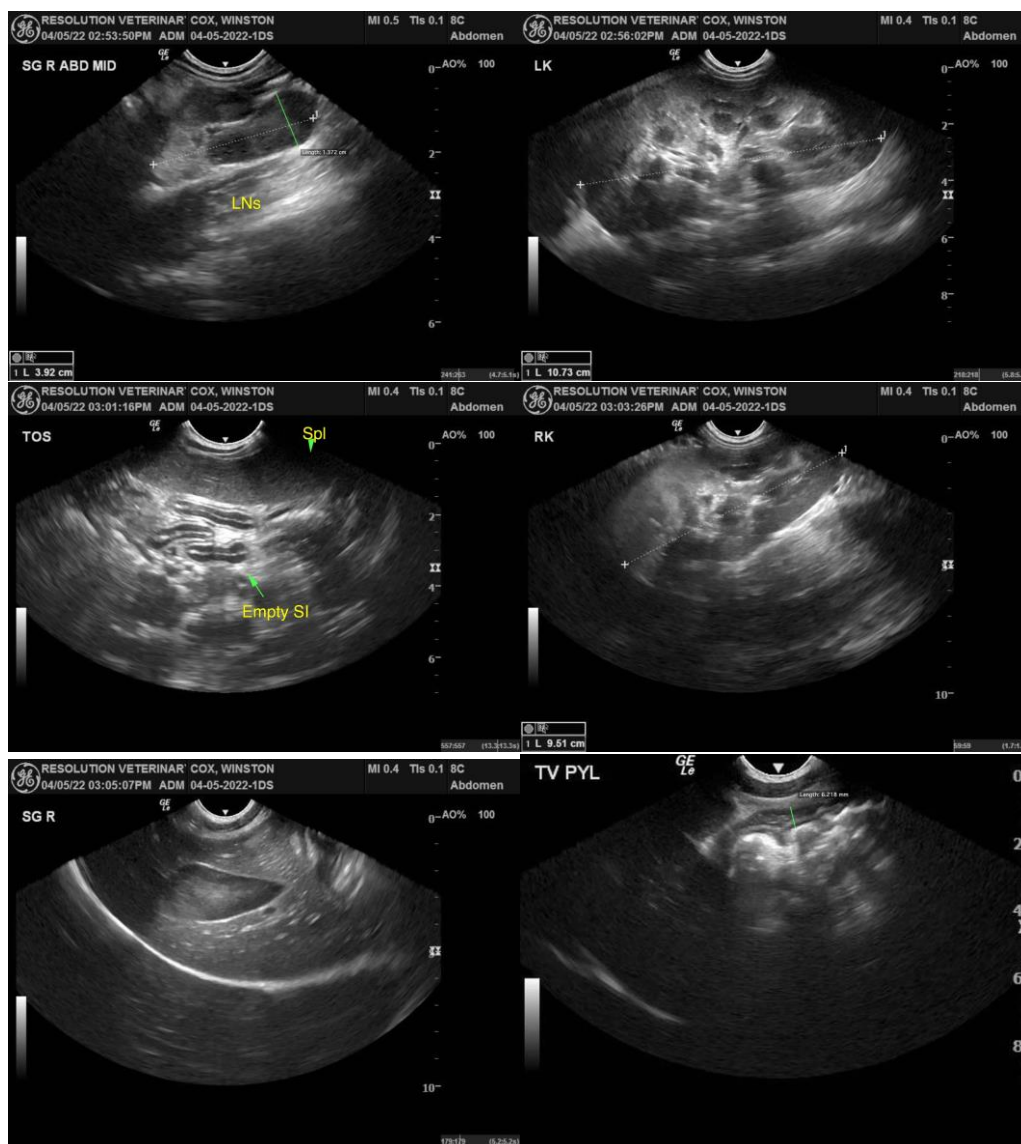
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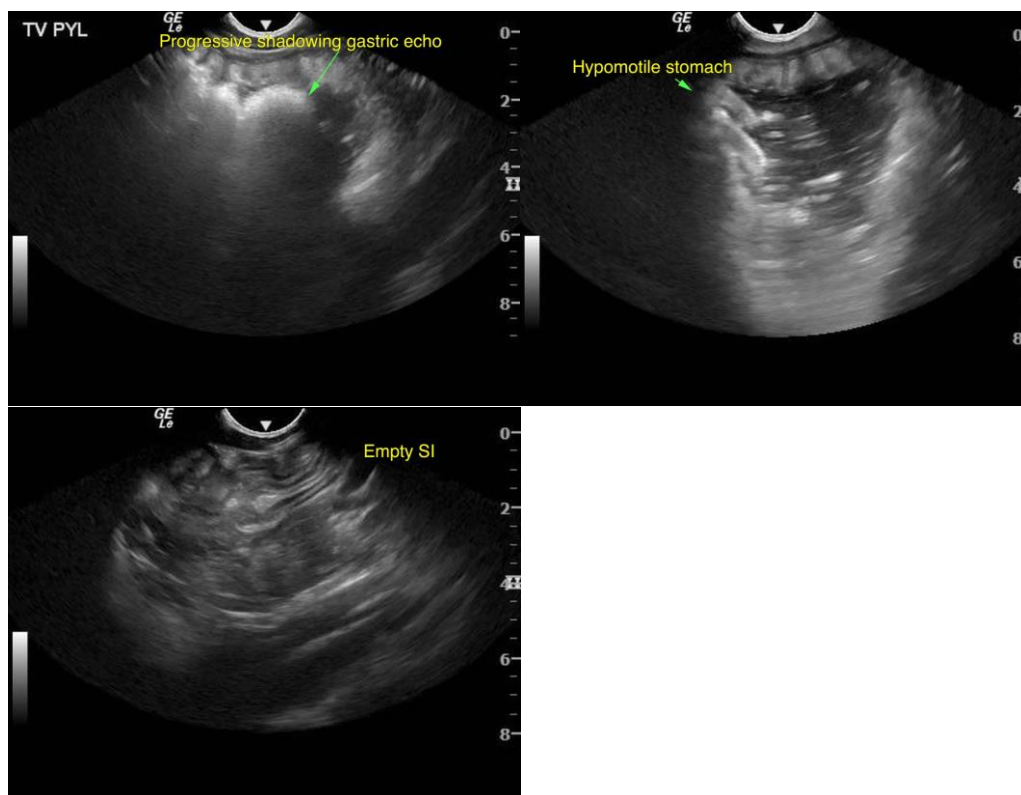
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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