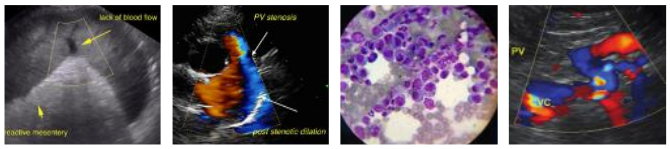
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Daphne Fleming

SPECIES
e
Canine

BREED
Miniature Poodle

SEX
Intact Femal

AGE
8 Years

WEIGHT
4.5 kg

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

IMAGING PERFORMED BY
Dr. Laura de Cordon

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. Laura de Cordon

INVOICE
37506

DATE
5/7/22

PRESENTING CLINICAL SIGNS

Acute onset of distended abdomen, vomiting, and anorexia. Bloodwork shows hypokalemia. Radiographs shows fluid filled stomach with prominent gastric wall
Abnormal PE/Chem/CBC/UA Results: Hypokalemia

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 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 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 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 3.5 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.40 cm at the cranial pole and 0.35 cm at the caudal pole.

The **right adrenal gland** was not definitively visualized.

Spleen

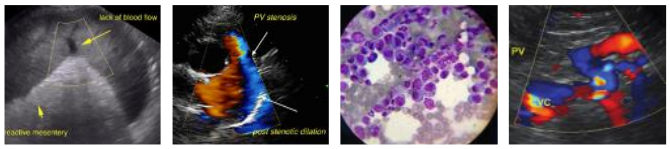
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Potential for mild volume contraction. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence 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

The stomach exhibited moderate to marked distention with retained anechoic to mildly echogenic fluid and non-shadowing chyme extending into the area of the pyloric outflow. No overt evidence of mechanical pyloric outflow obstruction or shadowing gastric echoes. Gastric body wall measured 0.23 cm.



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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 mechanical/metabolic ileus, obstruction or foreign material. Duodenum wall measured 0.32 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Other

No overt pathology in the area of the uterus or bilateral ovaries.

No omental masses, lymphadenopathy or peritoneal effusion.

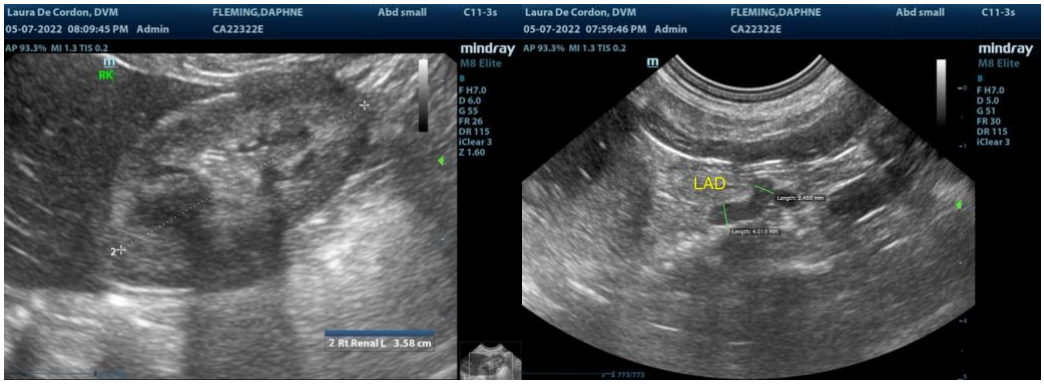
ULTRASONOGRAPHIC FINDINGS

- Moderate to severely distended stomach with fluid/chyme
- Sonographically unremarkable small bowel
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of moderate to severe gastric hypomotility may indicate mechanical or metabolic gastric stasis. An obvious gastrointestinal foreign body or pyloric outflow obstruction was not evident, which may suggest a significant metabolic gastric stasis. However, the possibility of a non-visualized pyloric outflow obstruction, given the degree of retained gastric fluid and chyme, cannot be definitively excluded. Supportive care with IV fluids, electrolyte correction, +/- passage of nasogastric tube for gastric emptying along with radiographic or sonographic monitoring of the stomach over the next 24 hours would be reasonable.

The appearance of the pancreas was non-specific and may indicate normal patient variant, although potential for low-grade or chronic pancreatitis may be present. Sonographically, the appearance of the pancreas was not consistent with significant pancreatic inflammation as a primary cause of the gastric stasis.



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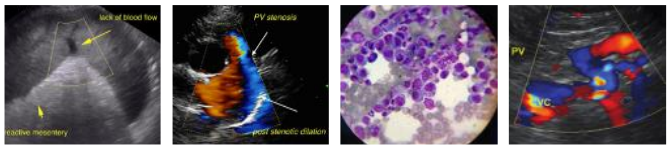

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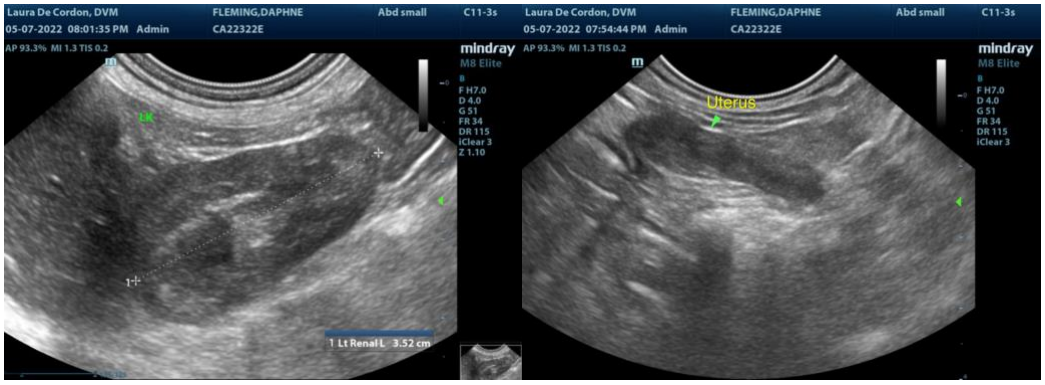

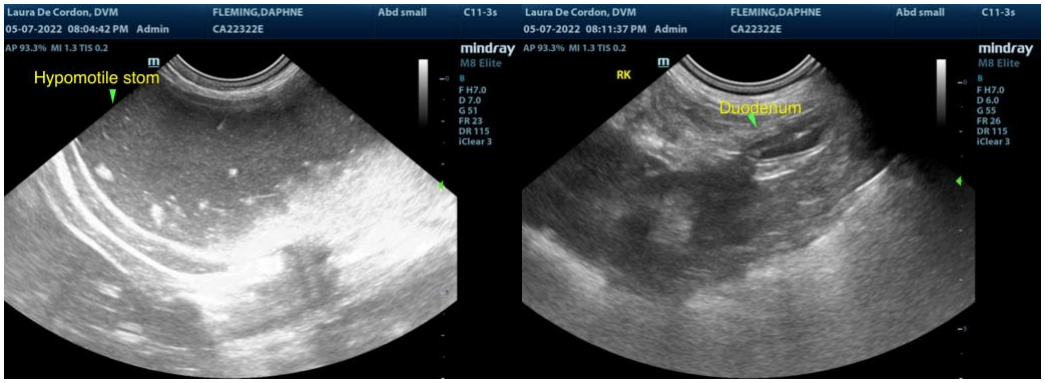

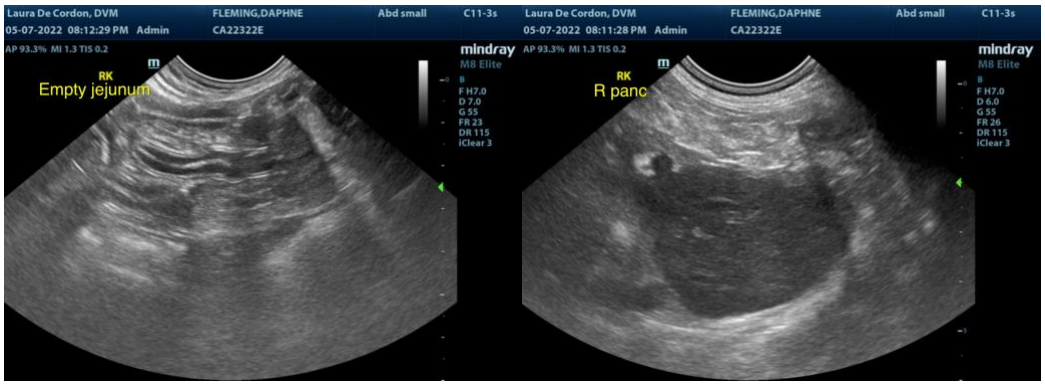

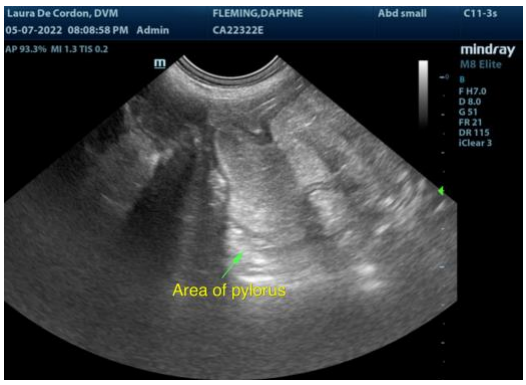

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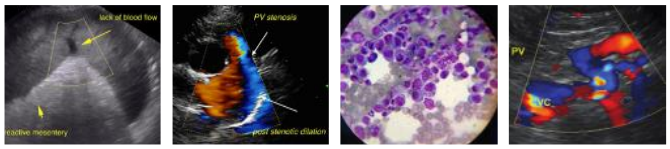

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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