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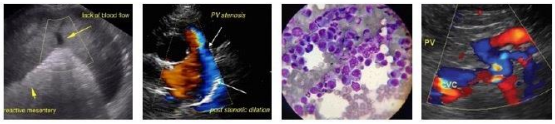

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Doogie Munn

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

12yr

WEIGHT

25.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Wattson

INVOICE

14180ag

DATE

06/22/2023

PRESENTING CLINICAL SIGNS

5-6% dehydration, lethargic, cranial abdomen discomfort, Normotensive, has been vomiting and anorexic since Tuesday. Has been on IVF, Cerenia, Sucralfate and Tramadol.

Abnormal PE/Chem/CBC/UA Results: Reg DVM performed apparent unremarkable Bloodwork and rads that they said showed no obstructive pattern.

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 mild dependent particulate 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.1 cm in length.

The area of the residual prostate appeared normal and 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 0.56 cm width at the caudal pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.86 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with subtle parenchymal heterogeneity and minor splenic folding. A solitary non-disruptive hypoechoic nodule measuring 2.5 cm was present in the mid to cranial spleen. No splenic masses.

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The small intestine presented intact variably prominent wall layering with minor segmental duodenojejunal corrugation which may indicate spastic bowel. Mid abdominal segmental mild to moderate jejunal ileus containing anechoic luminal fluid was present. No obvious evidence of obstruction or foreign material.

Normal visible colon wall layers were present with empty descending colon lumen.

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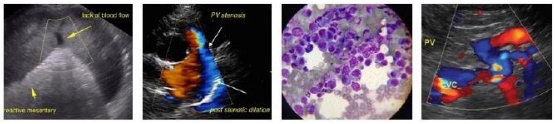

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Pancreas

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if there is a previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

A focal scant pocket of peritoneal free fluid was present in the right cranial abdomen.

A solitary non-homogenous symmetrical caudal abdominal lymph node was present cranial to the iliac trifurcation. Potential for non-specific omental granuloma or less likely neoplasia possible. The lymph node measured 3.2 cm x 2.1 cm with no evidence of peripheral inflammation.

ULTRASONOGRAPHIC FINDINGS

- Acute/subacute gastroenteropathy exhibiting concurrent segmental empty intestine and mild/moderate ileus, minor segmental duodenojejunal corrugation.
- Chronic pancreatitis.
- Suspect solitary non-homogenous caudal abdominal mesenteric lymph node.
- Non-specific splenic nodule-hyperplasia, hematopoiesis or similar suspected. Minor potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded.
- Mild hepatomegaly-non-specific.
- Gallbladder debris (non-mucocele).

Secondary

- Mild age related renal changes.
- Minor urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI presentation was non-specific with potential considerations including dietary indiscretion / food hypersensitivity, acute/subacute IBD, enterotoxic insult, infectious disease, occult neoplasia, non-obvious partially obstructive foreign body or other.

Continued hospitalization with IVF, as needed GI support to include gastroprotectants and antibiotics with clinical reassessment as well as sonographic reassessment of the GI tract in 24 hours following documented NPO would be reasonable.

Exploratory laparotomy with gross inspection of the GI tract and GI biopsies considered essential may be strongly considered if persistent/progressive GI signs or GI ileus. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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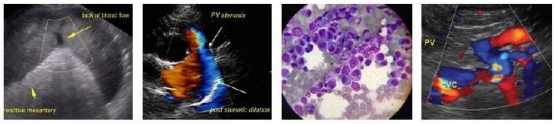

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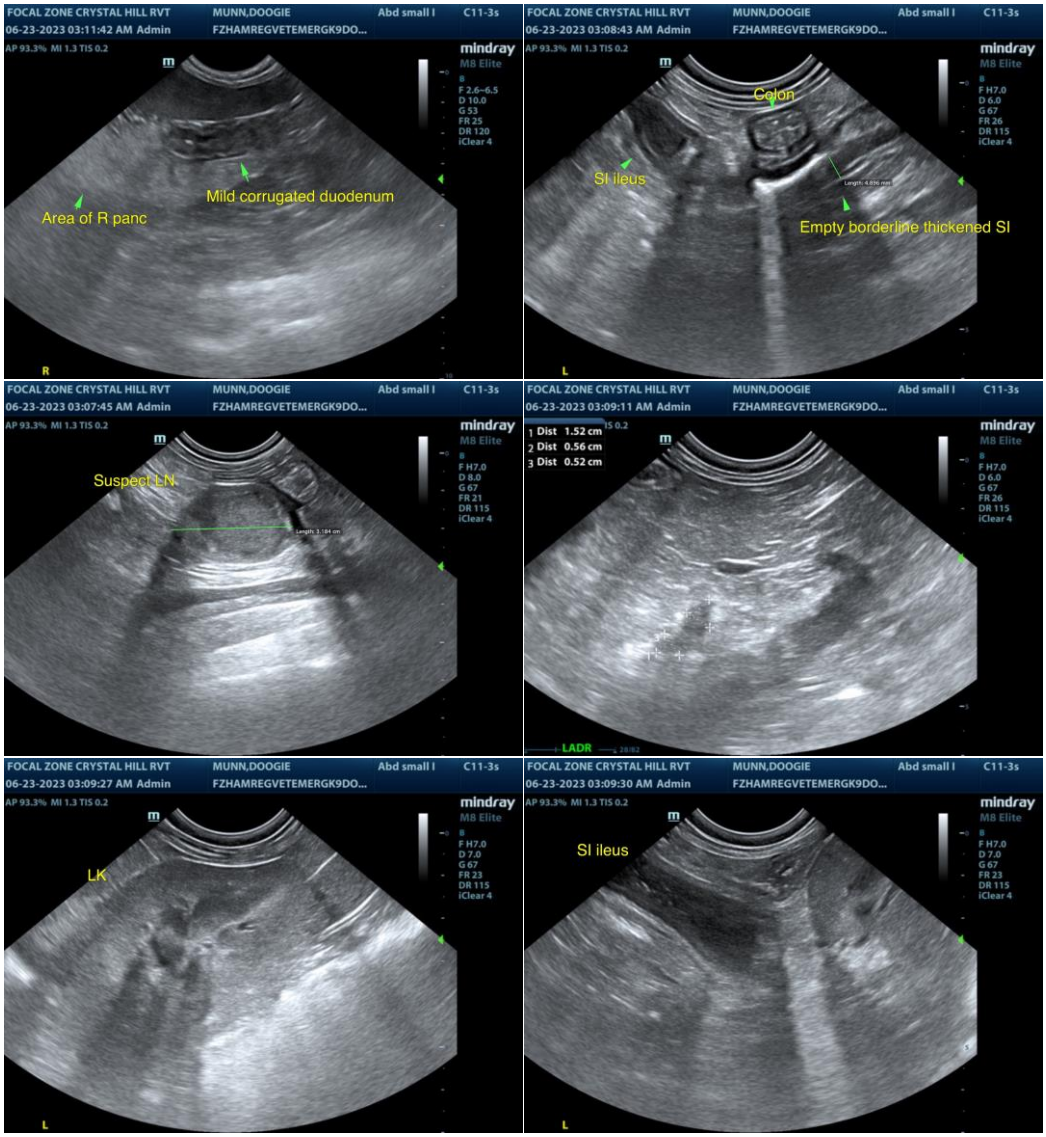

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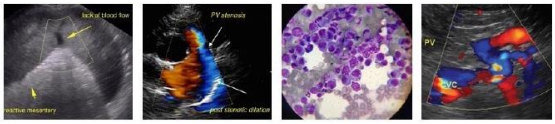

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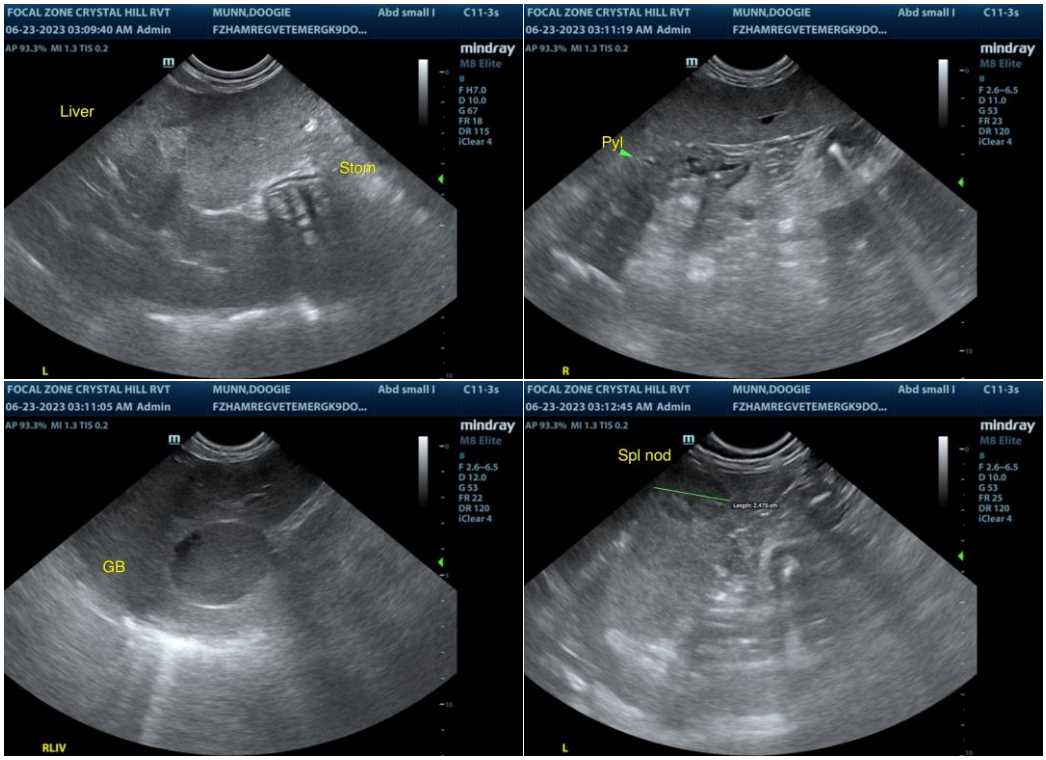

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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