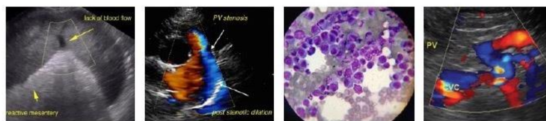


PATIENT

Zoey Beck

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

9 years

WEIGHT

33.5 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Wilson Mobile Vet Services

REFERRING VET

Dr. Wilson

INVOICE

14054

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Vomiting and lethargic. Very bad gas during ultrasound scan. Has been on Cerenia and Omeprazole. Concerns about pancreatitis.
Abnormal PE/Chem/CBC/UA Results: Low Retics, mildly elevated platelets, CBC morphology normal. Magnesium elevated, Chloride elevated, AST mildly elevated, ALT mildly elevated, Amylase, Lipase and Creatine Kinase elevated. T4 low. 4DX negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was 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 5.1 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

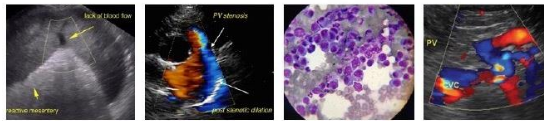
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 0.65 cm width at the cranial 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/ Gallbladder

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.



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Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No overt evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, ingesta/chyme consistent with normal food without signs of ileus, obstruction or foreign material.

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.

Free Abdomen

No visualized or overt evidence of intraabdominal lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

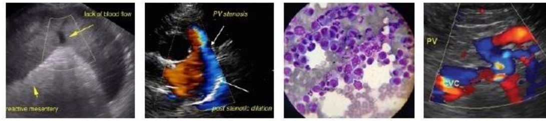
- Overtly normal gastrointestinal tract with gastric and segmental small intestinal ingesta/chyme
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology, specifically no evidence of gastrointestinal mural changes or evidence of active pancreatitis.

Dietary intolerance/food hypersensitivity, structurally insignificant inflammatory gastrointestinal disease, or low-grade to chronic pancreatitis, both of which may present sonographically normal, could be contributing to the patient's gastrointestinal signs.

The presence of gastrointestinal ingesta is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of possible gastrointestinal hypomotility or stasis could be considered. No evidence of a mechanical obstructive pattern was noted. A GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level to rule out occult Addison's Disease could be considered. In addition to current gastrointestinal support, a bland novel protein or hydrolyzed diet trial may prove beneficial. Recheck fasted ultrasound could be considered if gastrointestinal signs or evidence of weight loss persist.



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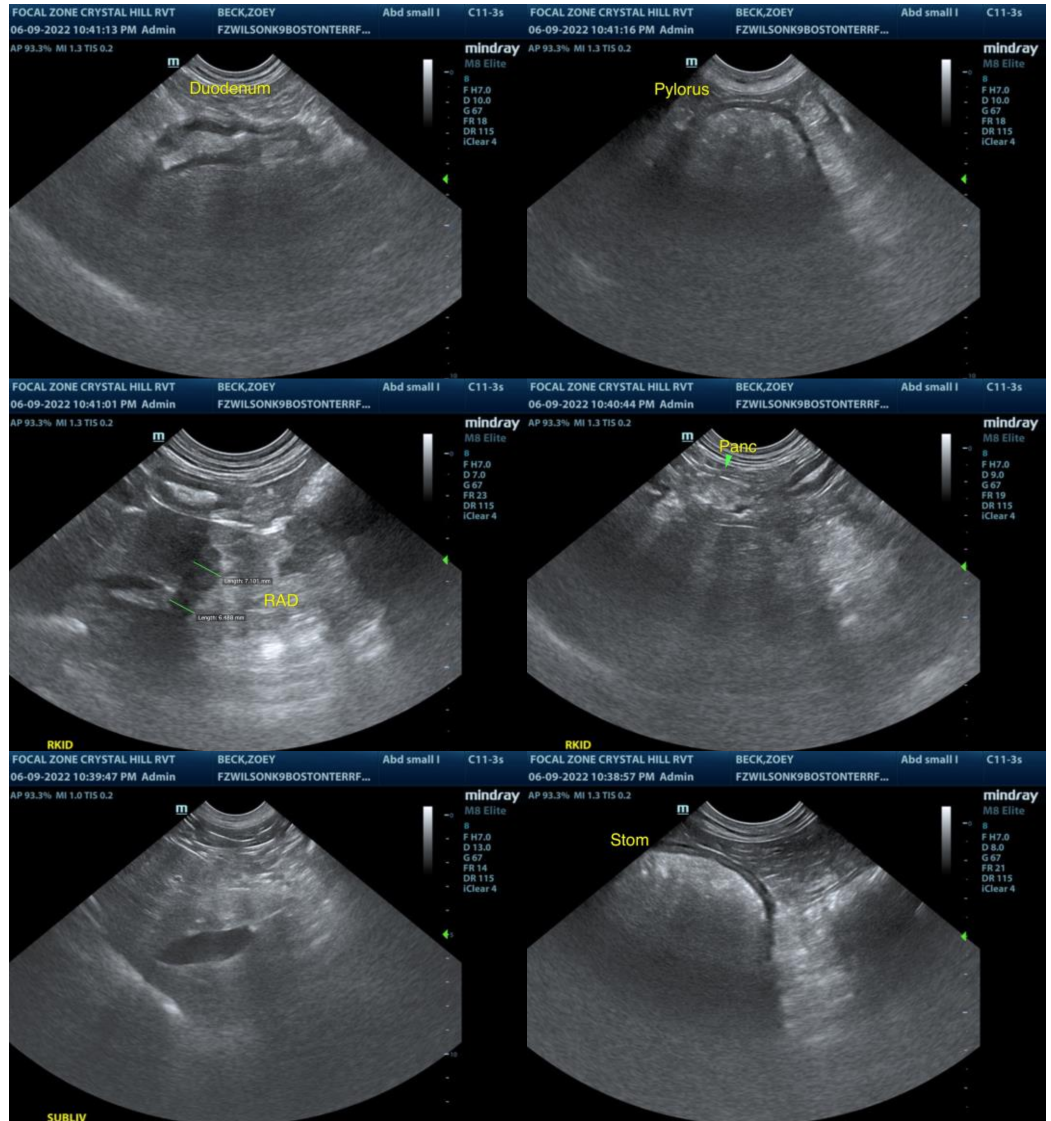

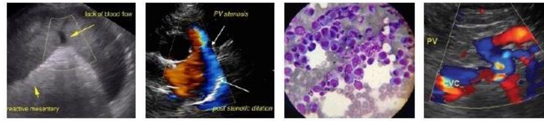

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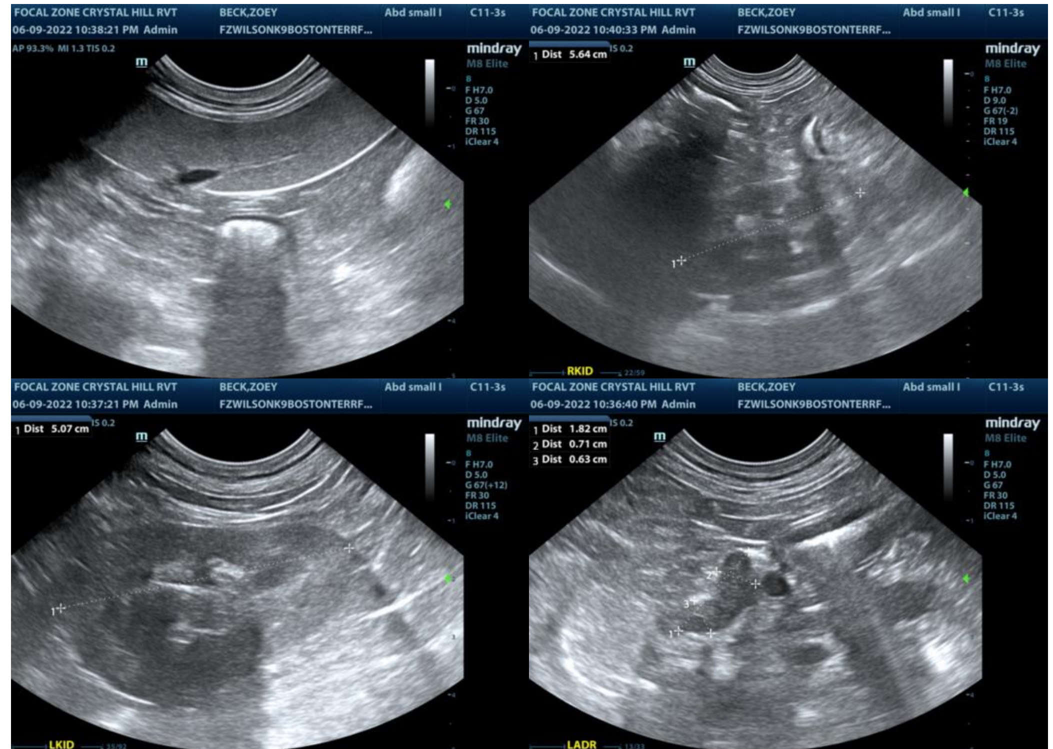

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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