



**PATIENT**

Sasha Gleason

**PRESENTING CLINICAL SIGNS**

Rule out foreign body

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Beagle Mix

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.

**SEX**

M/N

The area of the aortic trifurcation was free of pathology.

**AGE**

12 years

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 6.8 cm in length. The right kidney measured 6.6 cm in length.

**WEIGHT**

26 kg.

**Adrenal Glands**

**INTERPRETED BY**

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

Subtle symmetrical enlargement of the caudal pole of the left adrenal gland was noted with a subjective cyst in the caudal pole measuring 0.81 cm in diameter. The probable cyst did not distort the caudal left adrenal capsule without evidence of parenchymal escape. A hypoechoic nodule may be considered an alternative differential diagnosis. No overt evidence of left adrenal mineralization was noted.

The left adrenal gland measured 1.0 cm width at the caudal pole and 0.75 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDMS

**Spleen**

The spleen exhibited potential for mild generalized enlargement yet maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. Medial folding of the caudal spleen was present. No masses or nodules were noted. Overtly normal splenic vascularity was present.

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**Liver/ Gallbladder**

**REFERRING VET**

Alpine 24/7

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**

**DATE**

7/20/22

The stomach was moderate to markedly distended with retained primarily anechoic fluid. Minor nonshadowing ingesta/ chyme was present along with intermittent nonspecific linear-like hyperechoic echoes exhibiting mild progressive distal acoustic shadowing in the pyloric outflow and upper duodenum. A mild amount of hyperechoic ingesta to echo was present in the area of the pyloric outflow and subjectively in the upper duodenum.



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The visualized segments of small intestine exhibited intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. Mild hyperechoic ingesta / echo exhibiting mild progressive distal acoustic shadowing in the area of the pyloric outflow and upper duodenum was present.

**SPECIES**

Canine

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

***Pancreas***

**BREED**

Beagle Mix

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 were evident.

**SEX**

M/N

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal free fluid were present.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

26 kg.

- Moderate to markedly distended stomach with retained fluid, mild chyme, and nonspecific linear-like hyperechoic echoes
- Mild hyperechoic to progressively shadowing ingesta / echo in the area of the pyloric outflow and subjective upper duodenum
- Potential mild splenomegaly with folding
- Probable caudal left adrenal cyst
- Mild age-related kidneys

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

General considerations for the moderate to marked gastric hypomotility may include metabolic vs. mechanical gastric or upper gastrointestinal stasis. However, concern for mechanical obstruction, given the presence of subjective progressively shadowing to hyperechoic ingesta to echoes in the area of the pyloric outflow and subjective upper duodenum is warranted.

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Given this presentation, exploratory laparotomy is recommended, especially if clinical signs consistent with upper gastrointestinal obstruction, i.e., vomiting, inappetence, etc., are present. Gross inspection of the entirety of the gastrointestinal tract is recommended at the time of surgery +/- gastrointestinal biopsies despite exploratory findings if clinically indicated.

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Hospitalization with 24-hour IV fluid and gastrointestinal support with sonographic recheck of the stomach and upper gastrointestinal tract would be a more conservative approach. Sonographic monitoring of the probable left adrenal cyst for evidence of progression is recommended.

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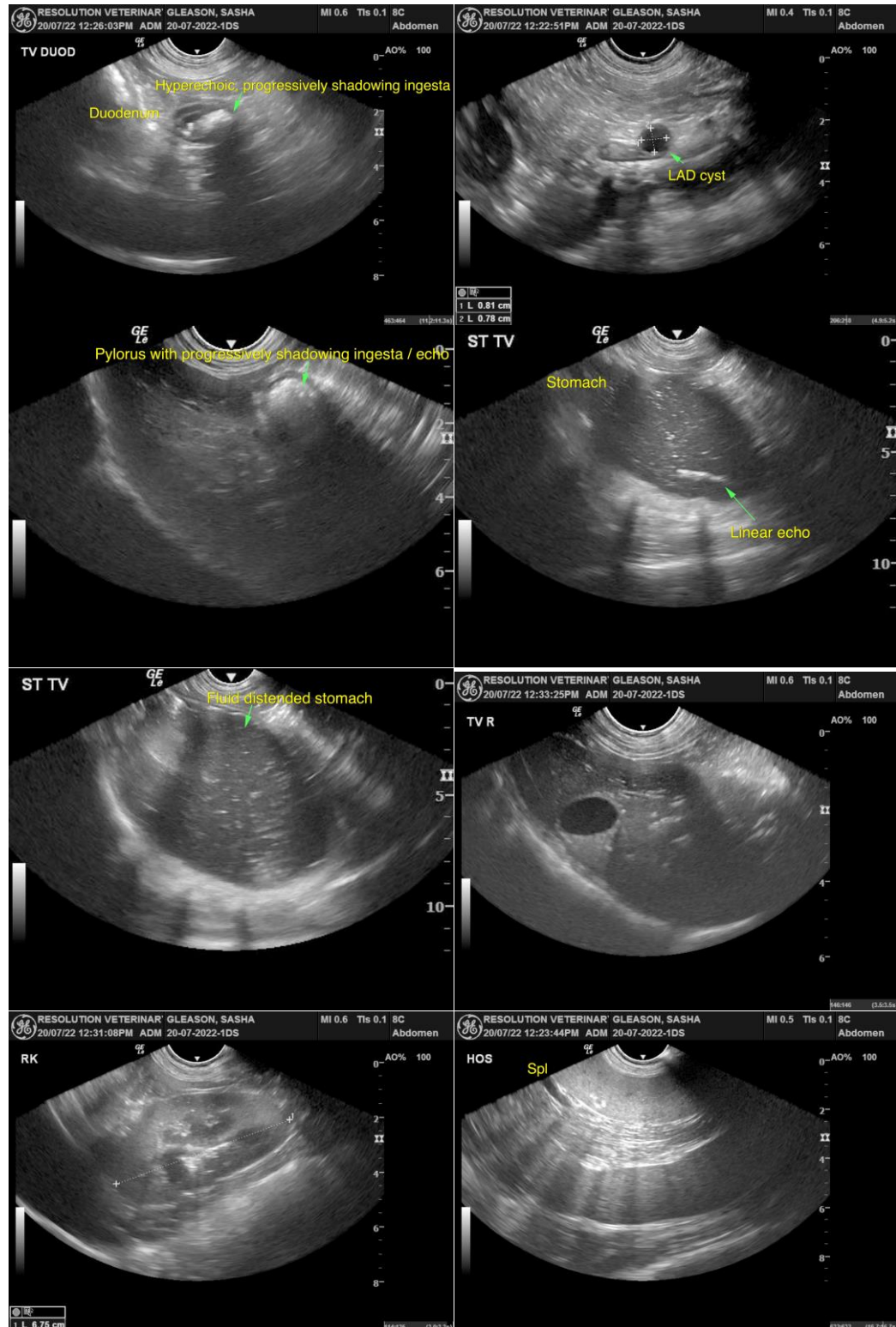
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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