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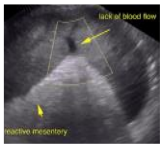

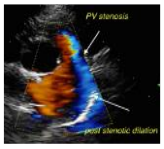

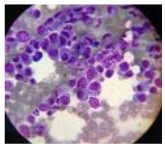
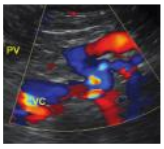

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pelusa Asmal

SPECIES

Canine

BREED

Shih Tzu

SEX

SF

AGE

11 yrs

WEIGHT

10 lbs. 9 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Robert Thomass

INVOICE

17340

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Intermitent vomiting in the last 2 months (food, clear or yellow liquid), lately multiple times a day. No change in the diet (dry food, soemtimes table food). Appetite is good. Prior meal was 10-11 hours ago.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 4/5/2023: high platelets 1,578 (170-400), high potassium 5.7 (3.6-5.5). Rest bloodwork WNL

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.

No evidence of pathology in the area of the aortic trifurcation.

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. Mild nonobstructive medullary mineral was noted in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of adrenal tumors was noted. The left adrenal gland measured 0.53 cm width in the cranial pole and 0.38 cm width in the caudal pole. The right adrenal gland measured 0.75 cm width in the cranial pole and 0.52 cm width in the caudal 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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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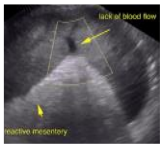

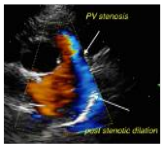

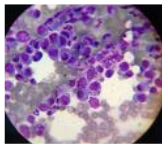
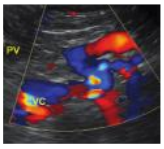

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Gastrointestinal

The stomach exhibited moderate distention with retained anechoic to mildly echogenic fluid and nonshadowing ingesta. Mildly prominent pyloric wall with mucosal hypertrophy was present primarily in the area of the pyloroduodenal junction with potential for pyloric polyp. The area of pyloric mucosal hypertrophy to possible polyp measured ~1.1 cm in diameter. The pylorus wall width measured 0.50 cm.

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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Pyloric hypertrophy vs. polyp with moderate retained gastric fluid / nonshadowing ingesta
- Sonographically unremarkable small bowel / pancreas
- Mild chronic renal changes with mild nonobstructive medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's intermittent to progressive vomiting is likely secondary to mild pyloric hypertrophy and possible pyloric polyp. Some degree of associated delayed gastric emptying is suspected, although the degree of pyloric hypertrophy to small pyloric polyp did not overtly appear to be completely obstructive to pyloric outflow. Neoplastic criteria thought less likely, yet technically cannot be definitively excluded.

Gastric endoscopy for further assessment and potential biopsies could be considered. Empirically, canned hydrolyzed or novel protein diet with smaller more frequent feedings, gastroprotectant protocol, +/- empirical coverage for helicobacter, and sonographic monitoring based on the clinical impression of the patient would be reasonable.

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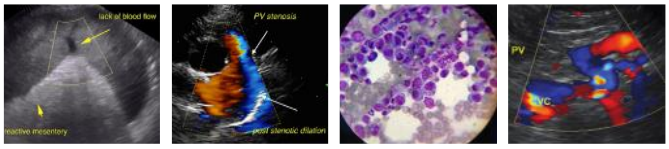

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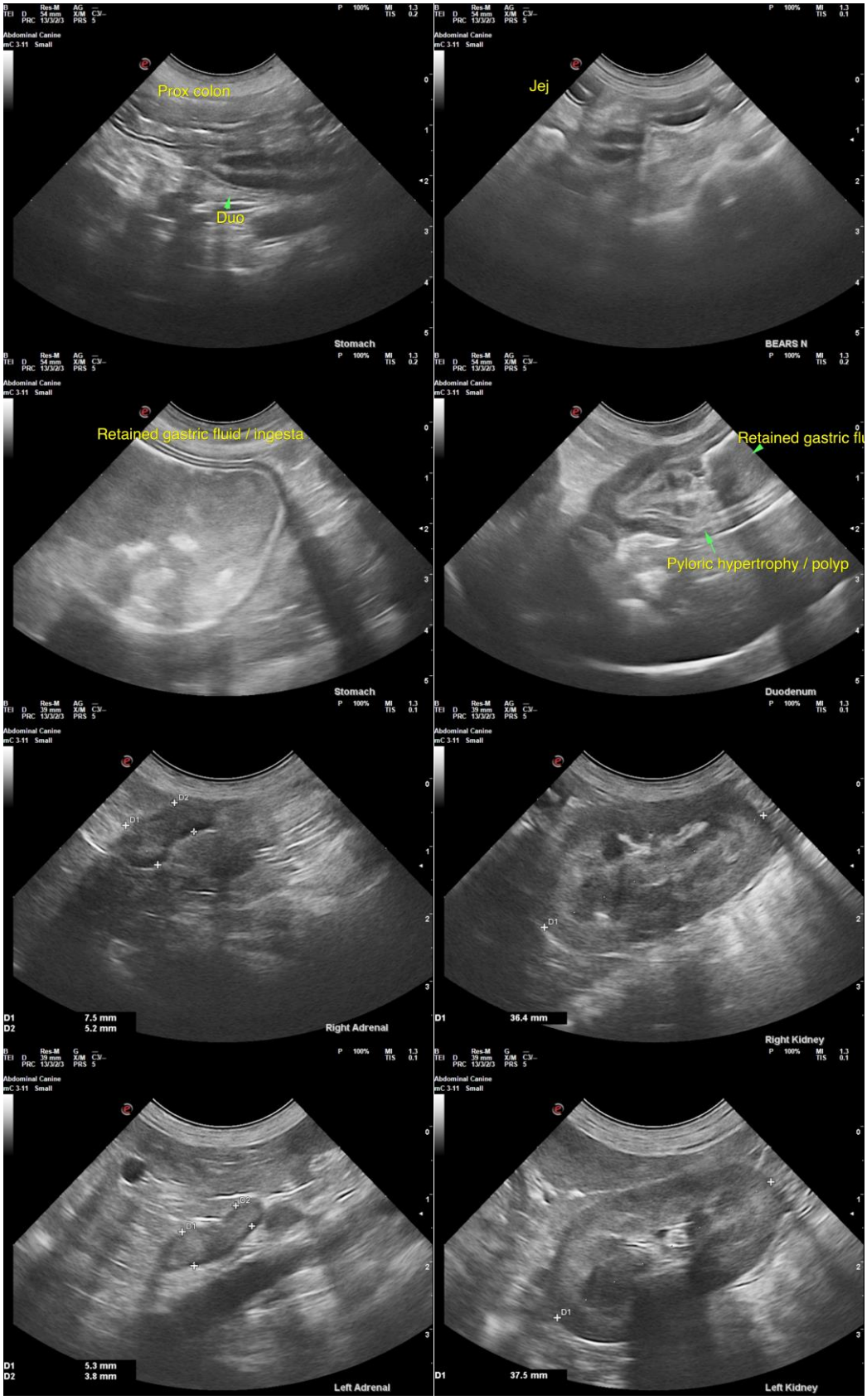

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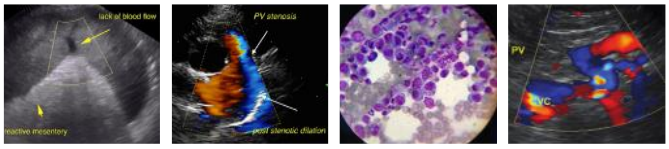

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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