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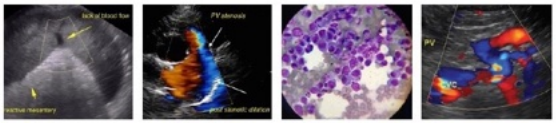


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Scout Watson

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

11yr

WEIGHT

28.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Dr. Hong

INVOICE

10364

DATE

7/21/2023

PRESENTING CLINICAL SIGNS

Abdomen is hard and bloated. Patient had an ultrasound done 4-5-23 and owner wanted to repeat as patients' stomach at that time might have had food in it, so today definitely fasted and wanted to reassess for FB other. Has been on Trilostane.
Abnormal PE/Chem/CBC/UA Results: No recent labwork or xrays

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. Mildly thickened apical urinary bladder wall with minor asymmetrical luminal surface contour. The apical urinary bladder wall measures 0.82 cm in width. Anechoic urine was present in the lumen with dependent lumen mineral to accumulated calculi along with focally adhered mineral along the apical to ventral apical urinary luminal surface. No evidence of urinary bladder tumors.

The residual prostate was free of overt pathology.

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 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. Bilateral pinpoint medullary mineral. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mild enlargement based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm in length x 0.96 cm in caudal pole width. The right adrenal gland measured 3.7 cm in length x 1.1 cm in caudal pole width.

Spleen

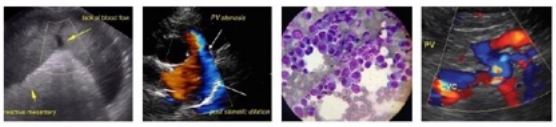
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented 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. The cystic and common bile ducts were normal.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact sonographically unremarkable visualized wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate amount of progressively shadowing ingesta extending to the pyloric out flow. No evidence of mechanical pyloric out flow obstruction or obstructive pyloric mural pathology.

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

Primary Findings

- Apical chronic cystitis pattern with cystic calculi and adhered apical luminal surface mineral.
- Mild chronic renal changes.
- Static mild bilateral adrenomegaly – consistent with the patient history of pituitary-dependent hyperadrenocorticism.
- Static vacuolar hepatopathy pattern – benign
- Sonographically unremarkable gastrointestinal tract with moderate progressively shadowing gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on sterile urine sample is recommended. Sonographically the appearance of the gastric ingesta is suggestive of food although the potential for persistent gastric foreign material, although thought less likely cannot be definitively excluded. Given patient documented NPO some degree of non-obstructive delayed gastric emptying or hypomotility could be possible if clinical signs suggestive of gastric hypomotility or stasis are present. Even though reported documented NPO hospitalization with confirmed 12–18-hour NPO and sonographic reassessment of the stomach could be considered. If persistent retained gastric ingesta in the face of documented NPO, laparotomy with gross inspection of the stomach and the pyloric outflow, +/- gastrotomy, in addition to cystotomy may be indicated or considered.

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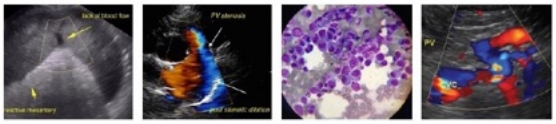

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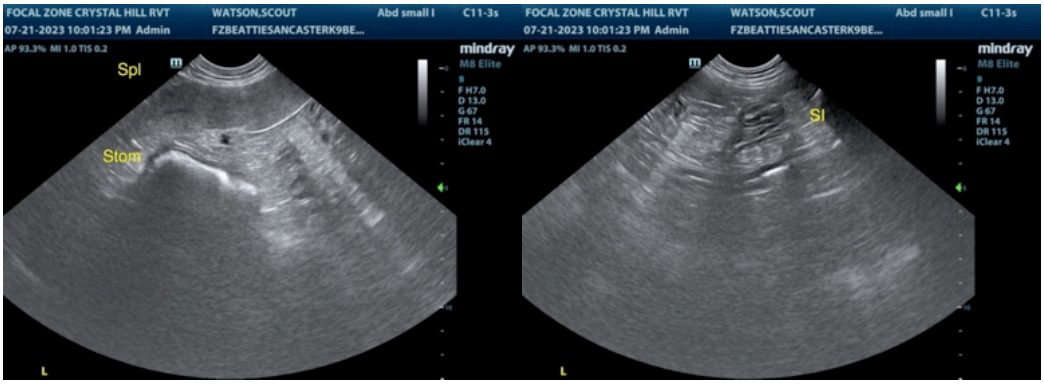

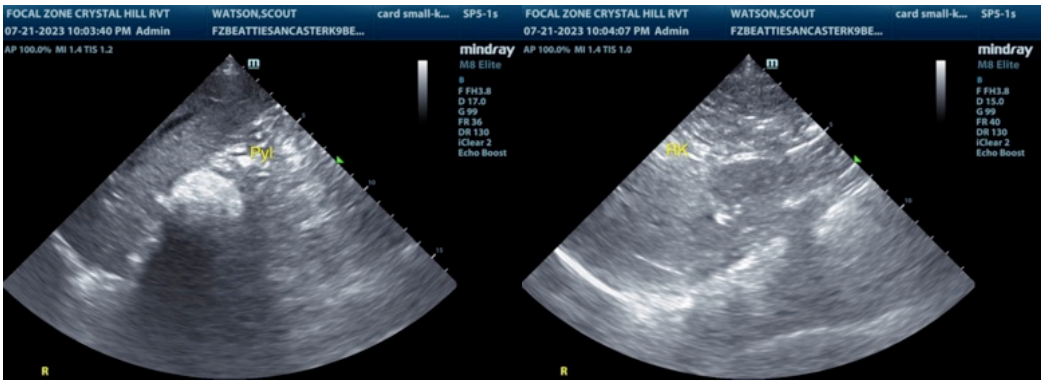

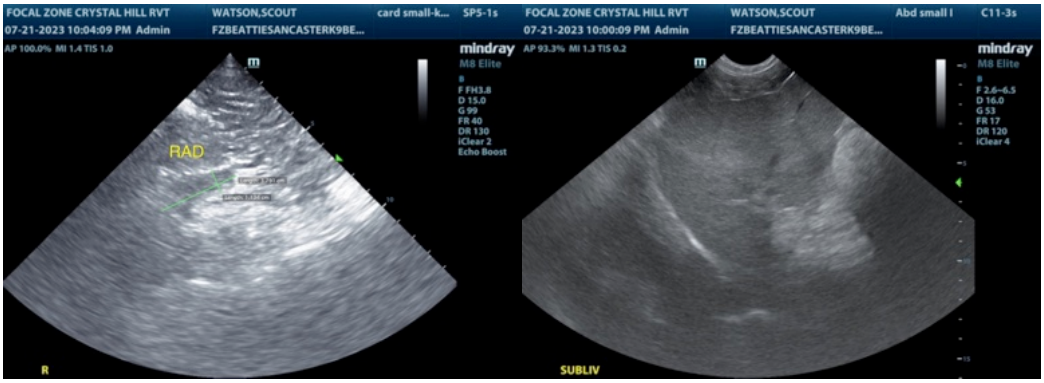

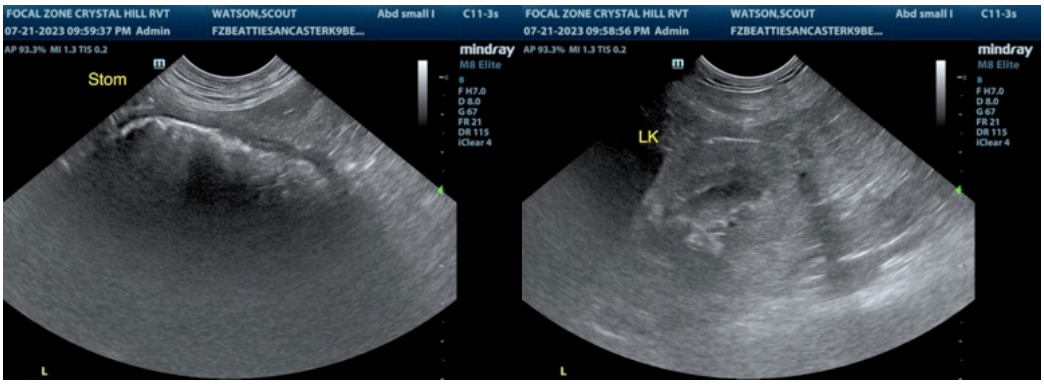

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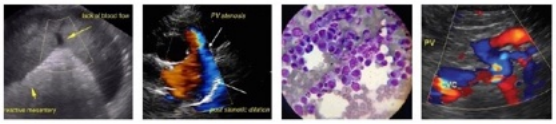

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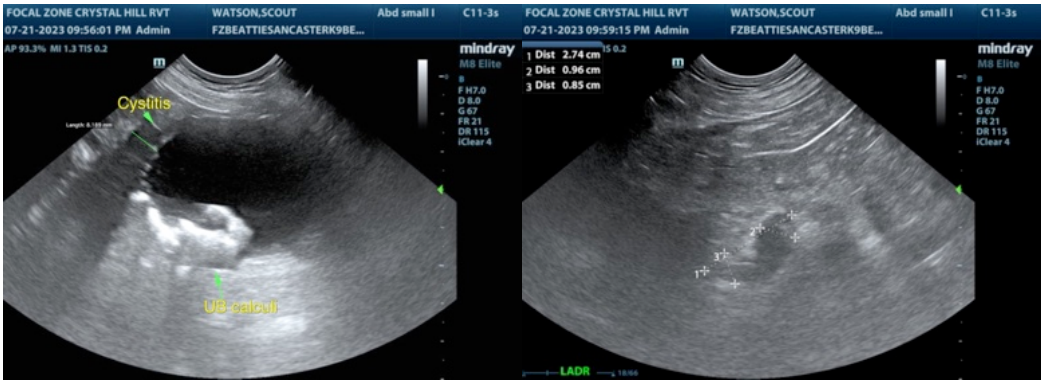

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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