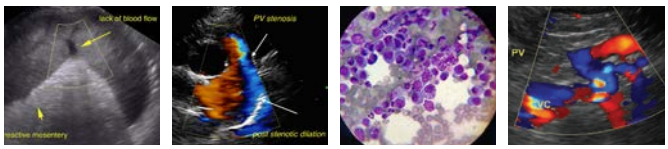
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Shiori Reed

SPECIES
Canine

BREED
Kelpie X

SEX
Spayed Female

AGE
9 Years

WEIGHT
15.3 kg

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

IMAGING PERFORMED BY
Patti Mayfield, DVM

HOSPITAL NAME
Emergency Vet Hospital

REFERRING VET
Patti Mayfield, DVM

INVOICE
39971

DATE
7/31/22

PRESENTING CLINICAL SIGNS

Shiori presented to EVH for re-evaluation of vomiting. She was hospitalized on 7/28 and 7/29 for vomiting. Radiographs were initially suspicious for potential gastric FB, however repeat radiographs were vastly improved. Patient received IVF and supportive care and was discharged on 7/29/22 due to improved radiographs and clinical status. Patient was discharged with Omeprazole on 7/29/22. -- Initially, Shiori was doing very well. She was eating a bland diet and taking the Prilosec. She has been energetic. -- She was up at ~ 5 am, and she seemed lethargic this morning, but did U/D normally. She ate breakfast at ~ 8 am. She seemed lethargic this late afternoon and there was several piles of vomitus in several areas of bedding (vomited ~ 3-4 times). The vomit is undigested food. -- No diarrhea has developed; stools are normal. Client has been evaluating the stools for FB and none have been found. Some grass was noted. -- No known ingestion of any noxious, toxic, foreign substances. -- Intermittent nausea has been appreciated.

Abnormal PE/Chem/CBC/UA Results: -- Recheck AxR on 7/29/22 1 AM: AxR: Three projections available; the patient is in good body condition; the peripheral soft tissue and skeletal structures are normal; the visible portion of the caudal thorax is normal; there is appropriate serosal detail; the gastric axis is normal; the gastric lumen predominately empty and soft tissue/gas opaque; intraluminal gas redistributes appropriately with patient position into the pylorus, previously described discrete soft tissue opacity within the pylorus is no longer visible; the small intestine is generally fluid opaque and of normal size, shape and location; the ascending, transverse and descending colon are predominately heterogenously opaque; the visible portion of the liver, spleen, kidneys and urinary bladder are unremarkable; DDx: Unremarkable abdomen -- CBC and CHEM performed on 7/28/22 was unremarkable. 7/31/22 Physical exam: Mild dehydration (~5%), soft and supple abdomen with no obvious pain or palpable FB. Unremarkable RADS: -- Moderate amount of soft tissue density material is noted within the stomach, with mild-moderate distention of the stomach with gas. Normal gastric axis. No fluid dilation or distention of the SI, however mild gas pattern throughout SI and moderate gas within the colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

The area of the aortic trifurcation was free of pathology.

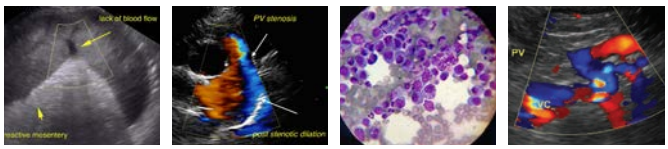
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.57 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.49 cm at 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



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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

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. Very minor non-dependent, mildly hyperechoic luminal debris was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited subjective moderate distention with mildly hyperechoic ingesta exhibiting subtle progressive distal acoustic shadowing along with luminal gas. Full evaluation of the gastric wall was limited owing to the presence of gastric ingesta and luminal gas. The visualized gastric walls were sonographically normal, exhibiting intact wall layering and without overt evidence of gastropyloric mural pathology. Ventral gastric body wall measured 0.34 cm. Ventral pylorus wall measured 0.31 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. Duodenum wall measured 0.50 cm. Jejunum wall measured 0.42 cm.

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 was evident.

Free Abdomen

Focal, mildly prominent to enlarged mid ventral abdominal mesenteric node was present. The lymph node measured 2.0 cm x 0.79 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of additional intraabdominal lymphadenopathy.

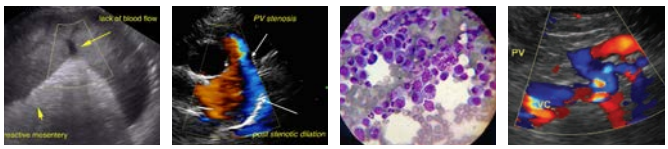
No evidence of peritoneal free fluid. The omentum was of uniform normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal stomach with moderate ingesta
- Sonographically unremarkable small bowel
- Solitary mildly prominent, subjectively benign/reactive mesenteric lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal visceral pathology, specifically no evidence of overt gastrointestinal mural pathology. The presence of gastric ingesta is non-specific. Given reported timeframe from previous meal, some degree of potential gastric hypomotility or non-obstructive gastric stasis could be considered. Underlying inflammatory gastroenteropathy is also possible without evidence of mechanical obstruction or overt foreign material. Technically, the possibility of a small amount of non-obstructive foreign material present in the stomach cannot be definitively excluded.



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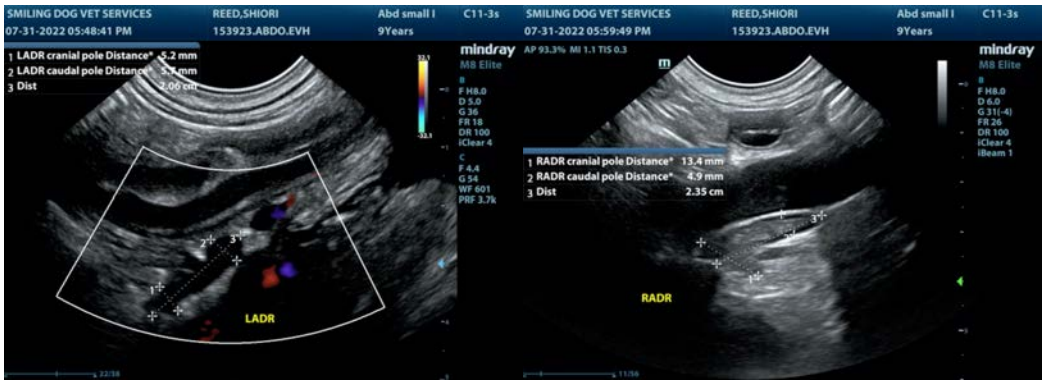
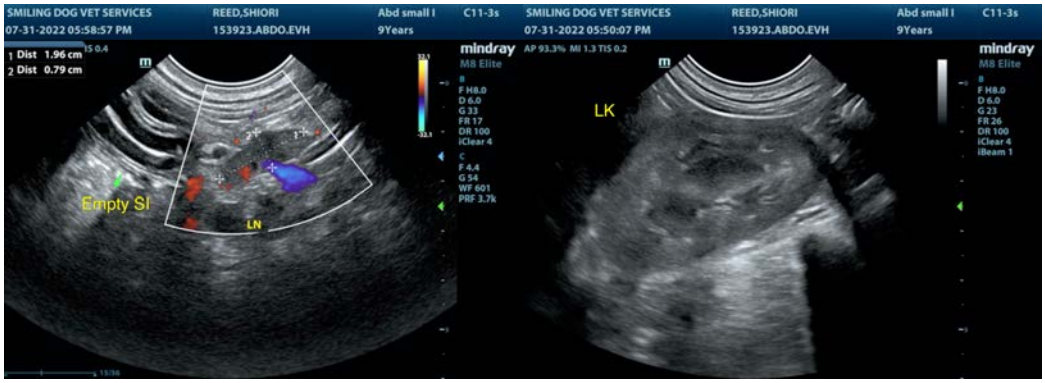
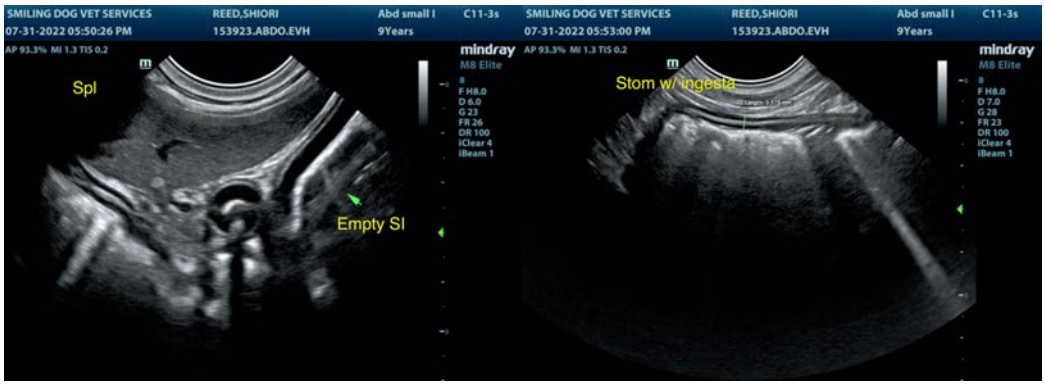
Hospitalization with monitoring for gastric emptying over the next 12-24 hours wit as-needed supportive care is recommended. If evidence of gastric emptying, some or all of the following protocol could be considered empirically. If evidence of persistent retained gastric ingesta and/or recurrent vomiting, gastrointestinal biopsies may be indicated. Resting cortisol level to rule out occult Addison's disease could be considered, although the bilateral adrenal glands appear to be sonographically normal

Helicobacter/Gastritis protocol

A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.







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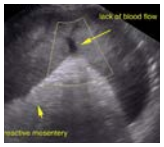
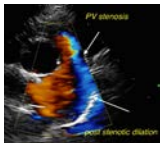
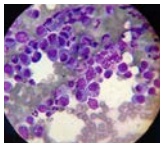
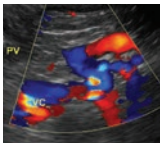

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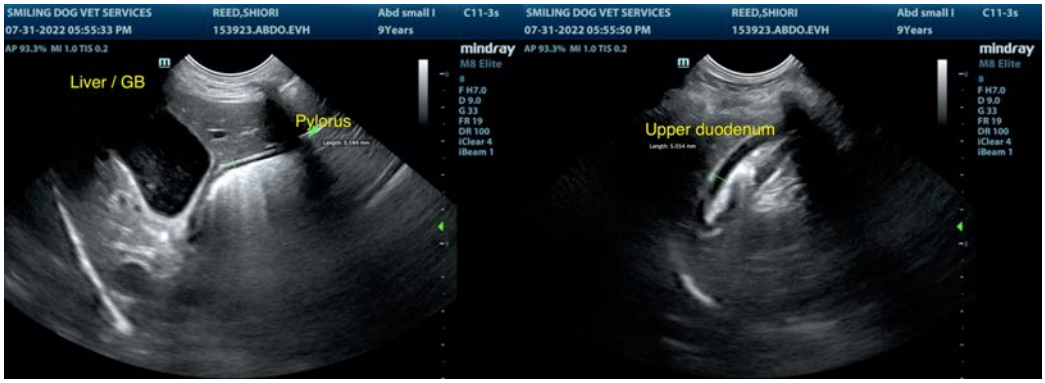

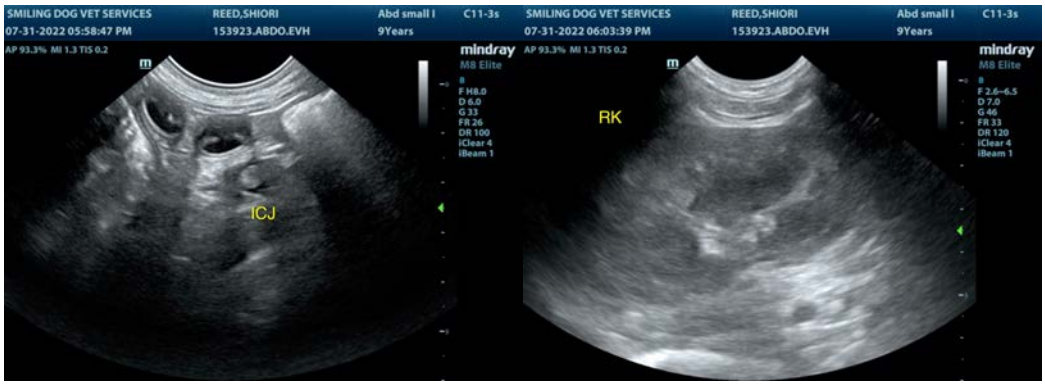

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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