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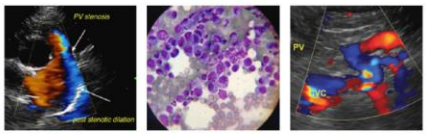
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Murphy Kastl

SPECIES
Canine

BREED
Shih Tzu

SEX
M

AGE
3 years

WEIGHT
13.7 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Wixom Family Pet Practice

INVOICE
14263

DATE
7/7/22

PRESENTING CLINICAL SIGNS

-Current Medications: Maropitant 16mg PO SID, last dose yesterday at 4pm Patient History: Vomited 7 times on July 3, then 2-3 times on the 4th and 5th. No known FB's. Still wanted to eat but couldn't hold anything down. Very lethargic at home as well. Was seen on the 5th, blood work was normal, treated with cerenia injection, oral cerenia to go home, and bland diet. Vomited a small amount yesterday, is eating and drinking but is drooling and gagging per owner, stools are decreased, did have a BM yesterday that was orangish in color.
Abnormal PE/Chem/CBC/UA Results: On the 5th, PE was normal. Today, his abdomen is tense on palpation. CBC and chem were normal on 5th. Fecal-no parasites seen. 3 view abdominal rads: no obstructive pattern noted, no obvious foreign body observed. Concern for foreign body at this time.Please see attached BW and rads for comparison

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 was noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.6 cm diameter. The prostate presentation was overtly and expected for a young, intact male canine.

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 4.4 cm in length. The right kidney measured 4.3 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 0.27 cm width at the caudal pole and 0.33 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 0.45 cm width at the caudal pole and 0.43 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.

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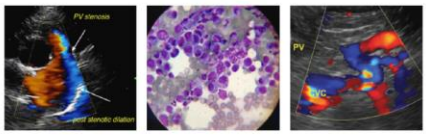

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Liver/ Gallbladder

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.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty without evidence of gastric distention secondary to retained ingesta, fluid, or foreign material with mild luminal gas.

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 formed to semi-formed feces in lumen.

Pancreas

The left pancreatic limb caudal to the gastric body exhibited mild prominent size with mild irregular contour and mild hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern - subjectively mild, potential for inflammatory bowel
- Prominent to mildly hypoechoic left pancreas - potential for low-grade potentially resolving pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical / metabolic gastrointestinal ileus or foreign material was noted. Technically, the potential for passed foreign material potentially in the colon cannot be definitively excluded. Dietary intolerance / food allergy or occult parasitism could also be contributing factors. No indication for surgical intervention.

Continued therapy for inflammatory bowel episode / gastroenteritis and low-grade pancreatitis would be reasonable. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, given the pancreatic presentation, and to assess for structurally insignificant gastrointestinal disease.

Although considered unlikely, if persistent gastrointestinal signs, a resting cortisol level to rule out occult Addison's Disease could be considered.

Once the patient Is eating, a long-term bland or hydrolyzed diet may be indicated.

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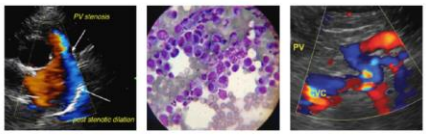

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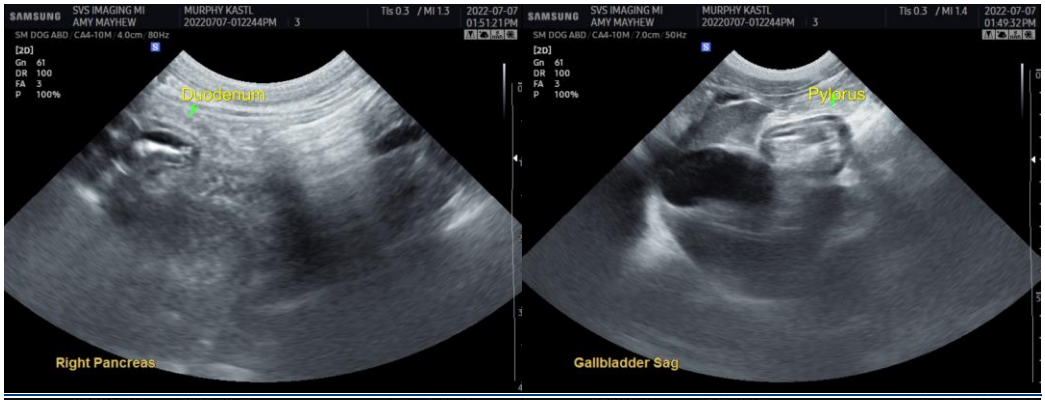

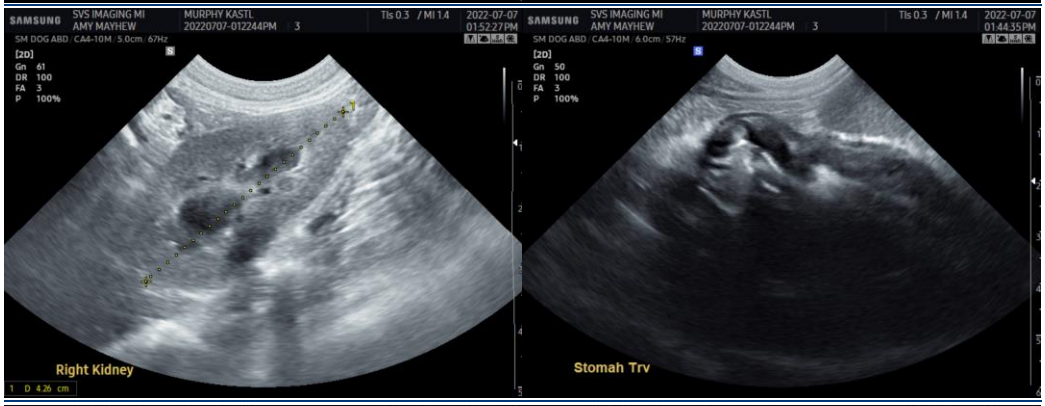

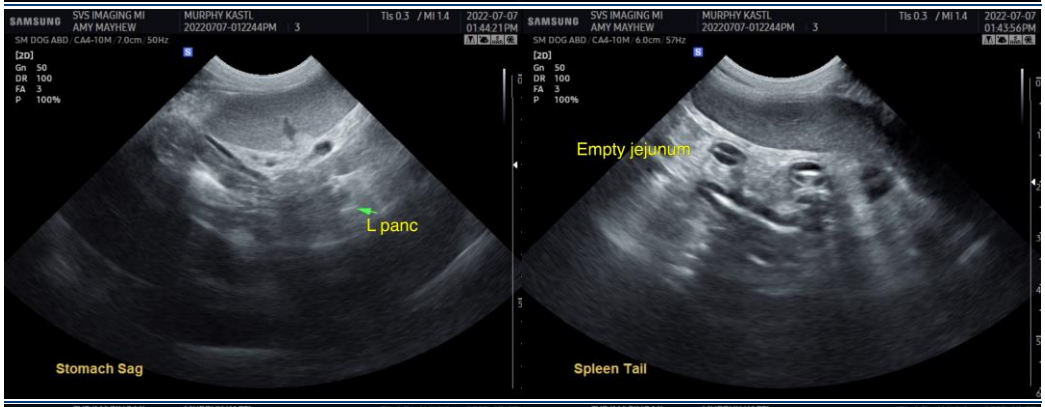

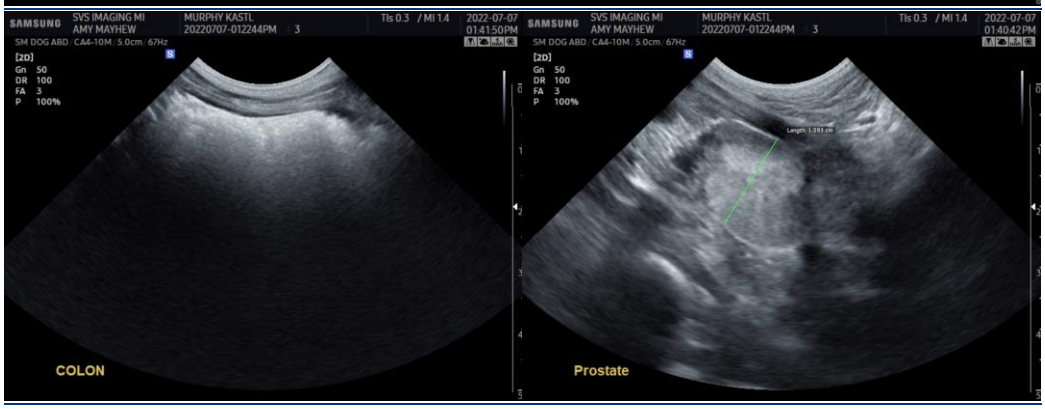

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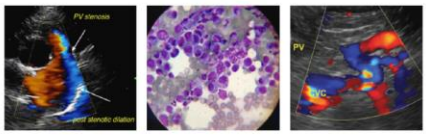

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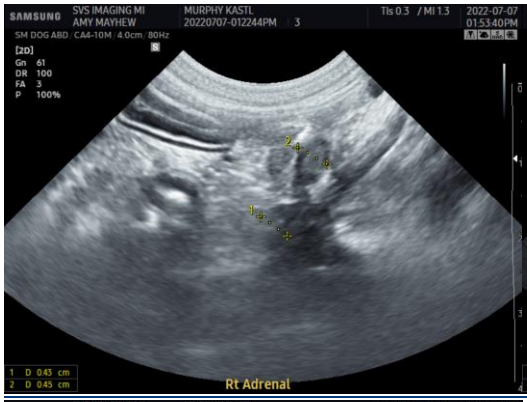

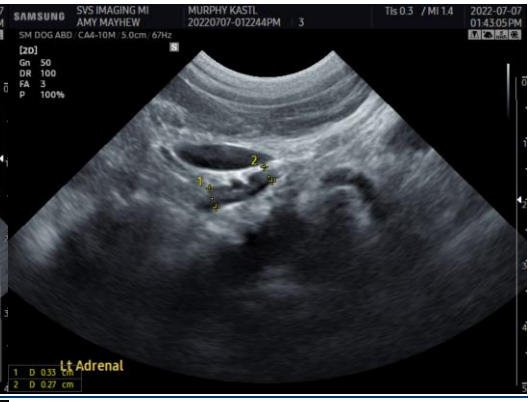

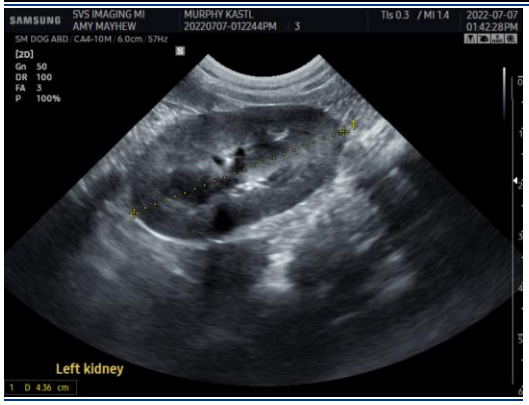

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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