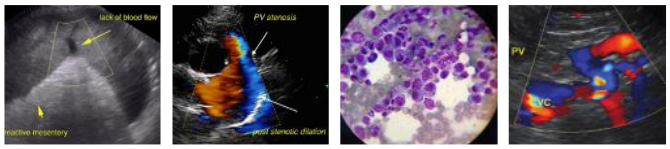
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Biscuit Laurice

SPECIES
Canine

BREED
Lab Mix

SEX
FS

AGE
2

WEIGHT
78

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr. Maniar

INVOICE
14467ag

DATE
08/01/2023

PRESENTING CLINICAL SIGNS

re check from yesterday

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland subjectively measured 0.47 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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.

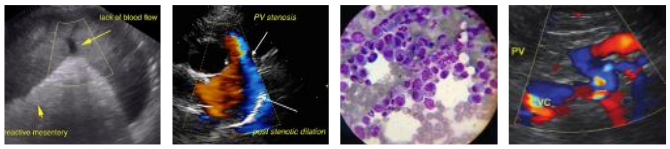
Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 wall layering with a normal wall layer ratio. The lumen of the stomach contained persistent moderate ingesta exhibiting mild progressive distal acoustic shadowing extending into the area of the pyloric outflow. No evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.51 cm in width. The pylorus wall measured 0.45 cm in width.

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.



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Normal visible colon wall layers were present with subjective formed to possible mild semi 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Persistent non-specific moderate gastric ingesta exhibiting mild progressive distal acoustic shadowing.
- Sonographically unremarkable small bowel- no evidence of mechanical/metabolic ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming documented 12-18 hour NPO the persistent mild progressively shadowing gastric ingesta may indicate metabolic or functional gastric hypomotility or non-obstructive delayed gastric emptying similar to the previous study.

However, if continued vomiting/inappetence is present, concern for gastric foreign material or intermixed foreign material/retained ingesta would be warranted. The degree of shadowing exhibited by the ingesta was not overtly consistent with strong shadowing typically or generally seen with definitive gastric foreign material. Likewise, potential for more generalized non-structural intestinal disease and secondary metabolic gastric stasis given the concurrent diarrhea is possible.

Pending recommended previous diagnostics to include a GI panel and screening cortisol level, endoscopy if available would likely be ideal for further non-surgical assessment of the gastric interior with potential for biopsies.

Exploratory laparotomy with gross inspection of the stomach and with GI biopsies considered essential to assess for underlying disease may be indicated or considered if strong concern for potential gastric foreign material.

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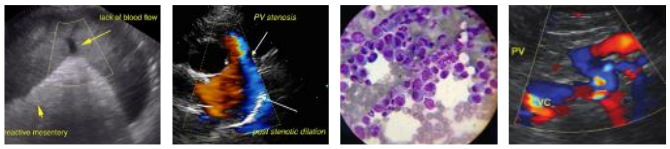

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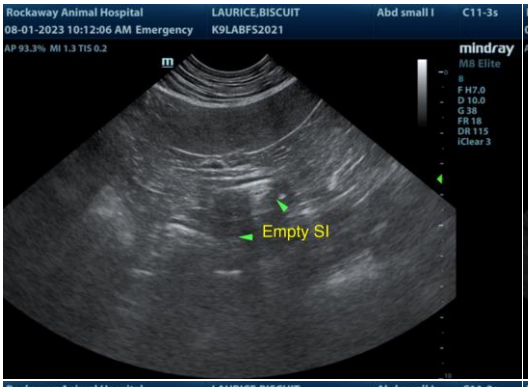

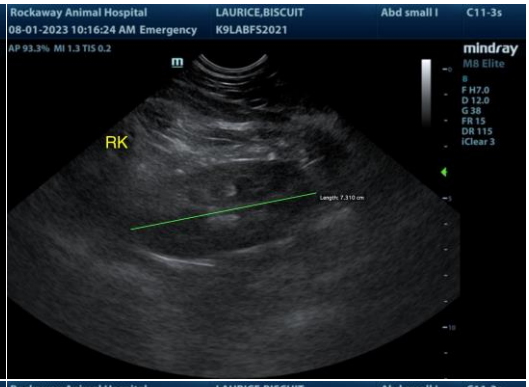

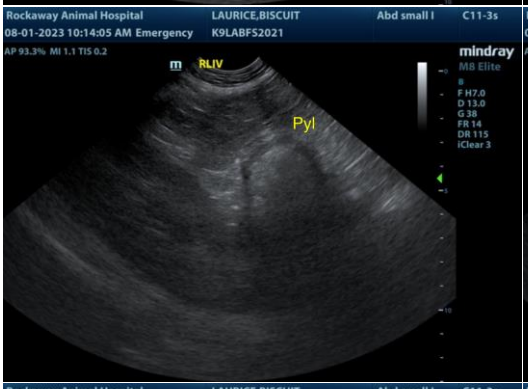

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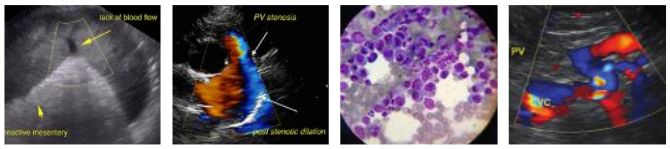

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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