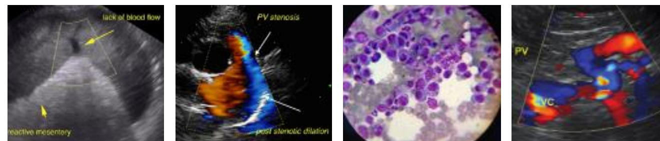
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

June Bug Morgan

SPECIES

Canine

BREED

Poodle

SEX

FS

AGE

10

WEIGHT

15.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman CVT

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Blystone

INVOICE

11376ag

DATE

08/15/2022

PRESENTING CLINICAL SIGNS

Acute vomiting 3 days ago. appetite down, not drinking much water.

Abnormal PE/Chem/CBC/UA Results: Lab Findings: Alk Phos 331 IU/L, Amylase 490 U/L (Chronic elevations, unchanged) Clinical Exam Findings: Slight potbelly, mild dehydration Current Medications: Cerenia Radiographic Findings: Hepatomegaly. Slight decreased serosal detail mid abdomen. Empty stomach.

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. 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 was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology in the area of the uterine remnant.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.50 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

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.

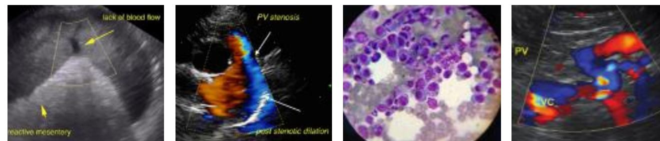
Liver

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 and mild non-dependent mildly hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited moderate to marked distention with retained echogenic ingesta/chyme and fluid. No obvious evidence of mechanical pyloric outflow obstruction was present. No signs of ileus, obstruction or foreign material. The pylorus wall measured 0.35 cm in width.



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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. The duodenum wall measured 0.36 cm in width.

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

Pancreas

The pancreas was normal in size and contour with mildly hyperechoic parenchyma compared to adjacent omentum and minor pancreatic duct dilation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked gastric distention with retained ingesta/fluid-metabolic vs potential mechanical gastric stasis
- Overtly normal small bowel
- Subjective chronic pancreatitis
- Benign hepatopathy-consistent with vacuolar hepatopathy
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the marked gastric distention with retained ingesta may indicate metabolic gastric stasis potentially secondary to underlying gastric inflammation. Obvious evidence of pyloric outflow obstruction or foreign material was not evident, yet the possibility given the degree of gastric distention cannot be excluded. Chronic pancreatitis is likely yet of unclear clinical significance. The appearance of the pancreas was not consistent with significant or active pancreatitis as a contributing factor. Hospitalization with 24 hour IVF and GI support with serial monitoring for evidence for gastric emptying and documented fast is recommended. If persistent gastric distention, exploratory laparotomy with GI biopsies considered essential may be indicated. A resting cortisol level to rule out occult Addison's disease is warranted.

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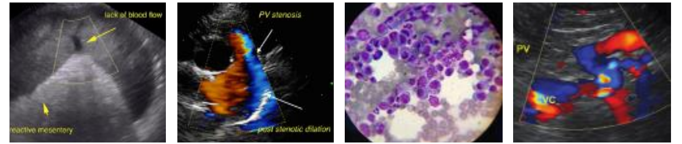

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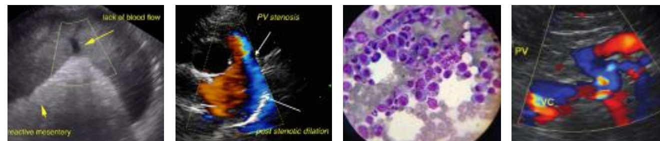

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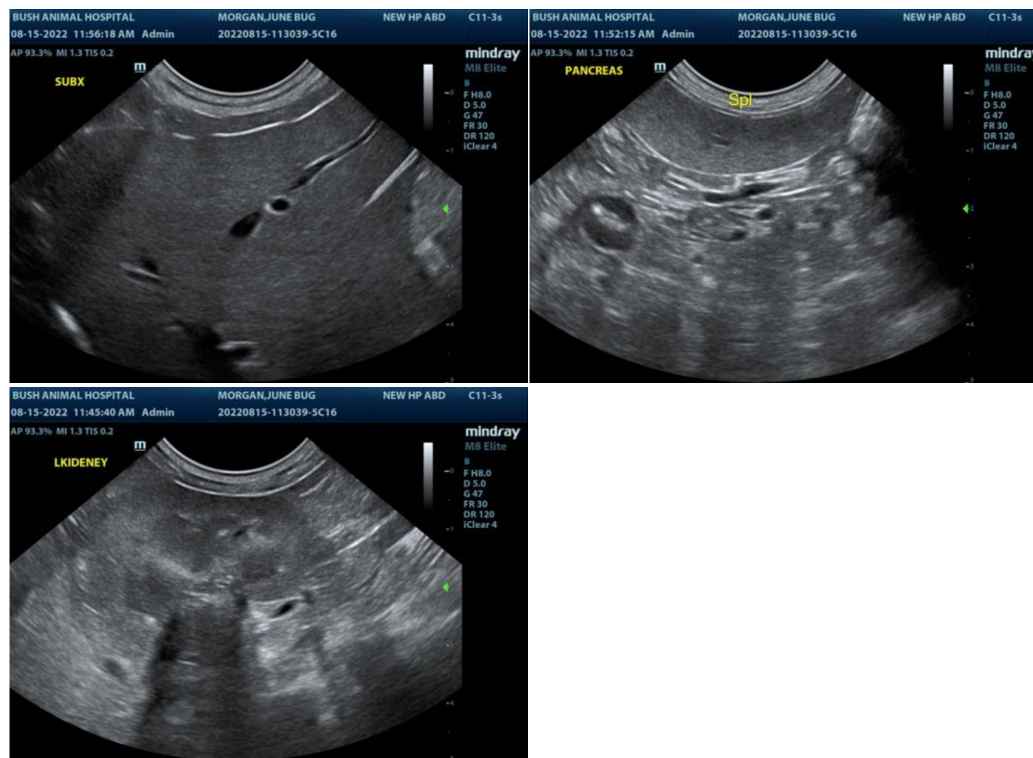

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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