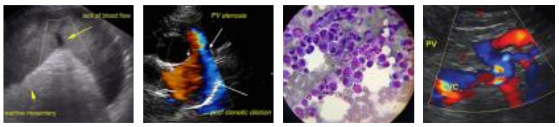


PATIENT

Nigel Vos

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

6 years

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara Animal Hospital

REFERRING VET

Dr. Zulauf

INVOICE

14621

DATE

8/16/22

PRESENTING CLINICAL SIGNS

Vomiting noted 2 weeks ago at another clinic and at that time, pt was diagnosed with a possible pyloric mass on xray physical exam wnl Current Medications 5mg pepcid BID Radiographic Findings Possible mass near pylorus - found on xray at another clinic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was free of 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 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 4.1 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

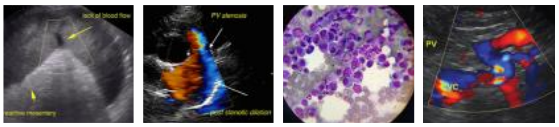
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.3 cm length x 0.52 cm width 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 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. 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.



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Gastrointestinal

The stomach exhibited moderate distention with retained nonshadowing ingesta / chyme and luminal gas. Overtly normal gastric walls were visualized in the area of the fundus and gastric body. Mildly thickened gastric antrum and pylorus exhibiting subjective intact yet Indistinct wall layer detail. The pylorus wall width measured up to 0.67 cm.

The small intestine exhibited segmental intact yet thickened wall with segmental corrugation subjectively within the descending duodenum and jejunum. Concurrent segments of normal-appearing small intestine exhibiting intact wall layering and maintained 1:3 muscularis / mucosa ratio were present. An example of a segmentally thickened to corrugated small intestine measured 0.64 cm wall width. By comparison, normal-appearing duodenum measured 0.37 cm width, while normal-appearing jejunum wall measured 0.30 cm width. Potential for segmental linear-like echo within the segmentally thickened to corrugated small bowel was noted, although not definitive.

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. Minor subjective reactive mesentery was noted adjacent to the segmentally thickened to corrugated small bowel. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened antrum / pylorus walls with moderate retained gastric ingesta / chyme
- Segmentally thickened to corrugated small bowel suspected to be involving the duodenum and jejunum, possible although not definitive segmental linear-like to indistinct small bowel luminal echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the mild antrum / pylorus thickening, as well as the segmentally thickened to corrugated small bowel may indicate an underlying inflammatory process, although the potential for infiltrative disease cannot be excluded. The possibility of a small linear-like small intestinal foreign body could be present, although not definitive.

Given this presentation, upper gastrointestinal endoscopy and/or laparotomy for further inspection of the intestinal tract and potential for biopsies is recommended.

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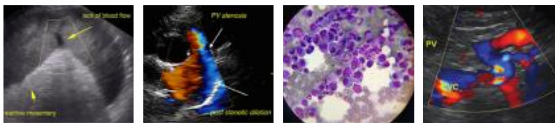

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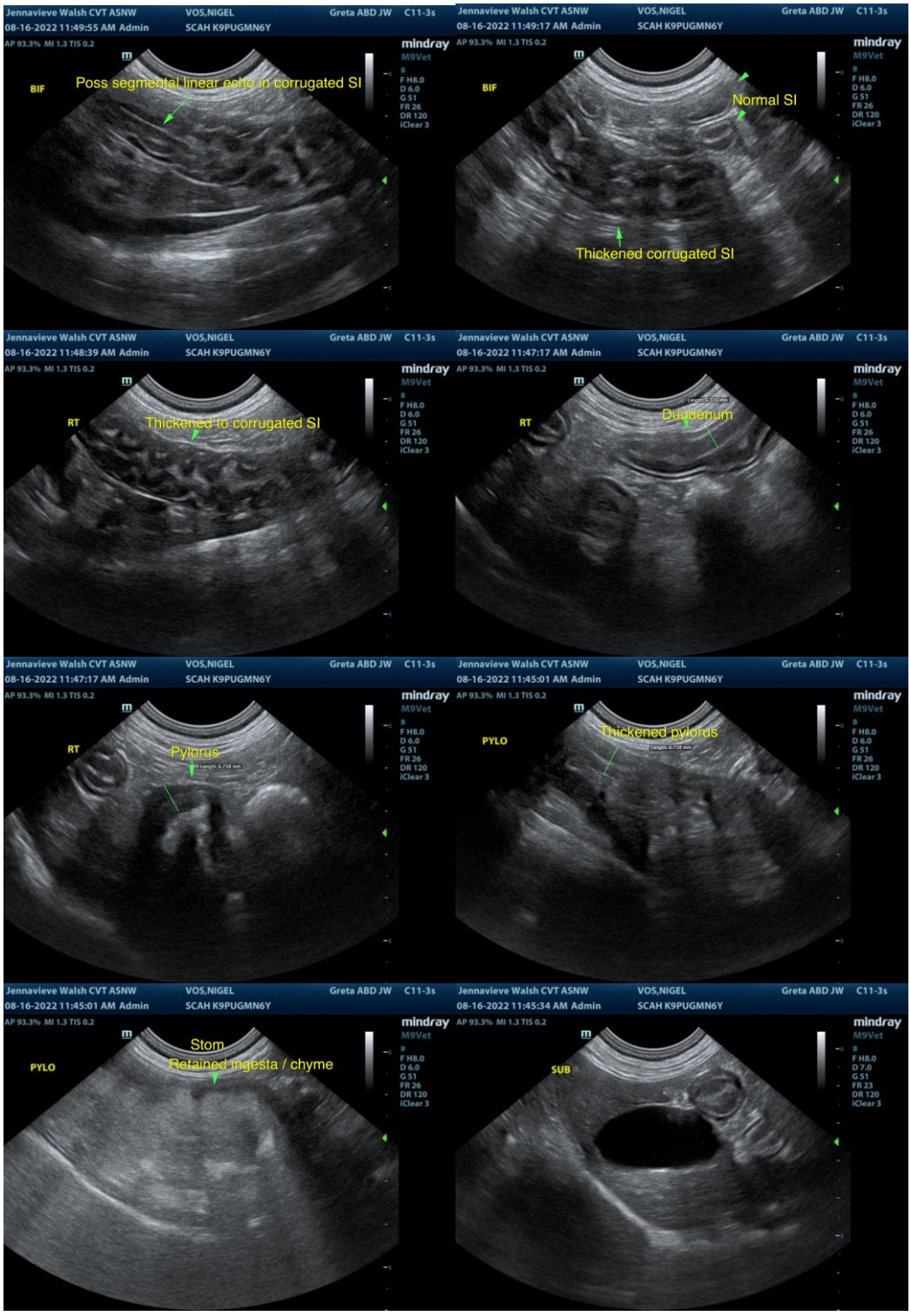

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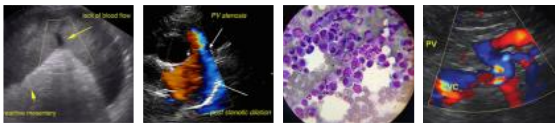

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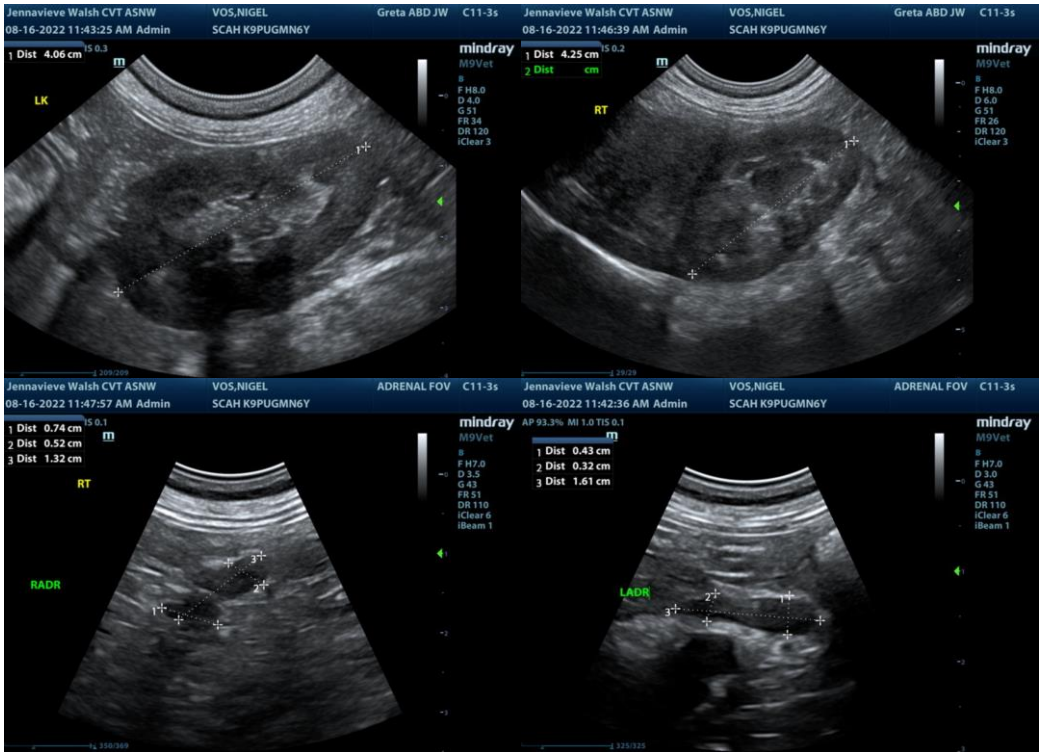

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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