



PATIENT

Rowan Schuurs

SPECIES

Canine

BREED

Malamute

SEX

FS

AGE

11 years

WEIGHT

106

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

14772

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Vomiting every 2nd or 3rd day- yellow bile. Last time we vomited was a couple of days ago. No trend to the vomiting- mostly on an empty stomach. Decreased appetite. Hacking and sneezing. P also had many grass seed/foxtails imbedded in skin- removed many while sedated for ultrasound. Rovera 100mg- 1/2 tablet BID Levothyroxine 0.7 1 tab every 12 hours refusing CBD and Fish Oil at this time

Abnormal PE/Chem/CBC/UA Results: June CBC; Chemistry profile; Thyroid hormones; Urinalysis all WNL. P is on Levothyroxine for previously diagnosed hypothyroidism

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.5 cm in length. Pinpoint discreet areas of medullary mineral were noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.93 cm width at the caudal pole and 0.68 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 0.76 cm width at the caudal pole and 0.76 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.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained gastric ingesta, fluid, or foreign material.



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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 jejunum wall measured 0.48 cm width. The duodenum wall width measured 0.60 cm.

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Normal visible colon wall layers were present with apparent formed fecal matter in lumen.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild age-related kidneys
- Sonographically unremarkable empty gastrointestinal tract
- Normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no sonographic evidence of significant visceral, specifically gastrointestinal, or pancreatic, pathology as an obvious cause of the patient's gastrointestinal signs. If not done, three-view chest radiographs and thorough oral examination are suggested to assess for nonobvious or occult pathology as a contributing factor.

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More frequent feeding including late evening or nighttime feeding, if morning bilious vomiting is noted, with as needed gastroprotectants Omeprazole 1.0 mg/kg PO SID over the next 3 weeks and assessment of clinical response may prove beneficial.

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If persistent or progressive gastrointestinal signs including evidence of weight loss, sonographic reassessment of the gastrointestinal tract and a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult nonstructural intestinal or pancreatic disease may be considered. Although considered less likely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease, is recommended.

REFERRING VET

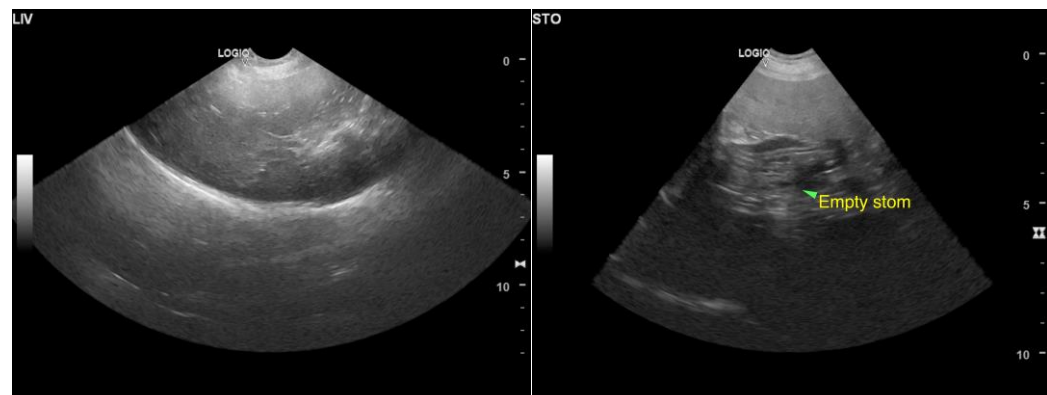
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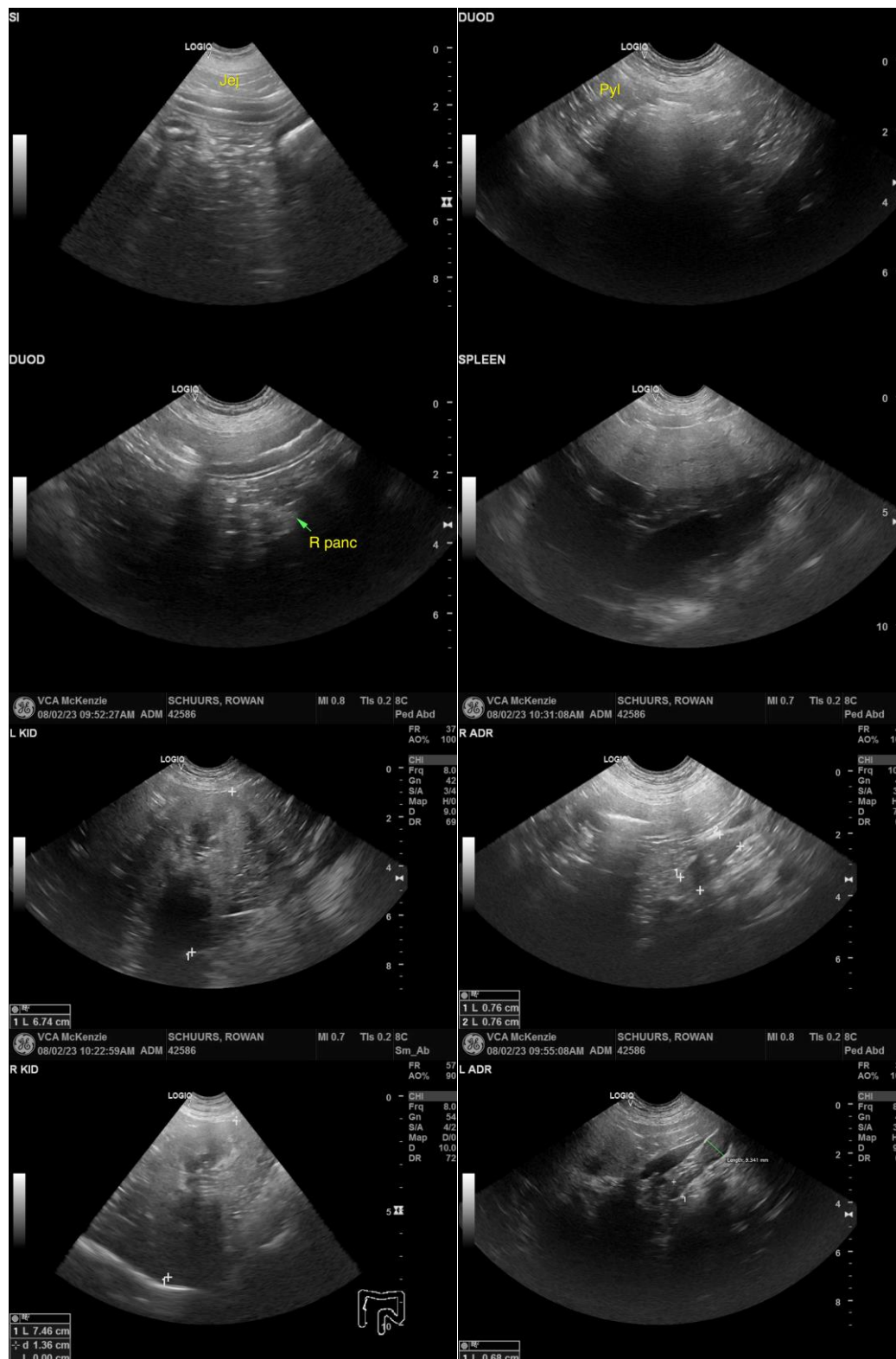
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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