



PATIENT

Scout McKenzie

SPECIES

Canine

BREED

Corgie

SEX

FS

AGE

1 year

WEIGHT

10 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Chhetri

INVOICE

14759

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Presented with a history of acute vomiting (after apricot pit ingestion) on 07/29/2023. Had vomited a week ago once but recovered. P/E - WNL except dry mm and painful on palpation of cranial abdomen.

CBC/Chemistry - WNL, Snap Cpl - normal, Radiographs - Unremarkable thorax/abdomen except suspicion of gastric foreign body vs normal ingesta. AFAST/POCUS - no free fluids. Was treated for non-specific gastro-enteritis (RC gastro food, Omeprazole, single dose cerenia, bland diet + monitor of ongoing GI signs). was unremarkable for 2 days but started vomiting again.

Abnormal PE/Chem/CBC/UA Results: NAF - very BAR. BW normal

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.

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 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 5.1 cm in length. The right kidney measured 5.1 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

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 exhibited intact sonographically normal wall layering in the area of the fundus and ventral gastric body. The fundus and gastric body lumen contained gas artifact. The ventral gastric body wall



PATIENT	width measured 0.29 cm. Prominent yet intact wall layering was present in the antrum and pylorus. The ventral pylorus wall width measured 0.43 cm. Mild retained pyloric / antrum fluid and mild nonshadowing chyme / mucus were present. A solitary, mildly irregular, strongly shadowing echo was present in the area of the pyloric outflow, yet within the pylorus lumen measuring 1.5 cm in diameter. The pyloroduodenal junction was sonographically unremarkable extending into the upper duodenum.
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1 year	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.
WEIGHT	
10 kg	Free Abdomen No evidence of significant omental lymphadenopathy was noted. No evidence of peritonitis / peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Strongly shadowing pyloric echo with concurrent to secondary pyloric gastritis and retained pyloric fluid / chyme Sonographically unremarkable small bowel - no evidence of small bowel mechanical / metabolic ileus or foreign material
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Goeres	The strongly shadowing pyloric echo is consistent with a foreign body. The pyloric foreign body did not overtly appear to be obstructive to the pyloric outflow, given the lack of significant gastric distention, yet is suspected to be irritative resulting in a pyloric gastritis pattern.
HOSPITAL NAME	Correlation with any potential recent medication administration (as recently administered medication may present in a similar sonographic manner) is suggested. However, in conjunction with patient history, gastric endoscopy, if available, would likely be ideal for further clarification and potential foreign body retrieval, as future intestinal obstruction is a concern. If endoscopy is not available, laparotomy with gastrotomy +/- pyloric mural biopsies should be strongly considered.
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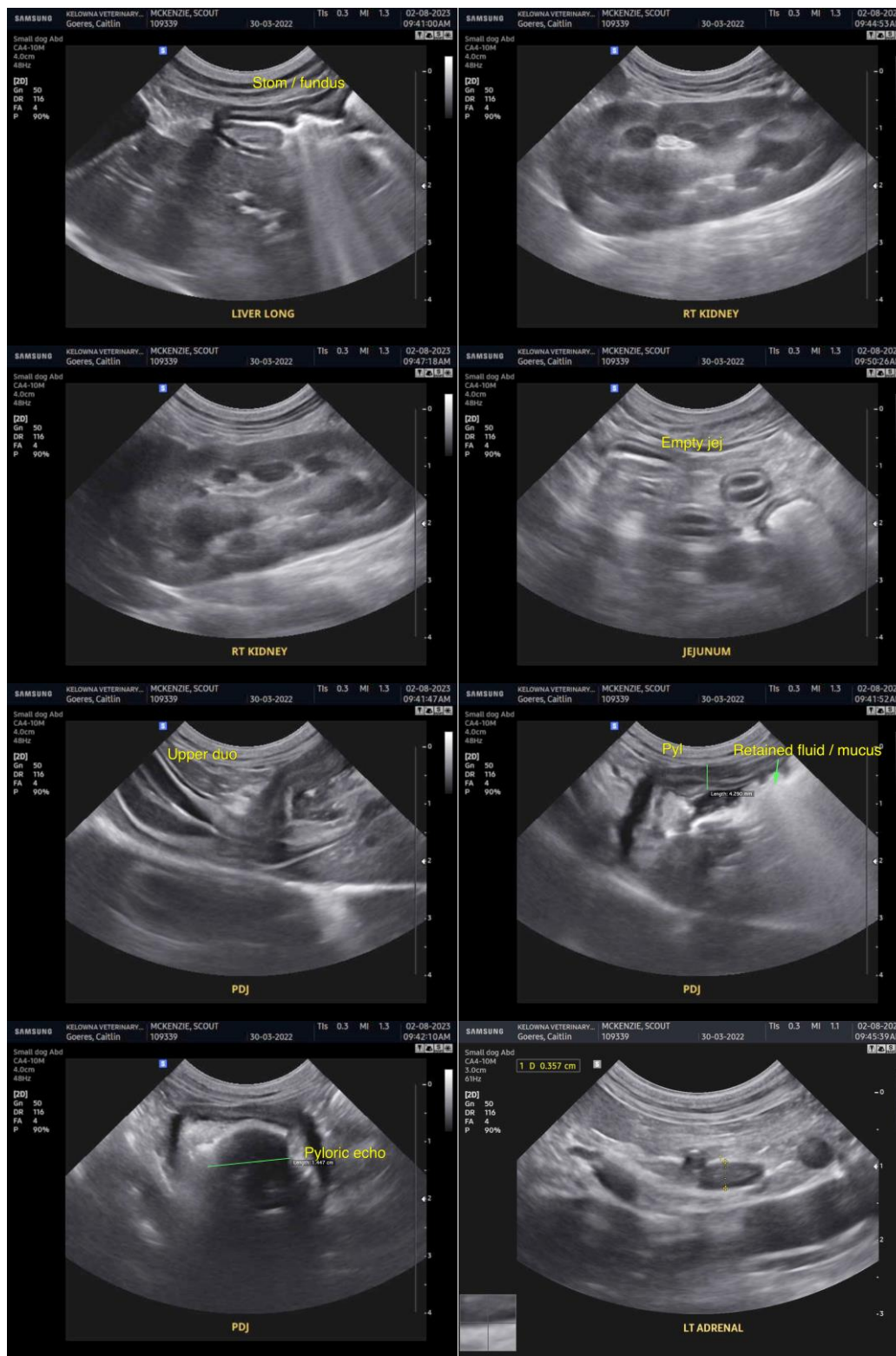
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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(Canine and Feline)

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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