



PATIENT

Senna Gaines

PRESENTING CLINICAL SIGNS

Recheck pancreas /fluid filled dilated intestines, ileus-MCT removed in Jan/Feb 2023

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

French Bulldog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

MN

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

AGE

6 years

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

WEIGHT

40.4 lbs.

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 5.3 cm in length. The right kidney measured 5.4 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.38 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 1.9 cm length x 0.43 cm width at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

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Hospital

REFERRING VET

Dr. Rotsides

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 containing primarily anechoic content with mild, nonorganized, gallbladder sediment. No evidence of inflammatory gallbladder criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, 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.

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Normal visible colon wall layers were present with apparent formed feces 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.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract - no evidence of persistent or residual fluid dilation / ileus
- Sonographically normal pancreas - no sonographic evidence of active pancreatitis
- Mild gallbladder sediment (non mucocele)

WEIGHT

40.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Sonographically, there was no evidence of visceral or persistent previously noted abnormalities. There was no evidence of intrabdominal or retroperitoneal primary or metastatic neoplastic criteria, given the patient's history.

IMAGING PERFORMED BY

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If persistent previously noted clinical signs, i.e., decreased energy or weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease may be considered. Sonographic monitoring of the abdominal cavity ideally based on oncology recommendations is recommended.

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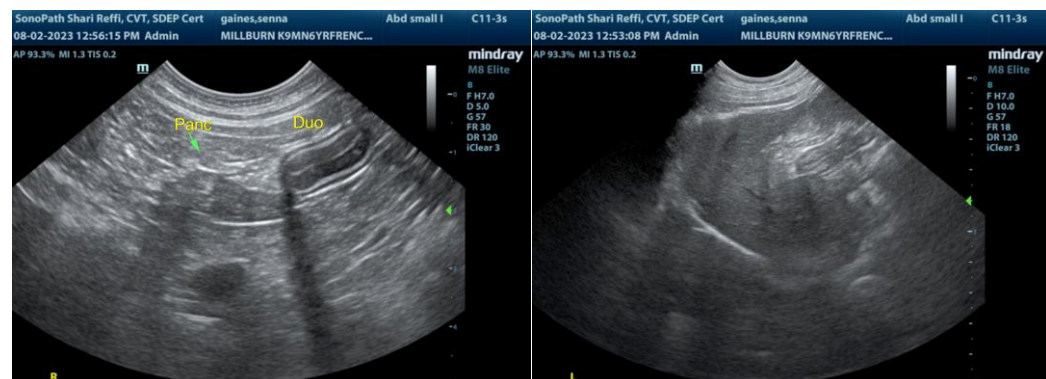
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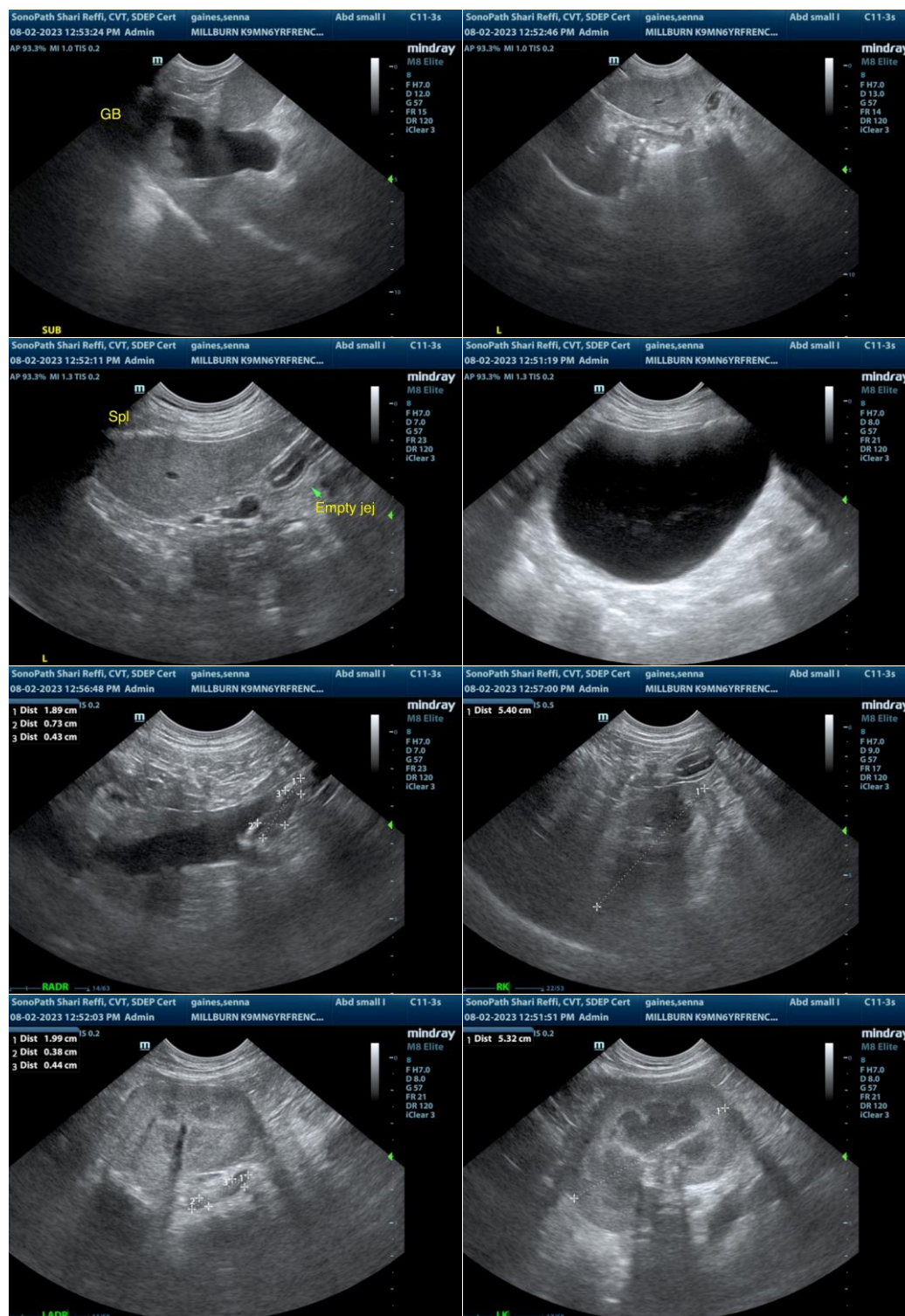
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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