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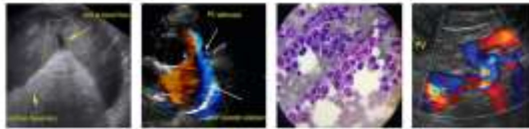


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Izzy Radano

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

5 years

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

INVOICE

12237

DATE

9.14.2021

PRESENTING CLINICAL SIGNS

History: 3 month duration weight loss, occasional vomiting

Unremarkable CBC, ALP <10, CPL normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 uterine remnant or 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 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was mildly flattened in appearance, yet exhibited subjective normal size measuring 3.2 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 3.6 cm length x 0.76 cm width at the caudal pole.

Spleen

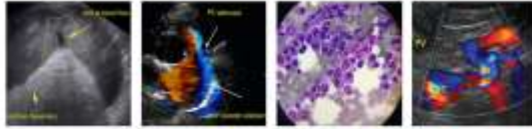
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The stomach was mildly distended with gas primarily in the fundus and gastric body. Moderate retained primarily anechoic fluid was present in the mid gastric body, antrum, and pylorus with nonspecific hyperechoic to linear pyloric



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echoes. The pylorus wall measured 0.50 cm width. The fluid dilation and nonspecific hyperechoic to linear echoes potentially extended into the area of the gastroduodenal junction or possibly into the upper duodenum. The visualized mid to descending duodenum was sonographically unremarkable without evidence of concurrent fluid dilation or hyperechoic to linear echoes. The duodenum wall measured 0.57 cm width. The jejunum and Ileum to the level of the colon were sonographically unremarkable. The jejunum wall measured 0.43 cm width.

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.

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

Minor to subtle perigastric reactive mesentery was present. No evidence of concurrent lymphadenopathy or effusion was noted.

ULTRASONOGRAPHIC FINDINGS

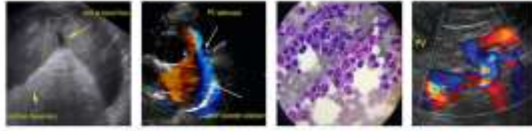
Primary Findings

- Moderate pyloric distention with retained anechoic fluid and nonspecific hyperechoic to subjectively linear echoes
- Subjectively sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, yet in light of the patient's clinical signs and weight loss, concern for potential partial pyloric outflow obstruction owing to nonspecific hyperechoic to linear foreign material is warranted. Given these findings in combination with the patient's clinical signs, exploratory laparotomy with gross inspection in the area of the pylorus with potential for gastrotomy and gross inspection of the small bowel is recommended. If pyloric foreign material is confirmed or despite exploratory findings, gastrointestinal biopsies would be considered essential to assess for underlying gastrointestinal disease. Prior to surgical considerations, assessment of Cobalamin and Folate levels, as well as resting Cortisol may be considered.

Hospitalization with 12-24 hour IV fluid and GI support with radiographic or, ideally, sonographic monitoring for evidence of retained pyloric echoes would be a more conservative approach. If surgery is elected, a brief sonogram or radiograph to make sure the pyloric linear echoes are still present immediately prior to surgery (if >24 hours post sonogram) is recommended.



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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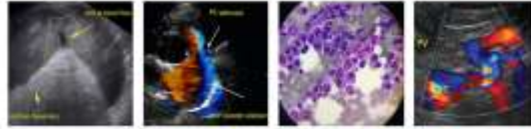

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