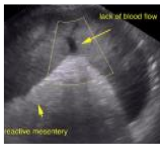
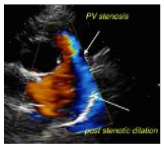
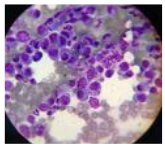
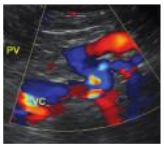
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tux Bartel

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

16.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk, RDMS, RDCS

HOSPITAL NAME

Healthy Paws Forward VH

REFERRING VET

Dr. Jan Hen-Boisen

INVOICE

17299

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: Vomiting blood. Normal labs and AXR. Vomiting stopped on Cerenia and Sucralfate but started again once off dose.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size with owing to lack of complete urine distention. No evidence of inflammatory or neoplastic urinary bladder criteria. No sediment or calculi. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 4.5 cm in length. The right kidney measured 4.5 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 0.42 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 0.41 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.

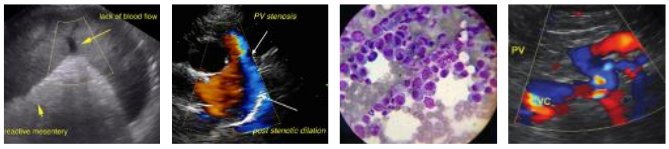
Liver

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 contained mild to moderate hyperechoic ingesta exhibiting subtle progressive distal acoustic shadowing. The visualized gastric walls were sonographically normal. No evidence of gastric mural pathology, mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental nonshadowing ingesta/chyme. No evidence of mechanical or metabolic small intestinal ileus.



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Normal visible colon wall layers were present with semi-formed fecal matter 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 was evident.

Free Abdomen

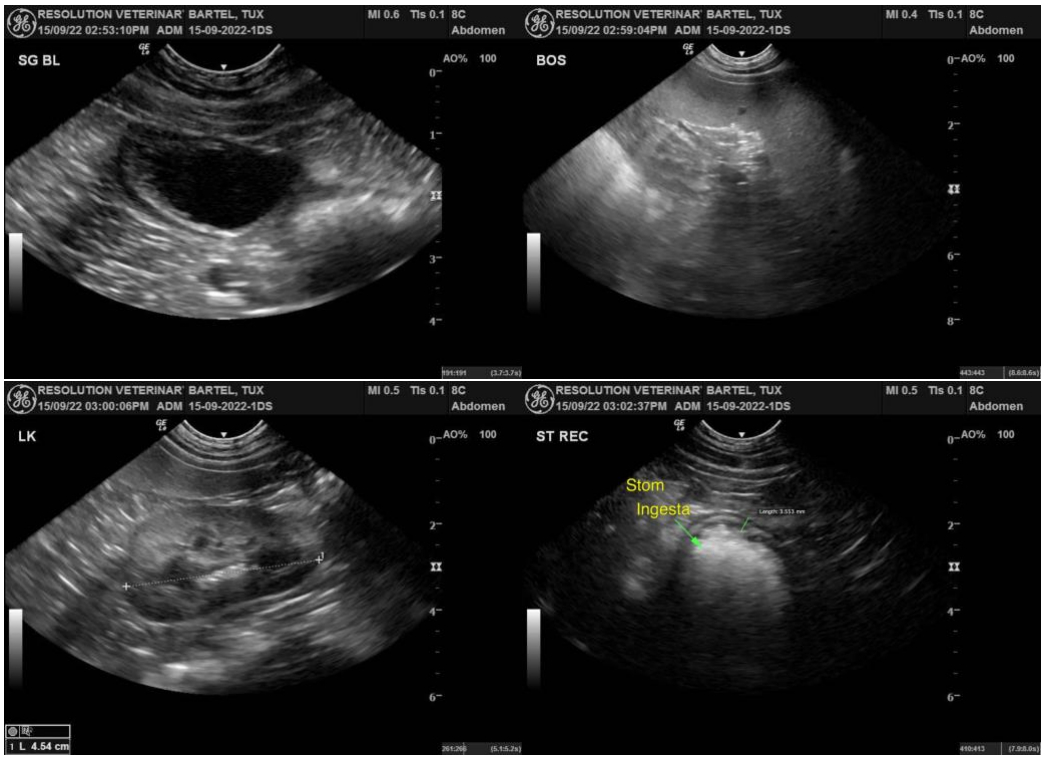
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with gastric and mild segmental intestinal ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral, specifically gastrointestinal or pancreatic pathology as a contributing factor to the patients vomiting. Dietary intolerance/food hypersensitivity, structurally insignificant inflammatory gastroenteropathy, low grade to chronic pancreatitis, both of which may present sonographically normal, or less likely occult Addisons disease are all potentials. The presence of gastric and intestinal ingesta may correlate with postprandial presentation. Sonographically, the appearance of the ingesta was suggestive of food without overt foreign material. If documented NPO, some degree of metabolic gastric stasis or hypomotility could be considered. Canned hydrolyzed diet trial, gastroprotectants +/- empirical therapy for helicobacter and assessment of clinical response could be considered. Although considered unlikely, resting cortisol level to rule out occult Addisons disease is suggested.



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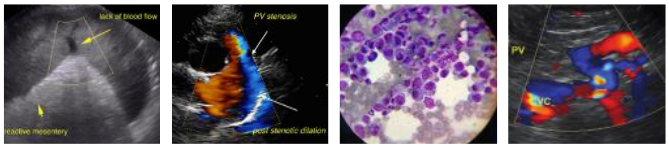

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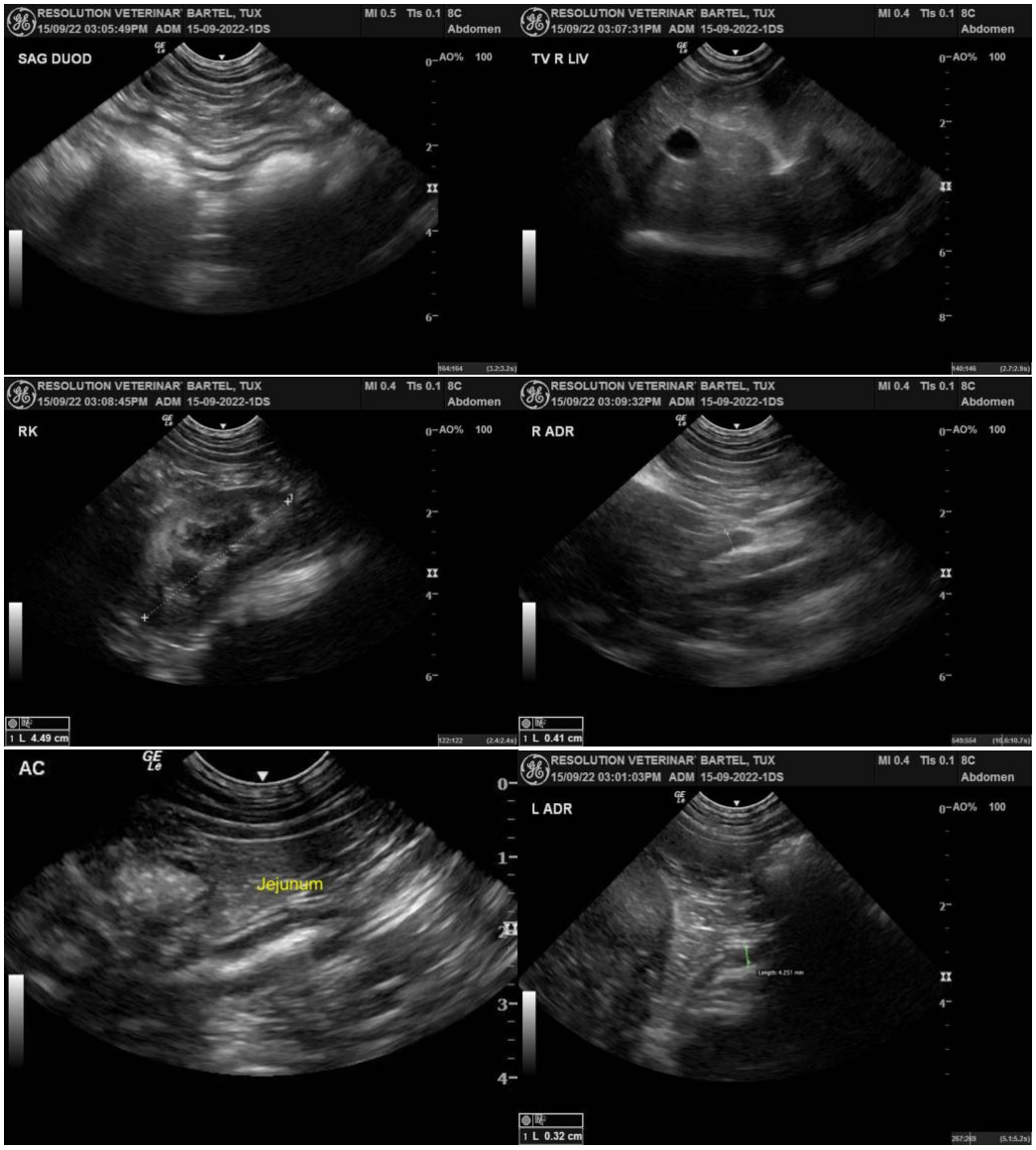

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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