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Clinical Sonography & Telecytology
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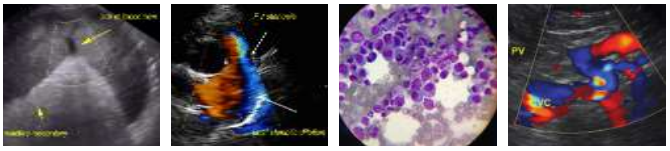

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lili Woodard

SPECIES

Canine

BREED

Basenji

SEX

FS

AGE

7 Years

WEIGHT

11.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr, Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Drummond/AEC

INVOICE

47421

DATE

9-18-21

PRESENTING CLINICAL SIGNS

Presented yesterday afternoon 9/17 for acute vomiting, does have history of ingesting pieces of blanket but they have always passed. Pt has had diagnosis of a hyperesthesia disorder for which she had a neuro workup in July 2021 and has been on a tapering dose of prednisone since- currently gets 1.25 mg p.o. q12h.
Abnormal PE/Chem/CBC/UA Results: On PE has a "Cushenoid" appearance, vitals normal; 2/6 systolic murmur left apical. Hard to say if she is tender to abd palpation as she is a very reactive dog. (and was sedated with low dose dexdom and butorph for scan) Abbreviated bloodwork (lytes, BUN/Cr, gluc) normal Baseline radiographs yesterday afternoon showed some soft density material in gastric lumen that could be retained foreign material vs ingesta. Present scan is ~18 hours after initial radiographs showing retained material in gastric lumen.

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 were noted.

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

Normal size and margination was 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 4.9 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

Both adrenal glands were mildly subnormal in size likely owing to prednisolone therapy. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.21 cm width at the cranial pole. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.48 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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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

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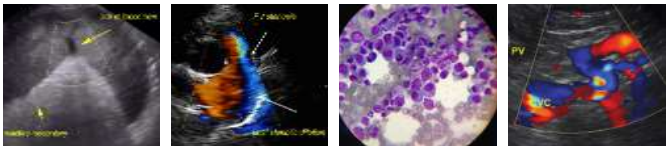

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The stomach presented moderate generalized prominent gastric walls owing to moderate mucosal hypertrophy and prominent rugal folds. A mild amount of retained anechoic fluid and echogenic chyme was present with mild luminal gas. Intact wall layering was maintained and distinct. Mild perigastric reactive mesentery was present. No overt evidence of shadowing gastric luminal echoes or evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.60 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. The duodenum wall measured 0.48 cm width and the jejunum wall measured 0.35 cm width.

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 was evident. Potential for low grade inflammation, which may present sonographically normal, cannot be definitively excluded yet considered less likely.

Free Abdomen

Focal, mildly prominent to enlarged intermittent mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.57 cm width.

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate generalized gastritis with mild retained anechoic fluid and echogenic chyme - no overt gastric foreign material.
- Mild perigastric reactive mesentery.
- Concurrent mild generalized enteritis with intermittent subjectively benign mesenteric lymph nodes - lymphoid hyperplasia or minor reactive lymphadenitis likely.

Secondary

- Vacuolar/steroid hepatopathy pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastric or gastrointestinal foreign material or mechanical obstruction. The overall appearance of the gastrointestinal tract was most consistent with inflammation. Potential for mild gastric ulceration possible if evidence of hematemesis. No indication for immediate surgical intervention. Aggressive therapy for moderate gastritis including gastroprotectants, antiemetic, broad spectrum deworming, if clinically indicated, as well as canned to slurried limited antigen to hydrolyzed diet is suggested. Recheck sonogram primarily to reassess the stomach in 3-4 weeks pending clinical response to conservative therapy would be ideal. Alternatively, empirical helicobacter protocol may prove beneficial. No overt evidence of neoplastic gastric mural disease given the intact gastric wall layering which is considered unlikely.

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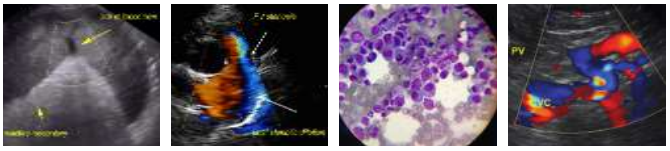

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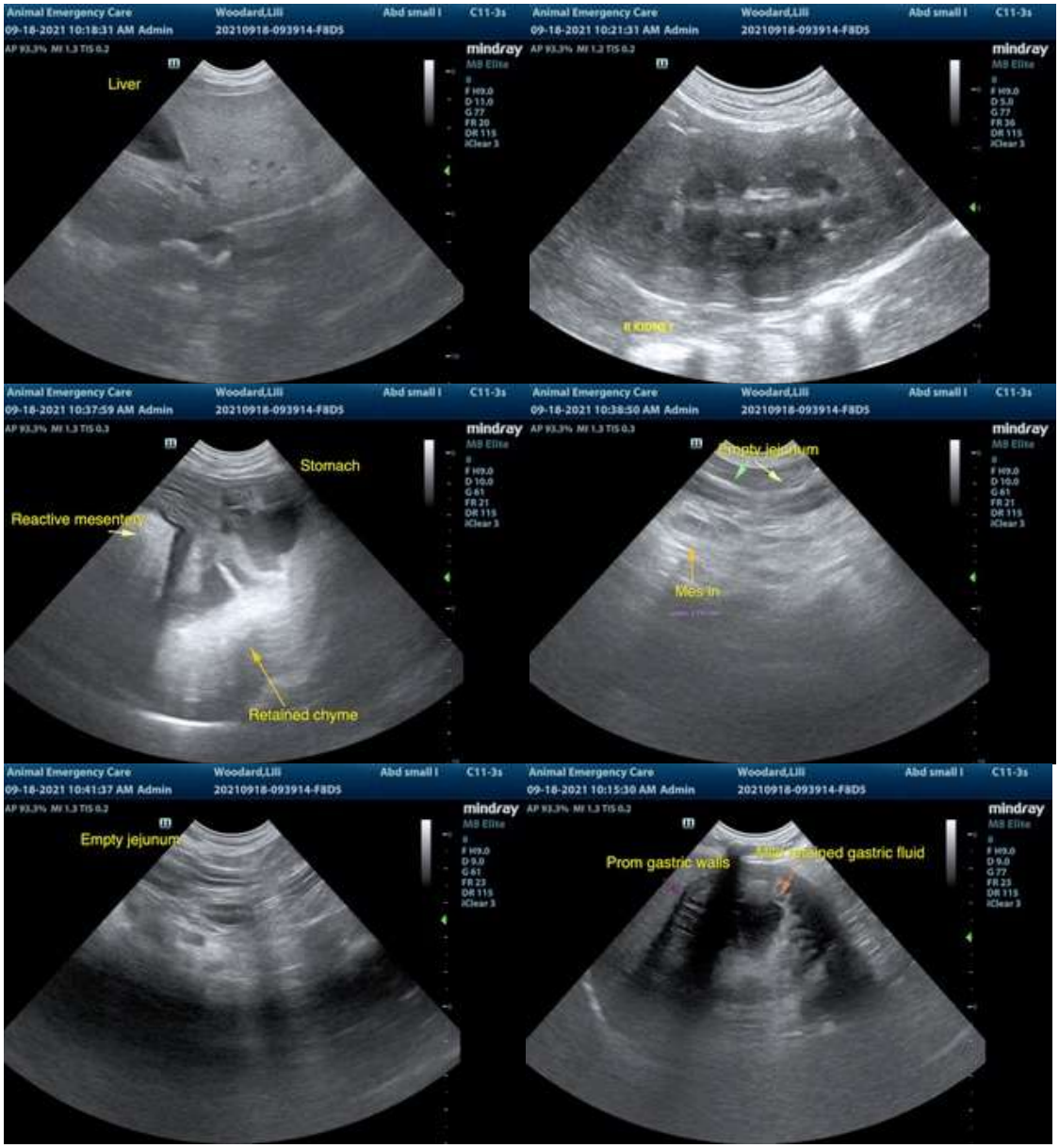

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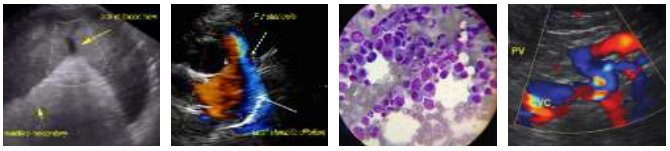

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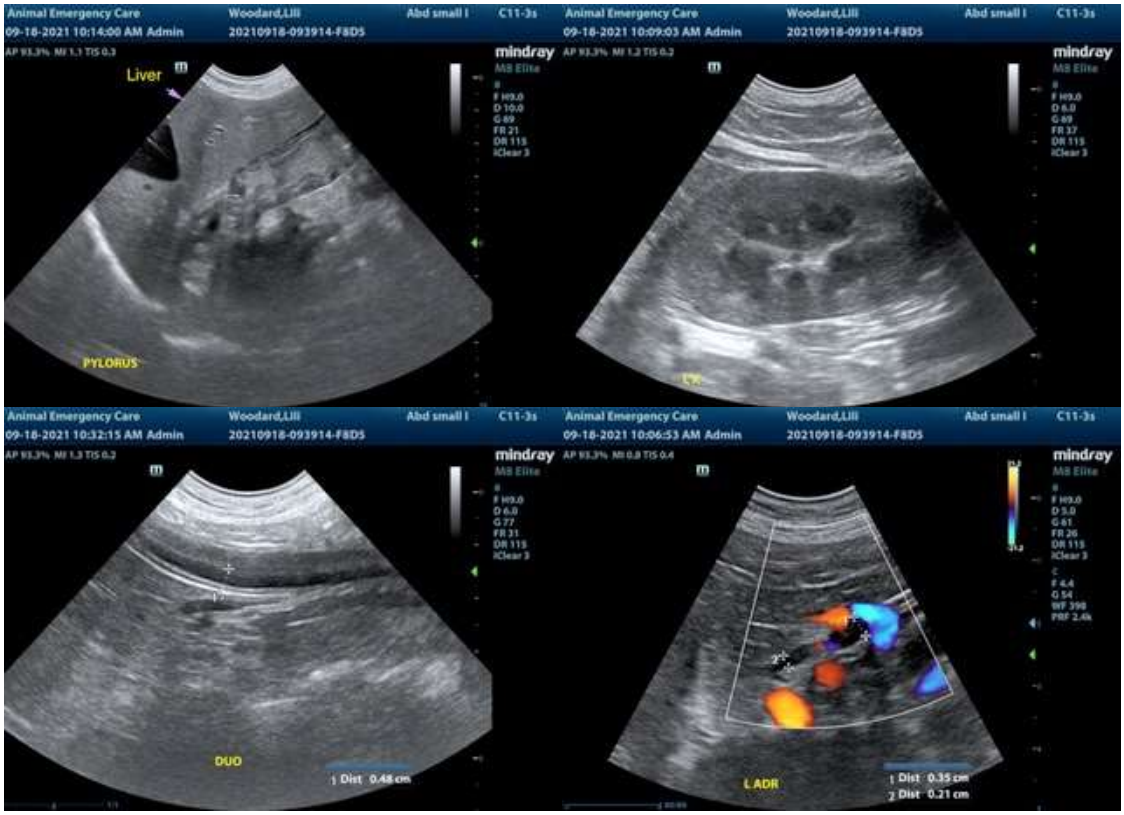

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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