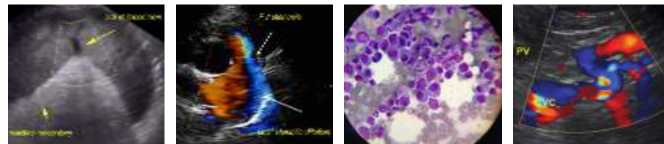


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stormy Hertel

SPECIES

Canine

BREED

Norwegian Elkhound X

SEX

Female Intact

AGE

12 Months

WEIGHT

20.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Moser

INVOICE

47435

DATE

9-19-21

PRESENTING CLINICAL SIGNS

Presented at our hospital 9/17/21 for D for 2-3 days, bloody. Vomiting for 2-3 days. ADR, looks lost. Known to chew toys. Gets marrow bones as treats. Went to other ER got Xrays and Cerenia. Vomiting continued. Originally dx HGE but now patient is regurgitating. Hasn't had anything besides Carafate by mouth since hospitalized. Previous Health Concerns: none Current Medications/Supplements/OTC: prescribed cerenia today
Abnormal PE/Chem/CBC/UA Results: Radiograph – gastric distention Epoc: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 6.5 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized and subjectively measuring 0.50 cm width at the cranial pole and 0.72 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 0.35 cm width at the caudal pole and 0.35 cm width at the cranial pole.

Spleen

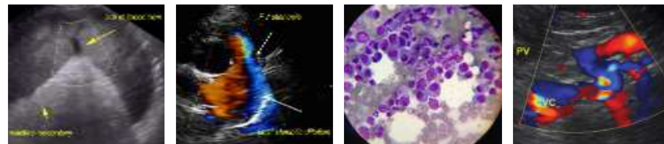
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver / Gallbladder

The liver 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 moderately prominent gastric walls owing to moderate mucosal hypertrophy. The stomach exhibited retained primarily anechoic fluid with minor retained echogenic chyme, mucus, or potential medication, i.e., Carafate. No evidence of overt gastric foreign material or mechanical pyloric outflow obstruction.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental areas of non-obstructive jejunal ileus were present. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Generalized minor colonic distension with liquid feces consistent with diarrhea was present.

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

A focal, mild to moderately enlarged mid abdominal mesenteric lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 4.3 x 1.4 cm.

No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

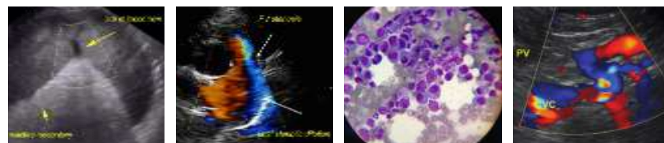
- Acute gastroenterocolitis pattern with hypomotile stomach and associated non-obstructive jejunal ileus.
- Associated focal mesenteric lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis likely, not consistent with neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal foreign material or obstructive pattern were definitively evident. Overall, the presentation of the gastrointestinal tract and colon was most consistent with acute inflammation or insult. Dietary indiscretion, enterotoxic insult, occult parasitism, infectious gastroenterocolitis, or other gastroenterocolonopathy possible. No indication for immediate surgical intervention.

Continued aggressive therapy for acute gastroenterocolitis with continued monitoring is recommended. Given the lack of an obstructive pattern, the addition of prokinetic agents such as metoclopramide may prove beneficial. If not done, three view chest radiographs recommended to ruled out occult thoracic or esophageal pathology.

Although considered less likely, resting cortisol to rule out occult Addison's disease may be considered. If clinical signs persist despite conservative therapy, recheck sonogram to assess for progressive inflammatory gastroenterocolic changes and/or progressive gastrointestinal ileus pattern recommended.



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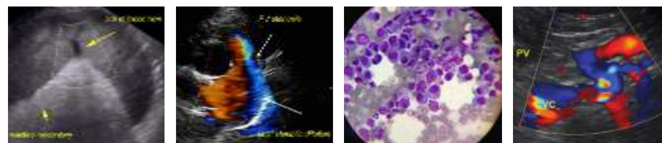

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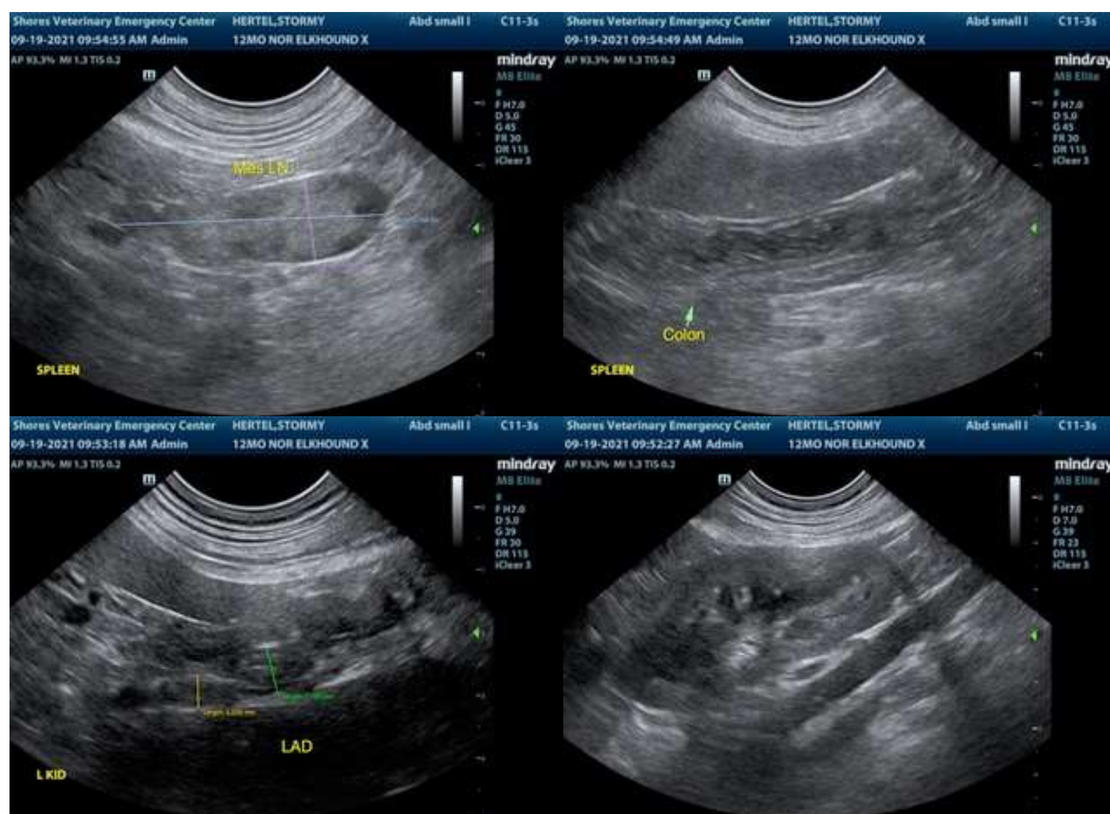

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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