

PATIENT PRESENTING CLINICAL SIGNS

Butler West week ago ate an unidentified gross object, vomited it up. but developed GI symptoms within a couple days after. Not clear if the two are related. Initially wouldn't eat, very lethargic. History of otitis. Couldn't bring in due to aggression - owner got bit trying to get him in car. We dispensed Baytril and Cerenia. He has been eating 1/2 of normal amount, passing small amount of formed stool. Won't drink water, but will drink chicken broth. Maintained at this level for a week. Last night seemed to get worse. Was weak and wobbly. Eyes rolled up in his head. Brought in today. Alert and Responsive. Walking, etc. Abnormal PE/Chem/CBC/UA Results: CBC normal, full in house chemistry all normal

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

6 Years

WEIGHT

71 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

25752

DATE

9/23/21

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.1 cm in width.

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 5.8 cm. The right kidney measured 6.3 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.60 cm at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.67 cm 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. The gallbladder wall (primarily ventral) was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis.



PATIENT *Gastrointestinal*

Butler West The stomach presented intact wall layering with a normal wall layer ratio. Minor retained, mildly echogenic fluid and chyme were present. No evidence of gastric foreign material. Gastric body wall measured 0.43 cm. Pylorus wall measured 0.60 cm.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of mechanical or metabolic small intestinal ileus, foreign material, or mural pathology such as masses or intussusception. Duodenum wall measured 0.53 cm. Jejunum wall measured 0.49 cm.

BREED

English Bulldog Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Pancreas

Neutered Male 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.

AGE

6 Years

Free Abdomen

WEIGHT

71 Pounds

No overt lymphadenopathy. A small pocket of scant free fluid was noted in the lateral abdomen adjacent to the spleen. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Overall sonographically unremarkable abdomen
- Minor retained gastric echogenic fluid/chyme
- Minor gallbladder wall edema
- Small pocket of scant left lateral peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of gastrointestinal foreign material or mechanical obstruction. The minor retained echogenic fluid and chyme within the stomach may suggest some degree of mild gastric stasis, however. It is suspected that the minor gallbladder wall edema as well as small pocket of scant peritoneal free fluid is likely owing to sedation with Dexdomitor. Other potential causes of gallbladder wall edema may include inflammation, edema owing to hepatic parenchymal disease, or anaphylaxis. However, no overt sonographic evidence of these additional etiologies noted. Potential for acute inflammatory bowel episode owing to dietary indiscretion may be considered. Empirically, continued gastrointestinal support would be appropriate. 3-view chest radiographs recommended to rule out occult thoracic pathology and assess cardiopulmonary status. Although considered unlikely, resting cortisol to rule out occult Addison's disease would be warranted.

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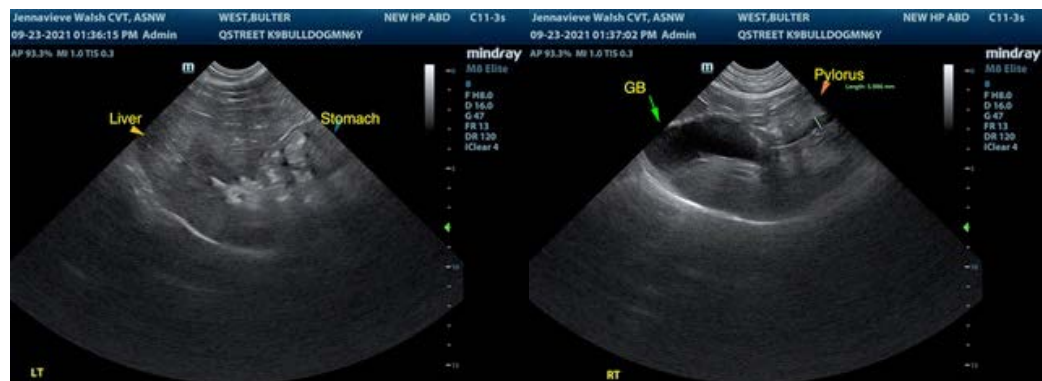
Dr. Bretschneider

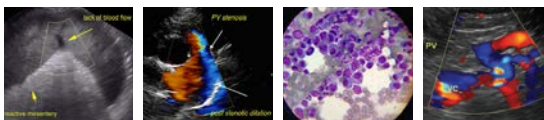
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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