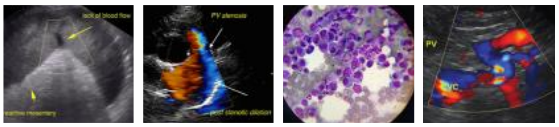


PATIENT

Tessa Plumb

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

8 years

WEIGHT

52.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Pet Clinic

REFERRING VET

Dr. Genova

INVOICE

15047

DATE

9/30/22

PRESENTING CLINICAL SIGNS

vomiting and diarrhea Not able to keep anything down
Abnormal PE/Chem/CBC/UA Results: Current Medications cerenia

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 7.2 cm in length. The right kidney measured 6.6 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 2.0 cm length x 0.61 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size as well as a mild overlaying gastric artifact.

Spleen

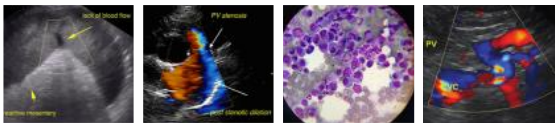
The spleen was normal in size and contour exhibiting a finely textured homogeneous parenchyma. Evidence of mild medial splenic folding was present which is not indicative of underlying splenic pathology and is likely a patient variant. Normal splenic vascularity was noted.

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 exhibited marked distention with retained primarily anechoic fluid along with a mild to possibly moderate amount of nonspecific yet nonshadowing hyperechoic ingesta / chyme. No obvious evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The gastric body wall width measured 0.30 cm.



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The small intestine was sonographically normal exhibiting intact wall layering with a maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical / metabolic ileus, obstructive intestinal mural pathology, or foreign material. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.34 cm width.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter in conjunction with patient history.

Pancreas

Mildly prominent to hypoechoic distal right pancreatic limb was noted medial to the duodenum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Marked gastric distention with retained fluid and nonspecific yet nonshadowing mild to moderate ingesta / chyme
- Sonographically unremarkable small bowel / colon
- Possible mild right pancreatitis

Secondary Findings

- Mild splenic folding - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt or visualized evidence of mechanical pyloric or upper duodenal obstructive criteria, potential for severe metabolic gastric stasis potentially owing to underlying gastrointestinal inflammatory process is suspected. However, given the degree of gastric distention, the possibility of non-visualized upper gastrointestinal obstruction cannot be definitively excluded.

Hospitalization with 24/hour IV fluid, gastrointestinal support with radiographic or ideally sonographic monitoring of the stomach for evidence of persistent or resolving retained gastric fluid and ingesta is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level to rule out occult Addison's Disease could be warranted. If persistent gastric distention with retained fluid and ingesta despite supportive care, exploratory laparotomy for gross inspection of the upper gastrointestinal tract and pyloric outflow with gastrointestinal biopsies considered essential, should be considered.

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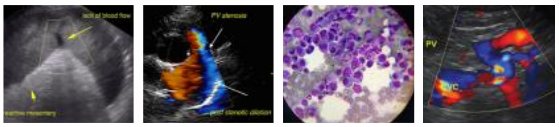

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
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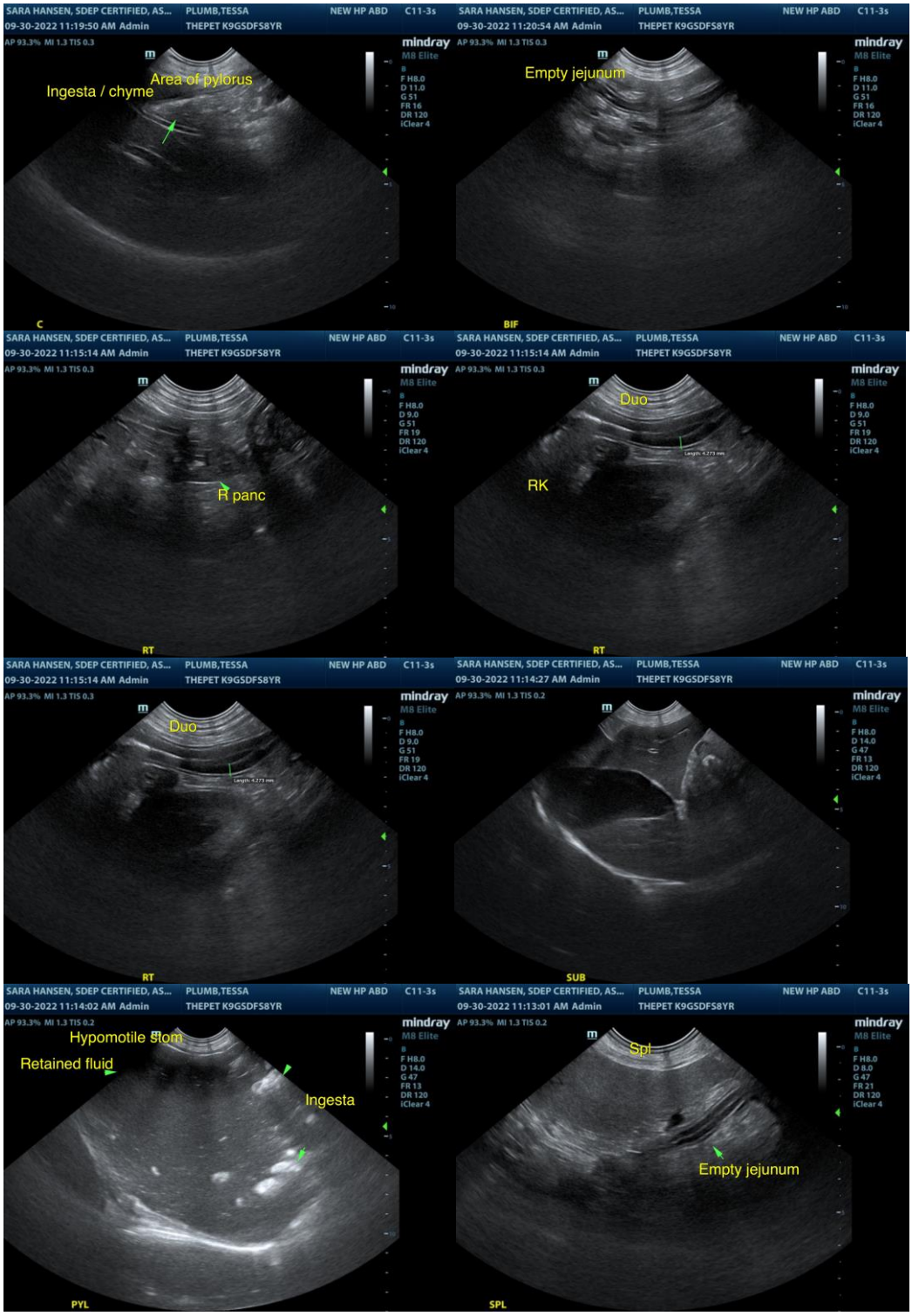

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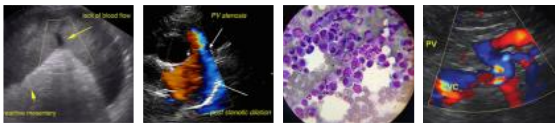

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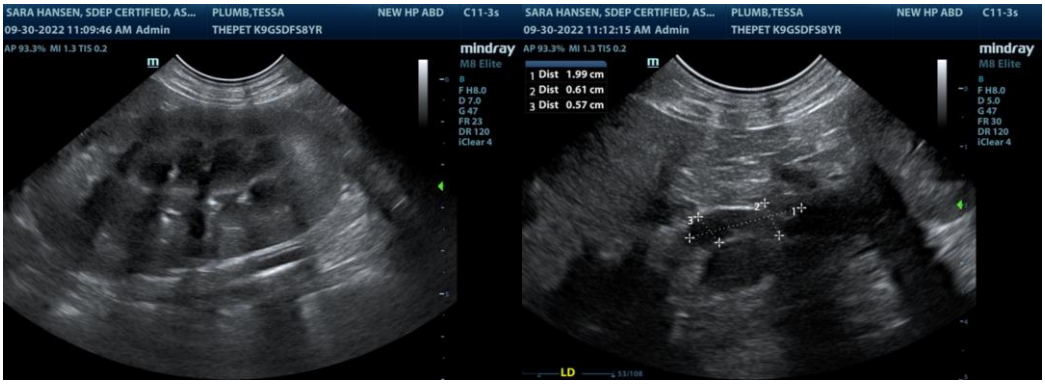

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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